

Surrey Homecare Limited

# Surrey Homecare Limited

## Inspection report

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Date of inspection visit:  
03 April 2019

Date of publication:  
29 April 2019

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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 Homecare Limited provides personal care and support to people living in their own homes. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment. At the time of the inspection 66 people were receiving care in their own homes.

### People's experience of using this service:

At the previous inspection there was a lack of leadership and governance at the service. At this inspection we found that the new registered manager and provider had implemented a system of robust auditing and improvements were made as a result. People told us that the service management was good and staff felt more supported and valued. The atmosphere amongst staff was more positive and they felt the teamwork had improved.

On the previous inspection we found that people's medicines records were not being completed appropriately. We also found that staff were not always staying for the full length of the call as they were not provided with travel time. At this inspection we found, that the management of medicines was undertaken in a safe way and systems were now in place to ensure that people's medicines were not missed. There were sufficient numbers of staff to provide care. Where travel time had been introduced in between calls it meant that staff stayed for the full time. There were more robust systems in place to monitor whether staff were late for a call or if they had not turned up for a call.

Care plans were more detailed and reflected information on the person's background and their wishes around care. Staff were aware of the care that people needed as care plans contained detailed guidance. Staff also communicated the needs of people through detailed care notes and meetings.

Systems were in place to ensure that staff received appropriate training and supervision to ensure that safe and effective care was delivered. There was a better understanding by staff of how to ensure that people were consenting to their care and if they were in doubt they would discuss this with their manager. People fed back that staff were caring and considerate towards them. People maintained good relationships with staff and were treated in a dignified and respectful way.

### Rating at last inspection:

At the last inspection the service was rated Requires Improvement (the report was published on the 12 November 2018)

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. We wanted to follow up on breaches of regulation that were identified at the previous inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

## 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 Homecare Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by five inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about personal care of adults using this type of service.

#### Service and service type:

Surrey Homecare Limited provides personal care and support to people living in their own homes. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment.

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. The registered manager was present on the day of the inspection.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 3 April 2019 to see the registered manager, provider and office staff; and to review care records and policies and procedures.

#### What we did:

Our inspection was informed by evidence we already held about the service including notifications that the service sent us. We also checked for feedback we received from members of the public and local authorities.

We checked records held by Companies House and the Provider Information Return. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the office we spoke with the registered manager, the provider and three members of staff. We reviewed 10 people's care records, medicine records, audits, recruitment records for three staff and other records about the management of the service. We met with four people, two relatives and two representatives of people. We also telephoned and spoke with nine people and five relatives.

# Is the service safe?

## Our findings

At the previous inspection we identified that the recording around medicines was not robust and people's nutritional and hydrations risks were not being managed in a safe way which put people at risk. We also found that appropriate recruitment checks were not always being completed and staff levels were not always sufficient. On this inspection we found improvements in all of these areas.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- The provider undertook robust recruitment processes when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff have a criminal record or are barred from working with people.
- People told us that staff always turned up and stayed for the full length of the call. One person told us, "They [staff] are punctual to the minutes." Another said, "They come morning noon and night. They're very good. They provide a good standard of care. A relative said, "They always provide someone."
- The provider told us that they were not prepared to take on new packages of care if there were not enough carers to provide care. We saw that calls were regularly monitored to ensure that staff attended and that they stayed for the full length of the call. One member of staff told us, "Its 100% better with staffing. There's no rush to get to the next call now as we now have travel time."

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

- People told us that they felt safe with staff. One told us, "What in terms of harm? They are too nice for that."
- Staff understood what constituted abuse and the actions to take if they suspected anything. One staff member told us, "If I found bruises on someone, I would fill in an incident form and body map and send a message through to management." Staff received safeguarding training and also discussed any potential safeguarding incidents during team meetings.
- We saw that where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation. Whilst this was being done they would ensure the person was protected from the risk of any further abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Systems were in place to identify and reduce the risks to people receiving care. Prior to providing care a member of staff risk assessed the persons home to ensure that care could be provided in safe way.
- People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. These included assessments of the environment, moving and handling, skin integrity, falling and nutrition and hydration.

