

Emms Ventures Limited

# Surrey Quality Care

## 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

### About the service

Surrey Quality Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting 18 people with a variety of health needs and some people living with dementia. 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 told us they felt safe being supported by Surrey Quality Care. There were enough staff in place to meet people's needs. People were safeguarded against the risk of abuse and supported at regular times by a consistent staff team who understood their needs well.

Detailed assessments of people's needs were carried out before they started to receive care and support. Staff were provided with appropriate training and supervision for their role. Referrals were made to health and social care professionals appropriately when people's needs changed.

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.

Care plans were reflective of people's needs, including the support they needed with their healthcare, medicines, nutrition and personal care. Staff were committed to supporting people to keep as much independence as possible and treated people with dignity and respect.

People received personalised care and the service worked flexibly in order to meet people's needs. Staff said they had enough time to meet people's care and support needs and any complaints were responded to promptly with actions followed up in a timely way.

Feedback from people and their relatives about the way the service was managed was positive and staff told us they were well supported. There were effective systems in place to monitor the quality and safety of the service and the provider was committed to ongoing improvement in the future.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 06 September 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been previously inspected.

### 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?

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.

# Surrey Quality Care

## 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

This 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.

#### Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all this information to plan our

inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager, the care supervisor and a care worker. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

# 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; Learning lessons when things go wrong

- People told us they felt safe with the staff supporting them. One person said, "[I feel] very safe. I can talk to them about anything." People's relatives also told us that they felt their family members were safe with the care staff.
- Staff had received training about safeguarding and knew how to report a concern. Staff told us they would inform the registered person if they had any concerns someone was being abused and would ensure the person was not in any danger from potential abuse.
- The provider worked closely with the safeguarding authority and was clear about their responsibility to report any evidence of abuse promptly.
- The provider described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place so staff knew how to support people. For example, one person had risks associated with a health condition. There was a risk assessment and care plan in place which detailed how best to support this person to reduce the risk of their health deteriorating.
- Staff were knowledgeable about people's individual risks and knew how and when to report these to the manager or a health professional.
- There was an out of hours on-call service available to people and staff. This meant support was available if an incident occurred outside of normal working hours.

Staffing and recruitment

- The registered manager ensured staff numbers were safe through good rota management and staff worked together to ensure people's care needs were met. One member of staff told us, "We work as a team. [Registered manager] will always step in and we have other staff who are very flexible."
- A robust recruitment process was carried out for all employees. Pre-employment checks were completed to ensure staff were suitable for the role including evidence of the right to work in the UK, performance at previous employment and a Disclosure and Barring Service (DBS) check. 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

- Some people were supported to take PRN (as and when required) medicines. There was no written protocol in place for when people should have this medication however staff we spoke to knew how to administer this. We raised this with the provider and we saw evidence that PRN protocols had been put in place immediately following the inspection.
- Despite issue above there were systems in place to help support the safe management of medicines. Where people required support to take prescribed medicines, up-to-date risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe managed way.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff were suitably skilled and qualified to assist with people's medicines. The management team carried out regular observations of care staffs' medicines practice and competencies to ensure they followed best practice guidance.

#### Preventing and controlling infection

- Routine infection prevention and control practices had been reviewed and updated. Staff clearly understood when and where to wear personal protective equipment (PPE). People confirmed staff routinely used disposable gloves, aprons and face masks. One person told us "The carers wear masks and gloves when needed." A relative told us, "Staff have gloves and masks always on."
- Staff had received training about infection prevention and control, and they told us they had good access to PPE. One member of staff told us, ""We are equipped with all the PPE we need."

# 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

- The provider met with people and their relatives prior to offering a service. This was to assess their care needs, understand their preferences and ensure the service would be able to meet their support requests.
- People and their relatives told us care was being provided in line with their needs. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.

Staff support: induction, training, skills and experience

- Staff received regular training and support to enable them to meet people's needs. We saw records to support this and staff told us that training was delivered flexibly to ensure that they were able to complete this.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- Training was enhanced by new staff shadowing established care workers and observations were undertaken to check they were using their care skills effectively. A probationary period was in place to review the work of new staff and gave the opportunity for both management and care worker to address any concerns and reflect on learning.
- New staff were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff supported people to eat healthy foods and drink sufficient fluids. Where people needed support with nutrition, care plans detailed what support people required for them to eat and drink enough and described what their dietary preferences were. A member of staff told us, "We have to give people a choice of food and make sure they have something to eat and drink for when are not there. We have to make sure food and drink is within their reach."
- Where people were at risk of malnutrition there were clear risk assessments in place to help mitigate the risk. This detailed actions for staff such as regularly offering food and drinks and closely monitoring how much people had to eat and drink.

