

Brothers Recruitment Limited Sure Healthcare

Inspection report

31 Hessle Road
Hull
HU3 2AA

Tel: 01482629797
Website: www.sure-grp.co.uk

Date of inspection visit:
20 November 2019

Date of publication:
09 January 2020

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

Sure Healthcare is a domiciliary care service that provides personal care and support to people living in their own homes in Hull. There were 15 people receiving personal care at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

Safeguarding policies and procedures were in place to help protect people from harm and abuse and staff were aware of the action to take if they had concerns. There were enough staff to meet people's needs. People's care records contained information about the risks present to people's wellbeing or within their home environment. Infection control training was provided for staff. Medicine management was robust.

Staff undertook induction and training to develop or maintain their skills. People's dietary needs were assessed, monitored and met by staff.

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

People were cared for by compassionate and kind staff. Information about the service was provided in a format that met people's needs in line with the Accessible Information Standards.

People's needs were assessed, and person-centred care records were created for staff to follow. Care records detailed tasks people could undertake themselves to maintain their independence. Reviews of people's care were held. Staff contacted health care professionals for advice and support to help maintain people's wellbeing.

A complaints policy was provided to people. Issues raised were investigated and resolved. This information was shared with staff and was used to improve the service.

End of life care was provided, this type of care was to be developed further. More training was required to make sure staff were able to deliver more specialised end of life care.

Checks and audits were undertaken, and issues found were acted upon. Staff performance was monitored through 'spot check' visits to assess their practice and the quality of service provided to people. Data was stored securely to maintain people's confidentiality.

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 30 December 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sure Healthcare

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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. A new manager had commenced at the service and they had submitted an application to the CQC for registration. The current registered manager was to de-register once this application had been validated.

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 manager would be in the office to support the inspection.

Inspection activity started on 20 November 2019 and ended the same day. We visited the office location and made phone calls to people who used the service to gain their views.

What we did before the inspection

We looked at all the information we had received since the service was registered. This included notifications, which is information about important events the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection

During the inspection

We spoke with one person who used the service about their experience of the care provided and with two relatives. We spoke with the provider's nominated individual, acting manager, care-coordinator and with two care staff.

We reviewed a range of records, which included two people's care records. We looked at two staff files in relation to recruitment and supervision. We inspected a variety of records relating to the management of the service, which included policies and procedures, spot check records and audits.

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 for this newly registered service. This key question has been rated good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Risks to people's wellbeing and in their homes were identified, recorded and monitored. This helped to keep all parties safe.
- People confirmed they felt safe with staff who supported them. One person told us, "I feel safe with the staff."
- People's care calls were allocated to staff to provide continuity of care. Relatives we spoke with confirmed this. One told us, "[Name] has the same carers."
- The management team monitored people's calls. Corrective action was taken if a call had been missed or if staff were running late.

Systems and processes to safeguard people from the risk of abuse.

- Staff safeguarded people from the risk of harm and abuse. Staff had safeguarding training and understood the types of abuse that could occur. One member of staff told us "I would raise the issue with the manager immediately."
- The provider had safeguarding policies and processes in place. Staff and the management team understood their responsibility to report concerns.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- People were supported by staff who had the skills required to care for them safely. A member of staff told us, "I have had health and safety training."
- Checks were in place to ensure staff were recruited safely and were suitable to work in the care industry. A member of staff told us, "I had a police check and provided references."

Using medicines safely; Preventing and controlling infection

- Staff prompted or assisted people to take their medicines as prescribed. People's care record contained information about 'as and when required' medicines for staff to follow. Staff recorded when prescribed medicines were taken or refused.
- The management team audited medicine administration records. Any issues found were acted upon and this information was shared with staff so that learning could take place.
- The provider had an infection control policy in place, which staff followed. Staff were provided with gloves and aprons to protect people from the risk of cross infection.

Learning lessons when things go wrong

- People were supported to take positive risks to aid their independence, where possible.
- Accidents and incidents were responded to appropriately. The management team reviewed this information and shared learning with staff. Advice was sought from health care professionals to reduce the risk of re-occurrence.

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

- People's needs were assessed to make sure their needs were known and could be met. The provider did not undertake care calls to people whose needs could not be met by the staff.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance.
- People's care and support was kept under review.
- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services or were admitted to hospitals. This ensured people's needs could be met.
- Contact with health care professionals was recorded and shared with staff to maintain people's wellbeing.