- People told us that they felt safe when they were being supported to mobilise by staff. One told us, "They do that very well indeed. They are very good at that. I'd scream at them if they didn't."
- Staff understood the support people needed to promote their independence and freedom yet minimise the risks. One member of staff told us that they would walk with a person and offer support if they needed. Another told us, "We noticed a person was coughing when eating certain foods for example skins on fruit. We took advice and started to remove the skins off fruit and put guidance in the care plan on the best types of food for them."
- We noted in one person's care plan that they were at risk of pressure sores and required to have the legs elevated. We saw that the person was sitting with their feet resting on a pressure relieving cushion. We also saw that another person had a wrist alarm to use in an emergency. They said, "They [staff at the office] encourage you to have one."
- When an accident or an incident occurred staff would complete a form and notify the registered manager. One member of staff said, "I would record anything and fill in a body map if needed, then tell the office." The registered manager would analyse all the accidents and incidents to look for trends. They said, "I have the knowledge and control of this, I can see the patterns and themes."

#### Preventing and controlling infection:

- People were protected against the spread of infection as staff were following good practices. People told us that they saw staff wear gloves and wash their hands regularly. One member of staff said, "I wash my hands when I first arrive. I use gloves and an apron [we saw them wearing them] and wash my hands at the end."
- Staff received training on the importance of good infection control. Staff were provided with stocks of gloves and aprons and were able to pick up more from the office when needed.

#### Using medicines safely:

- People were supported by staff with their medicine when needed. One person said, "They (staff) check I've taken my medicines as I sometimes get in a muddle." A relative said, "They make sure that she [their family member] uses her inhaler in the morning. She hardly coughs at all now. They prepare her medication in the evening."
- Since the last inspection the provider had introduced electronic Medicine Administration Records [MAR]. Each time staff gave a person medicine they would have to indicate that this had been given by logging this on the electronic MAR. The registered manager told us that staff would have to complete the online administration for each person's medicine chart before they accessed the next person's MAR. This was to ensure that the person received their medicines when needed.
- Staff had a good understanding of what to do when administering medicines as they had received appropriate training and competency checks. One member of staff said, "I always check that the medicines are correct and I observe people taking them." We asked what they would do if someone refused, "I would put the medicines in a safe place and report it to the office."
- MARs contained details of the person's medicines, any allergies they had and how they person needed to take the medicine for example with water or yoghurt. We saw that there was 'as and when' guidance in the care plans so that staff knew when a person should be offered pain relief.

# Is the service effective?

## Our findings

At the previous inspection we found that appropriate assessments of people's capacity to make decisions were not always being undertaken. We also found that staff were not always receiving appropriate training and supervision that related to their role. At this inspection we found that capacity assessments were now in place and staff were up to date with their training and had received effective supervisions.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 interests and as least restrictive as possible.

- We spoke with the registered manager about the MCA. We found they were aware they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. One told us, "Since the last inspection I feel I understand [MCA] more. I know that should assume people have capacity and allow people to make their own decisions." Another said, "If their mental capacity is alright, then I would ask the client to make their decisions."
- Decision specific MCA capacity assessments were in place in people's care plans along with evidence of best interest discussions.

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

- Prior to starting to provide people's care an assessment of their needs were undertaken to ensure that staff could meet their needs. The assessment included people's medical history, communication, cognition, social and cultural needs, mobility and nutrition. Care plans were then formulated using the information gathered.
- The manager and staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, they used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that used NICE guidance to assist them with care for example in relation to moving and handling.

Staff support: induction, training, skills and experience:

- People and relatives felt that staff were effective in the care they provided. One person said, "The girls [staff] are exceptional. I know them all very well." Another said, "The staff are all competent."

- Since the last inspection staff had been provided with more detailed training. Inductions for new staff were thorough and staff did not provide care independently until they were assessed as competent to do so. The registered manager said, "Staff complete training in the office and go out and shadow with a senior member of staff. They are then assessed and signed off if appropriate."
- Staff were provided with face to face and in house online training. This included training in fire safety, food hygiene, nutrition, skin integrity, health and safety, dementia care and epilepsy. They were all required to complete the care certificate [The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.] Staff were complimentary about the training and support at the service. One member of staff said, "There is a lot of training. It's absolutely fine" whilst another said, "The training is very good and they (managers) are always encouraging us."
- At the previous inspections the team leaders were not able to provide supervisions as often as was necessary as they were undertaking care calls. On this inspection we found that the need for them to cover care calls had been reduced. One told us, "We do the supervisions now. We get time to go into calls unannounced to see how the carer is performing. I feel like I know what's happening in my team now." We saw that staff were up to date with their appraisals.