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

- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken.
- People were supported to access appropriate healthcare. Staff showed knowledge about people's health needs and acted quickly if health conditions deteriorated. A member of staff told us, "Sometimes we go into people's homes and they feel unwell. We call the GP for advice and to get them an appointment if they need one."

#### 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.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). (LPA gives a nominated person the legal right to make decisions on the person's behalf should they no longer have the capacity to do so).
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "We always check that we have people's consent before we support them." A relative told us, "They will seek consent, such as asking, 'Do you want to go to the toilet?' Not, 'Come on let's go to the toilet.'"

# 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 staff treated them with kindness and respect. One person told us, "Communication and the way they talk to me [is good]. They learn my ways and we have a good rapport." People were informed if staff were going to be late to provide their support.
- Staff were respectful of people's individual cultures. Staff had researched the country that one person had been born in so they could speak to them about it. Staff had also learnt a few words of the language which the person liked to use to communicate.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "They all have a chat and ask if there are other problems or ask have I seen the GP."

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

- People and their relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out. This information was reflected in individual's care plans.
- People were fully involved in making decisions about their care and the provider maintained regular contact with people. One person told us, "If there is anything I want changing, they will change it."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and promoted independence. One member of staff told us, "We have to be sensitive to people's emotions and feelings. People need reassurance and this helps to give people a sense of dignity and shows that we respect them."
- Staff told us of the actions they took to respect people's privacy. For example, when personal care was being given, staff closed curtains and doors, and used towels to protect dignity.
- Staff promoted people's independence and encouraged people to do things for themselves. One person told us, "At first I was cooking with the carers, but now I do it alone. [Staff member] offers to help me to try cooking something different."
- People's care plans identified who was involved in their care. This helped to promote a coordinated approach to delivering care without imposing on people's confidentiality and privacy.

# 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; End of life care and support

- People received person centred care that took account of their needs, wishes and preferences. One person told us, "Every one of [the care staff] has been helpful and understanding, they don't rush me. Today I've been a bit down and the carers pick up on it and they let me get it out and talk to them."
- People told us that staff let them know if they were going to be late and they regularly had the same care staff supporting them. One person told us, "I'm kept up to date with changes."
- Support was planned to give people as much choice and control as possible. One member of staff told us, "We listen to what people want and support them in their preferred way."
- People's care plans included details about their personal preferences. For example, one person's care plan explained that they preferred to have female staff for their personal care support in the evenings and the provider ensured this preference was met.
- The service worked with people to plan end of life care when appropriate and people had end of life care plans in place. These included whether the person wished to remain at home and any cultural 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 were asked about their communication needs during their initial assessment before their care with the service started so that this could be taken into account for planning their support.
- People's care plans included any important information about their communication needs including any sensory loss and how they may need to be supported with this. Staff we spoke to were knowledgeable about the communication needs of the people they cared for.

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 do activities that were meaningful to them and were beneficial to their physical and mental health when this was part of their care plan. These activities included going out for meals and accessing the community.
- People told us that that regular interactions with staff were positive for them, one person said, "To me, they've become sort of a family."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they needed to and they were provided with information about how to do this.
- A complaints policy and process were in place which could be provided in different formats when required. Any complaints had been recorded, investigated by the registered manager, and dealt with in line with company policy.

# 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; 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

- People and their relatives spoke positively about the provider and said they saw them frequently. One person told us, "If I was in difficulty, I would text [registered manager] and they would be there as soon as they could."
- Staff told us they enjoyed working for Surrey Quality Care and were well supported by the management team. One member of staff said, "It is a really nice opportunity [to work here]. It is small and personal." Another member of staff told us, "Oh yes, [registered manager] is supportive."
- The provider understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- Systems were in place to monitor the standard of care for people and the efficiency of the service. The registered manager had implemented various quality assurance processes which were completed on a regular basis. These included spot checks on staff, regular reviews of care plans and medication audits.
- There was good communication between management and staff. Any changes to people's support was communicated to staff quickly via phone call or electronic messaging.
- The provider understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and questionnaires sent to people and their families. The management team also frequently provided people's care themselves which meant they could have regular discussions with people about their care.

Continuous learning and improving care; Working in partnership with others

- Regular audits were carried out by the management team to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes, the management team routinely carried out spot checks on staff during their scheduled visits. During these spot checks staff's punctuality and record keeping was assessed, as well as their interaction with the person they were supporting.
- We found there was a positive approach to ensuring continuous development and learning. The provider had a system in place that enabled them to review any accident, incident, safeguarding concern or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- Positive working relationships had been established with several different health and social care professionals, the provider worked flexibly with other professionals to support people to be able to get home from hospital as quickly as possible and to provide additional care to people when this was needed.