

Ashray Care Services Ltd

SureCare Leicester

Inspection report

Business Box, 3 Oswin Road
Leicester
LE3 1HR

Tel: 01162961432
Website: www.surecare.co.uk/leicester

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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 Leicester is a domiciliary care service. The service provides care and support to people living in their own homes in the community.

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. At the time of our inspection 20 people were receiving personal care.

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

People and relatives expressed they were pleased with the care and support they received from the service. They all commented they received support from a core group of staff, who provided people with individual support in line with their assessed needs and preferences.

Risks to people's safety were assessed and people were protected against avoidable harm, abuse, neglect and discrimination.

People received support from staff that were suitably recruited. Staff received induction training and on-going refresher training to keep their knowledge and skills up to date. Where the provider took the responsibility, people were supported with their medicines by staff that had received training on medicines administration and had their competency to safely administer medicines assessed.

People felt reassured and safe as staff followed government guidance on COVID-19. Staff followed infection prevention control (IPC) best practice, in relation to reducing the risks of infection spread, wearing personal protective equipment (PPE) and following good hand hygiene. Staff had access to enough supplies of PPE equipment.

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.

People were treated with respect and compassion. Staff encouraged people to maintain their independence and do as much for themselves as possible.

People and their relatives knew how to raise a complaint and said they would feel confident to do so. Records showed the provider had responded appropriately to complaints. The provider welcomed critical feedback, which was used to drive improvement of the service.

Staff spoke positively of the support they received from the registered manager and provider who often worked alongside them.

The registered manager and provider understood their legal obligations. They had notified CQC of reportable events as required to do so by law. The provider worked with other healthcare professionals to continuously drive improvements at the service.

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

Why we inspected

This service was registered with us on 14 June 2019 and this is the first 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?

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 Leicester

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 carried out 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 and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection and provided an explanation as to the inspection process. We asked the provider to submit information to CQC to minimise the time spent on site in response to the pandemic.

The inspection activity started on 10 June 2021, by way of carrying out telephone interviews with people using the service, their relatives and staff. Due to personal circumstances the registered manager was not available to facilitate the office site visit until 5 July 2021. The inspection ended on 5 July 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider completed a Provider Information Return prior to this inspection (PIR). 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.

During the inspection

We spoke with three people who used the service and two relatives of people using the service, about their views and experience of the care provided. We spoke with five members of staff which included, care staff, care co-ordinator, administration assistant, registered manager and the nominated individual, the nominated individual is responsible for supervising the management of the service.

We reviewed a range of records, including three people's support plans and associated records. Staff supervision and training records and three staff recruitment files. We reviewed the providers own policies and procedures and a variety of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff that provided their care and support. One relative said, "[Name] needs the staff to help with everything, the staff use a hoist to help [Name] move from the bed into a chair, they [staff] give us confidence [Name] is safe in their hands."
- Staff told us, and records showed they had been trained in the safeguarding procedures and knew what action to take to protect people from the risks of harm and / or abuse.
- Safeguarding records evidenced the actions / investigations taken by the provider. The records showed the provider had co-operated with the local safeguarding authority in response to safeguarding concerns.

Assessing risk, safety monitoring and management

- Staff provided people with individual support in line with their assessed needs. The assessments detailed the specific needs of people receiving care.
- People cared for in bed and at risk of skin damage had pressure relieving equipment in use.
- People at risk of falls had their needs and equipment risk assessed.

Staffing and recruitment

- People and relatives all confirmed they were supported by a core group of staff, who understood their needs and preferences. People told us staff usually arrived on time and always stayed for the full duration of the care call.
- The provider continually reviewed their recruitment process to ensure they had sufficient staff to meet the varying needs of people using the service and recruitment was ongoing.
- Records showed people were supported by staff that had been recruited using safe recruitment processes. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made on all new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- Where the provider took responsibility, people were supported to safely take their medicines.
- The provider completed spot checks on staff, which included observing staff administering medicines to people. This ensured staff followed the correct medicines procedure and followed people's individual support plans when administering medicines to people.
- Medicines audits took place and action was taken in response to areas identified for further improvement.

Preventing and controlling infection

- People and relatives confirmed staff always wore personal protective equipment (PPE) throughout the care visits. They confirmed the staff followed infection control measures.
- Staff had received training about COVID-19 and infection control and prevention, which included the correct procedure for the putting on and taking off of PPE, known as donning and doffing. Staff explained how they followed current government guidance to promote people's safety and their own safety.
- The provider ensured all staff had regular screening for COVID-19. They also ensured any staff showing any COVID-19 symptoms or had been in contact with people tested COVID positive, were tested and followed the current government guidance on reducing the risks of transmission.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager and the provider for trends and patterns. In response to changes in people's needs the support plans and risk assessments were updated to reflect the changes.
- There was evidence of referrals made to other professionals following incidents, to support with preventing 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 had been thoroughly assessed prior to them receiving care. They included people's health conditions, religion, important relationships, culture, likes, dislikes and hobbies. The information was used to plan people's care and support. A relative said, "We have a very good support package, the company provides excellent support both day and night."