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

- People told us that they were supported by staff to ensure that they had sufficient food and drink. One person said, "They [staff] all cook well." Another said, "Carers get my breakfast in the morning." A representative of a person said, "I always hear the staff saying, you must have a drink."
- We saw staff preparing meals and drinks for people. One member of staff made the person a sandwich and cup of tea. They asked the person if they would like anything else. We also noted that they had a plate of wrapped biscuits by their side. Their care plan stated these should be left as the person snacked on them during the day. One member of staff said, "I ask people for their food choices."
- People's eating and drinking was monitored. If there was a concern, then a food and fluid chart was put in place to review what people had eaten and drunk. One member of staff told us that a person had choked on their food. They said, "I called the GP and asked if they could refer her to SaLT. They came and left guidance and we now have to make sure she has bite sized pieces." This was updated in their care plan.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support:

- When staff had a concern with a person's health they ensured that the appropriate health care professional was consulted. A person said, "I fell once and they immediately took over. They were just like nurses." One relative said if their family member was unwell, "They [staff] would contact the office and the office contact me."
- There was guidance in people's care plan provided by health care professionals for example GP, SaLT team and physiotherapists. Staff provided care based on this guidance. One representative said, "She [the person] had a sore and staff rang the district nurse. With their advice the sore has now gone."
- Each person's care plan had a 'Hospital Passport' in place with details on the person's diagnosis, allergies, communication needs, dietary needs and support required for personal care and daily living.

# 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

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

- People and relatives told us that staff were kind and caring. Comments included, "They (staff) go that extra mile. They really do care. I am fond of them. It's like a family", "He [the member of staff] does care and he's reliable. He's a genuinely kind man" and "I find that all their carers are kind."
- Staff understood the importance of developing good relationships with people. One told us, "When I arrive I always say hello and how are you." Another said, "I know all of the clients and what is important to them." The registered manager told us, "He [the provider] is very caring about clients. He has supplied food to people if they run out." One relative said, "They [staff] make the effort to go the extra mile for her [their family member]."
- Where staff were providing live in care to people the provider tried to ensure that the member of staff was well matched to the person. For example, one person told us that they liked classical music as did the member of staff that supported them. A relative said, "It's the consistency and the familiarity. He [member of staff] knows [service user] and he understands him and admires him." Another said, "They [staff] do talk to him, make him happy a lot. They tell him stories."

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

- People and relatives said they felt involved in the planning of their care. One relative said, "They [staff] ask her what she wants. They treat her as a somebody."
- We saw from the care plans that people and relatives were asked what they wanted their care routine to be and staff understood the importance of following this. People were asked their preferences on what time they wanted their call and whether they wanted a male or female carer. One member of staff said, "I ask if they want a wash or not. I respect their decision if they don't want one."

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect by staff. One person said, "They [staff] make sure I'm washed." One member of staff told us, "I close the curtains when carrying out personal care."
- People were provided with the same carer where possible to ensure consistency of care. One person said that they, "Saw the same faces and if there was going to be someone new the office tell me in advance. The care is 10 out of 10."
- Independence was encouraged with people by staff. One person said, "All the time I can retain some independence I want to." Another said, "I wash my hands and feet but staff help with other things as I can't stand." A relative said, "Staff allow her to clean her teeth, sponge and wash herself. They encourage her to stand."

