

Sugarman Health and Wellbeing Limited

# Sugarman Health and Wellbeing - Birmingham

## Inspection report

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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

This inspection took place on 05 and 11 April 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. This is the first inspection since registration with us on 04 September 2016.

Sugarman Health and Wellbeing is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the provider was supporting four children.

The provider is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

Care and treatment was planned and delivered in a way that was intended to ensure the children's safety and welfare. Children were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. This included checks about staff suitability to work with children. There were sufficient staff to meet people's needs consistently. Children were supported to take their medication by staff who had received training to do so.

Children were protected from the risk of abuse and avoidable harm because staff received training and understood the different types of abuse and knew what actions were needed to keep children safe. There were detailed procedures in place for reporting concerns if required.

The provider ensured effective systems were in place to report and investigate any concerns raised, which included working with external agencies.

Staff had a good understanding of the needs of the children they were supporting. Staff worked closely with family members to promote choices and independence. Decisions were made in the children's best interests and there was extensive consultation with other healthcare professionals and parents to ensure that the children's needs were planned for and met.

Parents were involved in reviews and care records reflected what care was being provided and updated when needs changed.

Parents knew how to complain if they were unhappy and they were confident that their concerns would be responded to efficiently and effectively.

Staff and relatives were positive about the service provided because the provider had systems in place to monitor the service to ensure good care was delivered. The systems and procedures were reviewed on a regular basis and updated when required.

## 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

Children were protected from abuse because the staff had received training in how to identify and report possible abuse. Risks were assessed and managed effectively to promote children and young people's safety. There were sufficient numbers of staff employed to ensure children and young people received the care and treatment they needed. The arrangements for the management of medicines ensured staff were trained and assessed to ensure staff continuous competency.

### Is the service effective?

Good ●

The service was effective

Children received support and care by staff who was knowledgeable about their needs, preferences and choices. The service worked closely with parents and external agencies to ensure consent in the delivery of care and decision were made in the child's best interests. Staff had good knowledge of the child's health issues and trained to support them based on their individual care needs. Staff were trained and supervised to ensure they have the skills to meet children needs.

### Is the service caring?

Good ●

The service was caring.

Parents told us they had a good relationship with the staff that supported their children and were fully involved in their care and how they wanted to be supported. Parents and other healthcare professionals were able to make informed decisions about their child's care and support, and their privacy, dignity and independence was respected and promoted.

### Is the service responsive?

Good ●

The service was consistently responsive.

The service was responsive to the individuality of each child and parents they supported. Care was tailored to the child specific

care needs and disabilities. Parents were able to raise concerns and there were clear procedures in place to respond to people's concerns. Children and young people received personalised care and support because of the development of services which were flexible and responsive to their particular needs. Young people moving into adult services were well supported by the transition arrangements which were well established.

### **Is the service well-led?**

The service was consistently well led

Quality assurance processes were in place to monitor the service to ensure children received a quality service. Parents and other healthcare professionals were encouraged to provide feedback on the quality of the service they received. The service used this feedback to improve where needed. Systems were in place to assess, monitor and review the service provided.

**Good** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 05 and 11 April 2017 and was announced. The inspection was conducted by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

We spoke with three relative as the service provided was to children and young people who had very complex care needs. We spoke with six staff, the provider, a clinical lead nurse that specialised in caring for children with complex care needs, and a manager of the complex care service. We also used an interpreter to assist us with the inspection.

We looked at three care records, the recruitment records of three care staff, minutes of staff meetings, quality assurance records, complaints and compliments. We reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people. We looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a good quality service.

## Is the service safe?

### Our findings

Parents spoken with shared their thoughts on how their children's safety was promoted. One parent told us, "I trust them (staff) implicitly as they are all very knowledgeable so I know [child's name] is safe, The staff are very well trained in what they do." Another parent said, "To be honest I could not praise them (staff) enough as I know [child's name] is being well looked after and is safe so I can relax." One parent told us "Excellent staff, same staff, [child's name] knows who they are, and I can see that they [child] is very comfortable because when [child's name] hears them [staff] she gets excited." Professionals who shared their comments with us similarly believed the service provided ensured children needs were being met.

Staff understood their role in promoting the safety of the children and young people they supported. Staff told us how they would recognise and report abuse, and we saw they had regular training to ensure they were up to date with the procedures in place to report concerns. All staff knew about the different types of abuse and the signs to look for which would indicate a risk of abuse. Staff understood how to report concerns and felt confident action would be taken to protect people from harm. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. Records we hold showed us that the acting manager reported concerns and appropriate referrals were made to the appropriate authority.

Parents spoken with told us they had been involved in identifying and managing risks to their child's wellbeing and safety alongside other professionals. One parent told us, "The staff are keen to learn from me about [child's name] needs and presentation when they become unwell." The provider ensured that risk assessments were completed so that the environment was safe for the person who lived there and staff to work in.