Staff support: induction, training, skills and experience

- Staff received induction training, which included completing the Care Certificate, (this is made up of 15 minimum standards that should be covered when staff are new to care, and define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). New staff worked alongside experienced staff and observations of their care practice took place to assess their competency in providing care and support to meet the diverse needs of people using the service.
- Staff told us they had regular one to one supervision with the registered manager, to discuss their roles and responsibilities and any further training or self-development needs.

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

- People's specific needs around food and drink were documented and supported. Staff understood the level of support each person needed to eat and drink to maintain a healthy diet.

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

- The staff worked with other healthcare professionals to ensure people had access to health care support when needed.
- When required, people were supported by staff to attend routine healthcare appointments.

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 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

- Staff received training and understood the principles of the mental capacity act.
- People's ability to make decisions was assessed and recorded within their support plans. Best interests' decisions had been made for people for people that lacked the ability to make specific decisions, they followed the least restrictive principles, enabling people to retain as much independence as possible.

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

- People and their relatives told us they had trust in the staff providing their care and support. They all expressed the staff treated them with kindness and compassion. One relative said, "We have used three different care companies, and this is by far the best we have ever had, I would definitely recommend them to others." Another relative said, "[Name] speaks [different language] they are matched with staff who speak the same language, they are very good, they took [Name] to have their hair cut and nails manicured, this made them feel much better."
- People were supported to maintain a healthy lifestyle, reduce social isolation and improve their mental wellbeing. For example, staff supported people to practice their religion, attend their place of worship and access the local community. One person said, "The staff provide me with companionship, they help me to go out shopping, they are like wonderful friends to me."
- Staff were encouraged to research and get to know the people they provided care for, to ensure they understood and respected people's cultural needs, values and beliefs.

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

- People told us, and records showed they were involved in the planning and reviews of their care. The provider was flexible in meeting people's requests and people's support plans had been developed based on their individual needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff were respectful of preserving privacy and promoting dignity when providing personal care. The support plans reflected people's needs and the role of staff in promoting people's privacy and dignity. The daily notes written by staff reflected how they respected people's individuality.
- Personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and confidential.

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

- People were involved in planning their care and support and this had been tailored to meet their specific needs, choices and preferences

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 specific communication / language needs were met. For example, the provider ensured people were matched with care workers who could speak the same language. They also ensured staff received training to provide care for people who were nonverbal and required specific support to communicate, so staff could respond accordingly in providing their care.

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

- People were supported to maintain a healthy lifestyle, reduce social isolation and improve their mental wellbeing. For example, staff supported people to practice their religion, attend their place of worship and access the local community.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People and relatives told us they had the contact details of the registered manager and the provider and if they had any concerns, they would speak with them directly. Feedback we received from people using the service and their relatives indicated any concerns were taken seriously and dealt with appropriately. This meant people were supported to challenge unsafe or unacceptable practice without fear of recriminations.
- The registered manager and the provider kept oversight of complaints to continually drive improvement of the service.

End of life care and support

- At the time of this inspection there was no one using the service receiving end of life care. The registered manager and provider confirmed, if this care was to be provided, they would ensure staff receive specific end of life training, to ensure people received good quality end of life care.

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

- People told us the registered manager and the provider were very approachable and kept in regular contact with them. Staff told us they felt respected, valued and supported. Staff spoke positively of the support they received from the registered manager and the provider who at regularly worked alongside them.
- Staff told us they received one to one supervision, which gave them the opportunity to discuss in confidence their work performance, and any further training or support needs.

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 provider understood their role and responsibilities. At this inspection no incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- Weekly quality meetings took place, during which all aspects of the service were discussed. The provider formalised these meetings to ensure they evidenced the areas discussed. Areas identified for improving had action plans put in place with realistic timelines for completion.
- Internal audits were completed to evaluate the service and follow up on areas identified for improvement.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A COVID-19 contingency plan had been developed in response to the pandemic, which outlined the actions needed to ensure essential care continued to be provided.
- Whistleblowing was encouraged within the service and staff told us they were confident to raise any safeguarding concerns. The provider told us that following a quality assurance audit and feedback from staff, they had moved to holding quarterly team meetings, as staff found face to face discussion a good way of sharing knowledge and providing peer support, to help identify and recognise safeguarding issues or concerns.
- The provider understood their legal obligations. They had notified CQC of reportable events as required to do so by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives confirmed they were involved in their care assessments and the ongoing review of their support needs.
- People's views about their experience of using the service were sought formally via surveys and informally via spot checks and telephone reviews. The registered manager and the provider had regular contact with people using the service and their relatives, which gave people opportunities to discuss their on-going care needs or any concerns they may have.

Continuous learning and improving care; Working in partnership with others

- Records showed the provider responded promptly and appropriately to safeguarding concerns and complaints.
- The provider worked with other healthcare professionals to continuously drive improvements at the service. For example, the registered manager attended the Skills for Care regional managers network meetings to keep updated on good practice guidance and share ideas, which were then shared with the staff team.