

Woodcock Care Services Ltd

SureCare Charnwood & Rushcliffe

Inspection report

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Date of inspection visit:

28 June 2022

07 July 2022

Date of publication:

19 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Surecare Charnwood & Rushcliffe is a domiciliary service providing personal care and support to people in their own homes. At the time of our inspection there were 31 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe care. The service had systems in place to minimise the risk of people coming to avoidable harm and abuse. Staff supported people at agreed times and for agreed durations. People were kept safe from the risk of catching infections when they received care and support from staff.

Staff were trained and experienced to meet people's needs. They worked collaboratively with health and social care professionals to support people consistently with their health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate. They treated people with dignity and respect. The service promoted people's right to privacy and supported them to maintain their independence. People were involved in decisions about their care.

The care people receive was centred on their individual needs. Where required, staff supported people to maintain connections with their local community. The service had protocols in place to provide effective end of life care.

The service had an inclusive culture. There was open communication with leaders which enabled people to give feedback about the service. There were systems in place to monitor that people received a good quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 March 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 31 August 2018.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SureCare Charnwood & Rushcliffe

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28/06/2022 and ended on 07/07/2022. We visited the location's office on

28/06/2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual and registered manager. This included face to face and telephone conversations. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe when they received support from the service. Their feedback confirmed they felt safe with the staff. Their comments included "I've always felt very safe with them [staff]", "I always feel very safe".
- There were protocols and systems in place to keep people safe from avoidable harm and abuse. Staff knew how to apply the provider's safeguarding systems to report and take actions to keep people safe.
- Where relevant, the registered manager reported safeguarding incidents to relevant bodies such as the local safeguarding authority.

Assessing risk, safety monitoring and management

- Staff assessed the risks associated with the care people received, they recorded this in people's care records and information on how to mitigate these risks. For example, how to support a person safely to minimise the occurrence of falls.
- The service had protocols in place to rate people's level of needs and risk factors. This meant people with the most critical and complex care needs were prioritised in service planning and delivery.

Staffing and recruitment

- There were enough staff employed to meet the needs of people who used the service. People's care was delivered at agreed times and for agreed duration of time.
- The service followed safe recruitment practices. They completed relevant checks which assured them staff they employed were suited to work with people who used health and social care services. This included identity, reference and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Not everyone who used the service required support to take their medicines. Where people required support, staff ensured they received their medicines as prescribed by their doctor. They followed safe and good practice guidance to support people with their medicines.
- The service had systems in place for the safe administration of medicines and recording what support people had received. The records staff completed were monitored to ensure the support was safe. This meant there was a reduced risk of medicines error occurring.
- Staff who had received training in medicines management supported people with their medicines. Their competency was regularly monitored.

Preventing and controlling infection

- We were assured that the provider was using PPE (personal protective equipment) effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place for the reporting, recording, actioning and escalation of safeguarding incidents that occurred at the service. Staff were confident in the use of these systems to report any relevant incidents.
- Management staff dealt promptly with any incidents reported by care staff. They also completed regular reviews of reports of incidents and notified relevant professionals where required. They used to improve the service and minimise risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the service. This was so the provider could ensure the service would be able to meet their needs. Assessments included people's needs relating to any protected characteristics as described by the Equality Act. This included age, gender, disability, sexual orientation etc. The service people received was non-discriminatory.