Staff told us that any concerns they had about a person, equipment in the home, or the environment were reported to the office so action could be taken to make the situation safe. Staff told us that because they supported the same child all of the time they had built up a relationship with them and got to know them well. Staff told us they would be able to quickly identify any concerns. One staff member told us, "You just know if something is wrong you can spot it straight away and because we are working very close with the parents, we can easily determine what action is needed." Another staff member told us, "We have the information in the risk assessments which can be added to if required." Records looked at confirmed this and we saw that risk assessments were reviewed regularly. All staff spoken with and records looked at confirmed that staff had received training on how to keep children safe from harm.

Staff we spoke with told us staffing levels were planned and managed to meet the needs of children and young people. One staff member told us, "There are enough staff, if we are ever short the manager would act upon this." The staffing planner reflected that children were supported by a team of staff who ensured that they covered each other so the child always has regular staff that they knew. There were also on-call arrangements and staff spoken with told us they never felt their safety and/or each child or young person's safety was at risk in the day, evening or through the night as there were procedures in place for any unforeseen emergencies.

Staff spoken with told us and records confirmed background checks had been completed on staff before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure new staff could demonstrate their previous good conduct and were suitable people to be employed to provide care to children and young people who used the service.

All staff spoken with and records confirmed that training was provided in the safe administration of medicines. All staff had regular updates and regular checks from a clinical nurse to ensure that they were kept up to date with their skills, to ensure children received their medicines safely. A parent told us, "I have no worries at all they [staff] are very experienced."

## Is the service effective?

### Our findings

Without exception, parents we spoke with told us they had total confidence in the abilities of the staff in meeting their child's individual needs. One parent talked about how staff did more than just meeting the health needs of their child with medicine and treatment. They said staff also had the skills and awareness to instinctively know when children needed a hug which the parent believed was as effective as any other treatment or care. Another parent said their child had a specific health condition which staff had more knowledge about than external professionals. They said staff, "Having that experience and wealth of knowledge" made a difference to their child's quality of life.

Staff told us they received a structured and planned induction and training which was very good in helping them to be effective in their roles. One staff member told us, "The induction was very good and I was not allowed to work until I was assessed as competent to support the child I was caring for." The provider and management told us there was a strong culture of sourcing, arranging and encouraging training so that staff were as effective in their roles as they could be. Staff spoken with told us that there was very good training and confirmed that they were supported to develop their skills. One staff member told us, "I have worked in care a long time, I can say I have never felt that I have had the skills to do my job as I do now, the support and training is excellent, I feel I really do know what I am doing."

Records seen and staff confirmed that all training was based on and matched to the child's individual care needs. Staff told us that the training was updated when required and when the child's needs changed so they continued to have the skill required to meet the child's care needs. We saw that there was evidence that staff had been supervised. The staff files included records of staff supervision and personal development reviews which allowed staff to raise matters of concern as well and their managers to respond. Staff confirmed that the management was very supportive and acted on their views when raised.

Staff also told us they were supported by their colleagues and believed they worked well as a team. One staff member told us, "I am very happy in my job and have a good relationship with [child's name] and their parents." We saw that regular staff meetings took place so all staff supporting children had the information they needed. For example changes to the child's care needs, risks, and new clinical procedures.

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 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 particular decisions, any made on their behalf must be in their best interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff spoken with understood how the Mental Capacity Act (2005) and DoLS (applicable to children over the age of 18 years old) affected their caring roles. For example, staff knew for children under the age of 16 years old each child needed to be assessed as to whether they had sufficient understanding in order to make up

their own minds up about the benefits and risks of their treatment. Care records contained information detailing who had parental responsibility for children and young people who should be included in best interest decisions. A parent told us, "The eldest is over 18 and has been assessed as not being able to make decisions, so I have to make the decisions, but staff still tell [named child] what they are doing and give respect and maintain their dignity."

There were assessment and monitoring tools in place which were used to enable staff to identify changes in children health and wellbeing. Parent and family member were involved and external healthcare professionals when needed. For example dietician, speech and language therapist, community paediatrician to formulate a comprehensive feeding plan including safe swallow advice. Parent supported children with their nutritional needs and some children were received nutrition through a percutaneous endoscopic gastrostomy [PEG]. This is because people have difficulties with their swallowing and the PEG allows nutrition, fluids and/or medications to be put directly into the stomach through a [PEG]. A clinical nurse supported care staff to ensure that they had the appropriate training. This showed that the agency worked closely with other health care professionals to ensure the child's needs were being met.

## Is the service caring?

### Our findings

All the parents spoken with were complimentary about the quality of the care and support from the staff. Parents gave various comments about the staff that supported them which included. "They are marvellous." "Brilliant staff." "Nothing wrong with the staff they do an excellent job for me."

They told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them as well as their child with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support.