Staff support: induction, training, skills and experience

- Staff were sufficiently supported to fulfil their role. New staff undertook a period of induction to learn how to care and support people in line with the provider's policies and procedures. A member of staff told us, "I have completed training to refresh my skills."
- The care certificate induction training was provided for new staff. This is a nationally recognised course to help develop caring skills.
- People and their relatives confirmed support was provided by knowledgeable, skilled staff.
- Staff undertook regular supervision. This allowed them to reflect on their work and identify any further training or development needs they may have. Yearly appraisal for staff were scheduled to take place.

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

- Staff promoted a balanced diet. People had their nutritional needs assessed. Meals and drinks were prepared by staff when required.
- Concerns about people's dietary or fluid intake or issues with swallowing were reported. Action was taken to maintain people's nutrition.

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

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

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 with appropriate legal authority. 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.

- An assessment of people's mental capacity was undertaken if there were concerns about a person's ability to consent to their care and treatment. Where necessary, decisions were made in the person's best interests in consultation with their relatives or relevant representatives.
- No applications had been made to deprive a person 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. 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 supported people with kindness and a caring approach. The provider's values promoted caring support. People confirmed they were treated with kindness and compassion by staff. One person told us, "I am treated well by the kind staff."
- Staff confirmed they wanted to provide a good quality service to people. They worked as a team to make sure people received their care when they wished to receive it.
- Staff understood and respected people's personalities and individual diverse needs.
- Continuity of care meant people developed positive relationships with staff who knew people well. A relative told us, "The staff are very obliging."
- Staff promoted people's equality and valued their diversity. People's cultural and spiritual needs were recorded. Staff were aware of this information.

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

- Staff supported people to make decisions about their care. Staff understood when people wanted help and support, and this was provided.
- People confirmed they made their own decisions about their care.
- Open and honest relationships between people and staff had been created which helped people express their views. One relative told us, "The staff support [Name] well."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People we spoke with confirmed this. One person told us, "Staff wash and dress me with care and leave me in my pyjamas."
- Staff encouraged people to remain as independent as possible. People told us staff supported them to do things for themselves where they were able to.
- Systems were in place to maintain people's confidentiality and staff understood their responsibilities regarding this.

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. 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

- People's needs and information on how best to meet their preferences were identified, met and reviewed. An assessment of people's needs was undertaken, and this information was used to develop person-centred care plans.
- On call staff had access to people's care records to help ensure people received the care they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. Information about the service was provided for people in a format that met their needs.
- People confirmed staff took their time to speak with them and responded to their questions.

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

- Staff had a good understanding of people's hobbies and interests; this enabled them to engage with people effectively.
- People were supported to go out and maintain contact with their family and friends, which had a positive impact on their wellbeing.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, which was provided to people, so they knew how to raise issues. One person told us, "I have no complaints I am quite happy."
- Complaints received were investigated and the outcome was shared with the complainant and staff to increase learning, which improved the service.

End of life care and support

- End of life care was provided. People's care records detailed their preferences regarding their end of life care.
- More in depth training was to be provided in the future to enhance the staff's skills in this area.

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.

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

- The management team understood their legal responsibilities to ensure regulations were met. Relevant information was submitted to the Care Quality Commission (CQC) as required by law. A change of registered manager was about to take place.
- Staff were supported by the management team to understand their role, so they knew what was expected of them. A member of staff confirmed they were supported well and told us, "This is the best company I have worked for."
- Regular checks and audits were undertaken by the management team to monitor the service provided. Issues found were acted upon.
- Spot checks were carried out to monitor the care people received. People who used the service and relatives told us they valued the management team checking the service was what they required.

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;

- The management team dealt with issues or concerns with openness and transparency. Apologies were provided to people when things went wrong. Learning from these incidents took place to enhance the provider's practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with people who used the service and stakeholders.
- People told us they were satisfied with the service they received. One person said, "I would recommend this service." A relative said, "I am quite happy with the service."
- Staff involved people in discussions about their care and support. Feedback received was acted upon.
- People's diversity was valued and respected by staff.
- The provider used surveys to engage with people and gain their views. Results of the surveys completed were positive about the service.
- Meetings were held to gain the staff's input about the development of the service. Staff told us the management team were approachable and they felt valued. A member of staff told us, "There are good support systems in place and we support each other."

Working in partnership with others

- The provider was eager to work closely with key organisations to provide a service which had good outcomes for people.