Staff support: induction, training, skills and experience

- People were supported by trained and experienced staff. Staff had access to a robust training programme and had regular refreshers to update their knowledge.
- New staff were supported through a robust induction process. This supported and eased them into their role. A staff member told us their induction "eased me in gently. I got my grounding. I couldn't fault it."
- Staff told us they had prompt access to their managers for support and guidance when required.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people who used the service were independent with their meals or received this support from their family. Where people required staff support to eat and drink, staff provided support which met their nutritional needs. Staff had the training and guidance to support people to eat and drink according to their preferences and any specialist needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good knowledge of health conditions people lived with. They knew how to support them to stay well, monitor their health and promptly access health care services when required.
- People praised how staff provided them with timely health support. A relative said, "They [staff] are good, they know when [person] isn't quite [themselves], if coughing more or confused. The girls [staff] will often leave me notes or ring me. I know [person] is in capable hands". Another said, "They know when [person] isn't well. They have had to call the ambulance for [pronoun]".
- Staff worked closely with health professionals to ensure people continued to receive consistent support. For example, we saw a care staff received training and support from district nurses which enabled them to meet a person's need.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received. Staff had good knowledge of the MCA, its requirements and how to apply this in the practice to support people make decisions independently.
- At the time of our inspection, none of the people who used the service was deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. People gave us positive feedback about staff attitudes towards them. One person told us, "Everyone that comes to me is very kind and caring. I get on with all of them". Another person said, "They're all lovely and very kind". A relative commented, "I think they are very kind, I like the way that they talk to [person]".
- Staff were knowledgeable about people's personal histories, preferences and other significant people who mattered to the person receiving care and support. They used this information to care for people as they chose.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care. Their wishes were respected and documented in their care records to guide staff when they provided care and support.
- The provider had systems in place to support and refer people to advocacy services should they require support in this area. Advocacy services support people to promote their rights and wishes.
- People told us staff spend agreed duration of time to meet their assessed needs when supporting them. This ensured people did not feel rushed and staff could listen to and communicate with people effectively, involving them in their care. Care staff told us they did not feel pressured for time when supporting people.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy was promoted. Care records included information on how staff promoted people's independence and supported them to maintain their privacy.
- Staff treated people with dignity and respect. People and their relatives spoke positively of the high esteem their care staff held them in which showed in the way they provided care and support to them.
- People were supported to maintain their independence where possible. People we spoke with told us they remained independent with some of their daily living tasks. The level of support people needed from their care staff was documented in their care records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had good knowledge of each person and how to support them. People and their relatives told us the staff understood them and what their needs were.
- People were at the centre of the care they received. The care and support staff provided was tailored to each person's individual needs. People's records and their feedback supported this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People could receive information in a format which met their communication needs. Care records for each person included a communication care plan which stated any reasonable adjustment the individual would require for effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required staff supported people to maintain contact with their local community. For example, staff support a person to access a regular activity in their local community. This meant that people were supported to remain included as part of their community where possible.

Improving care quality in response to complaints or concerns

- The provider had systems in place for receiving, investigating and resolving any complaints to the service. We saw a complaint received had been dealt with satisfactorily.
- People and their relatives told us they informally contacted the provider's office to raise any concerns they may have about their care. They told us any concerns raised were dealt with promptly. A relative said, "If there were any concerns then we would just call the office. They're quite prompt with their action".

End of life care and support

- The provider had systems in place to support people's wishes and any advanced plans they made regarding their end of life care.
- Staff had received relevant training to provide end of life care and support and enable people be comfortable and receive dignified care that meet their needs and wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a culture of inclusion which met positive outcomes for people who used the service. Staff practices put people at the centre of how care was delivered.
- There was open and positive communication between people, staff and managers. People and their relatives spoke very highly of the service. Their comments included, "It's a good service, hands down it's the best". "To be honest, I'm quite impressed. It's the first time that we've used a care agency. We just leave them to it. I think they're marvellous so no improvements are required".
- Staff had easy access to their managers for support and guidance when needed. This included out-of-hours support from senior staff. This meant staff were supported in the practice as needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw that the provider understood and acted within the requirements of the duty of candour. This included how concerns raised were dealt with and how lessons were learnt from feedback or incidents at the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post. The registered manager was experienced, competent and had a clear understanding of their responsibilities. They were supported by the nominated individual to meet the requirements of the role and their visions for the service.
- The registered manager had reported relevant incidents that occurred at the service to the Care Quality Commission

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff at the service worked in partnership with health and social care professionals to provide consistent support to people and ensure care delivered met people's individual needs.
- People who used the service, their relatives and staff could easily contact the service to give their feedback. The provider acted on the feedback to improve the service and people's experience of care.

Continuous learning and improving care

- The registered manager completed a range of quality assurance checks and audits which they used to monitor the quality of care people received. This included checks of staff practice when they delivered care.
- Their checks and audits identified where improvements were required and they put plans in place to implement them.