Staff we spoke with demonstrated they knew the children very well. Staff were very passionate about caring for not only the child but the whole family. One relative we spoke with told us, "Brilliant carers are trained in every way. I have used the service for more than two years they look after both my children. The girls are happy to see them. They smile, they have limited speech but understand, and they are comfortable with them [staff]." Another parent told us, "They [agency] understand what its mean to us to know that [child name] receive the care we want, which makes a real difference to us."

Staff told us that they were introduced to the family and the child they would be caring for. A clinical nurse stayed with them to show them [staff] and continued to support both the family members and the child so the care was tailored to the child needs. A parent told us, "The service was not rushed and we were perfectly happy with the way the agency introduced staff and now they are part of the family." A staff member told us, "We try and make sure that the [child ] is as independent as possible, but the children we look after have complex care needs and are very limited in what they can do, but if they do a little thing it is an achievement for them and this we encourage."

Parent and children's diversity was recognised and their needs in this area were identified and respected, as appropriate. Care plans included religious and cultural beliefs, and where possible, staff who were able to speak different languages were matched to families whose English was not their first language. During the inspection the agency arranged an interpreter to ensure that family members were able to tell us their views about the service. A parent told us they had used the service for over a year; never had any concern and felt that staff were like an extension to their family. They told us, "I could not wish for better people looking after [child name], fantastic. Staff are loving and kind."

## Is the service responsive?

### Our findings

Parents we spoke with told us how staff ensured not only their children's needs were met but their own. One parent told us, "Having a child with a disability is very difficult you worry about their future. The staff are very supportive, kind and above all knows how we want our children to have the best possible care, and they [staff] do their best to give this. They (staff) will always offer advice and support whenever we need it."

Care records seen were very personalised a full range of people were involved in the development of the care records, this included care staff, management, external professionals, a clinical nurse, family member, and were possible the child. We saw detailed information about preferences, choice and involvement. One staff member told us, "Although we have care plans, we also ensure we act on the parents instructions. If changes are needed to the care records then a review is held, so the child is the focus of the service." Another member of staff told us, "We know the children very well and the family members, which means we work as a team to provide the best possible care for the child."

A clinical nurse told us this way of working helps to achieve a personalised way of assessing each child needs to form the comprehensive care plans which we saw. The care plans held a variety of assessments which included the important home routines of each child and family members. One staff member told us, "Care plans are a very good source of information for all of us, especially when a child comes to us for the first time and/or when their needs change."

Regular reviews took place with parents and other health care professionals to ensure that any changes needed were completed. Parent told us that they were asked about the care on a regular basis and one parent told us, at any time they would changes things in the care plan to reflect the child changing care needs.

A parent told us, "They are really flexible if I need them to come at different times they do, if I have an appointment there is not a problem I just tell them and changes made, I needed a two week full time carer and this was arranged. They are brilliant. They are like family, and friends I have great respect for them."

All parents spoken with felt they could approach the agency at any time. None of the parents had any concern and no complaints had been made. One parent described to us how staff had been supported them in responding to the whole family's needs at time of transition for their child into adult services and would no longer be using the agency for a while, they said "I wish the staff could come with us I am going to miss them and [child name] will find it strange. But as soon as we are at home we will arrange for the agency to start again that's how much faith I have in the staff."

## Is the service well-led?

### Our findings

Parents told us that they were happy with the quality of the service, One relative told us, "They are a very good service, and I have been with them for a few years." Another parent told us, "You won't find any fault with the service they are very good, we are very happy with them." All the staff we spoke with were enthusiastic about the service, one member of staff said, "When I first started working here I realised the service was different and that they really care about what they are doing. It is a really good team." Staff had regular meetings so that they were fully aware of new legislation current practice and detailed knowledge of the children they were supporting.

There was a positive culture within the service driven by the nominated individual had clear visions and enthusiasm about how they wished the service to be provided. A nominated individual is a person who oversees the service. Staff, demonstrated they had clearly adopted the same ethos and enthusiasm. This showed in the way they responded to and spoke about the children they were caring for. Staff talked about personalised care and promoting independence and had a clear aim about improving the service when needed.

Parents told us that they felt that their views on the service were valued. Reviews were undertaken by a representative of the organisation to ensure they were happy with the service and providing the care they wanted. Staff spoken with told us they were able to give their views about the service provided to people and where improvements were needed the provider took people's view into consideration.

The manager and other senior members of the staff team undertook a range of regular checks of the quality of the service. These included spot checks, analysis of complaints, accidents, staff training, and people's views, which included external views from other health care professional and staff. This was to make sure that the staff were undertaking their roles in the best interests of the people using the service. The agency worked closely with external agencies, such as children's services, occupational therapist, GPs and social workers, to ensure that the service provided to children was tailored to their individual care needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. Staff spoken with felt their individual development was supported. At the time of the inspection the registered manager was not present and the inspection was supported by the complex, care manger, a clinical nurse and the nominated individual.