# Is the service responsive?

## Our findings

At the previous inspection we found that the care plans lacked information on the backgrounds of people and end of life care planning required some improvement with the recording of people's wishes. At this inspection this had been addressed.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support:

- Care plans were personalised and included information around the person's backgrounds and how staff could support them with their emotional needs. For example, one care plan stated that the person liked listening to music and liked the company of care staff and chatting to people. It stated that they liked a calm environment.
- There was detail on the daily routines specific to each person. For example, one care plan stated that their morning routine included taking their medicine, what they liked for breakfast, assistance to put their stockings on and then a walk to the shops.
- Where the person had a specific medical condition there was detailed guidance for staff on the condition and how best to support the person with this. Examples of this included, one person who had epilepsy. There was information on what the seizures may look like and what staff needed to do if one should occur.
- Information on how people communicated was also in people's care plans. For example, one person was hard of hearing. The care plan stated, "I would like the carers to communicate using the white board or my yellow communication book to write things down that you are trying to talk to me about."
- Staff read people's care plans and understood the care that needed to be delivered. A member of staff said, "The care plans are so much better. More person centred." Another member of staff said in relation to a person, "We need to make sure she is upright when she is eating and check her mouth after her meal in case she hasn't swallowed anything." One person fed back about their carer, "He is most excellent and I have learned from him in terms of how things should be done. It's a good care company."
- Staff recorded people's care in daily diaries to ensure that staff attending would know what care had been delivered. The daily records matched with the person centred care plans. Staff also fed back that when they were providing live in care they had a good handover from the previous carer. One relative said, "The care is very good."
- End of life care was planned around people's wishes. Information in the care plans included people's spirituality, religion, what family they wanted around them and where they wanted to be at the end of their life.

Improving care quality in response to complaints or concerns:

- People and their families told us they understood how to complain and felt listened to. One person said, "I would talk to the manager but I haven't complained." A relative said, "We have no complaints about the care, the way they look after him [their family member] is exceptional."

- Each person had a copy of the complaints procedure in their home. We saw that there had been one complaint since the last inspection. It related to a member of staff being late for the call. The registered manager investigated this, spoke to the person and addressed this with the member of staff.

# Is the service well-led?

## Our findings

At the previous inspection there was a lack of leadership and systems and processes were not established and operated effectively. Since then the provider has been sending us regular actions plans to detail the actions they had taken to address the shortfalls. At this inspection the recruitment of a new registered manager and the support of the provider had ensured that significant improvements had taken place.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- People and relatives were positive about how the agency had improved. Comments included, "It is improving. We did struggle with communication but it's better now with the new manager", "We're happy with communication from the office. Can always access information they need. We get a rota by post every week", "[Team leader] in the office is very dedicated. She's been very good to us. She's a wonderful person."
- Staff were complimentary about the leadership and told us that morale had improved since the last inspection. One member of staff said, "They are very helpful [managers]. Colleagues and managers are very supportive." Another said, "It's so much better. We know we can go to [registered manager] any time we need." A third said, "[The provider and registered manager] work so well together. They have given us more leadership."
- The provider and registered manager had taken steps to improve the culture at the service. The registered manager said, "We work better together and staff are more accountable." The provider told us, "[The registered manager] has reviewed everything and we now have a plan together and know where we're going."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager told us, "We've learnt from our mistakes as we've gone forward. I know the systems we use very well. Auditing has increased a lot and team leaders now audit each other's areas. I want them to pick up on things."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- At the last inspection the audits taking place were not robust and did not always identify shortfalls including checks on whether staff were staying for the full length of the call. On this inspection the provider and registered manager had taken steps to address this. They did this by introducing travel time in between calls and closely monitored the electronic system that alerted them when staff had not turned up for a call.
- Staff fed back that this had a positive impact on the care delivery. One member of staff said, "The auditing

is so much better." They told us that they had more time to spend with people and that they took more accountability for their roles.

- Systems were in place which continuously assessed and monitored the quality of the service. These included audits of care plans, training and MAR charts. These included action plans to address any areas of concern. For example, the care plan audits were undertaken each month and included an action plan and target dates set to address any shortfalls. This had led to improvements in not only the content of care plans but also how they were written. They were now organised, easy to navigate and written in a far more detailed and person-centred manner.
- The provider and registered manager were passionate about ensuring that their service provided good care to people. The registered manager said, "My priority is the care. I adore my team and I want them to have the knowledge and skills."

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

- The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. They continuously sought the opinions of people and their representatives to improve the quality of care.
- Regular surveys were sent to people and the families to ask them about the quality of care. One person said, "They sent us something we could fill in, a survey. I think it's important to feed back." We saw that the feedback from these were positive. Compliments received were shared with staff which included, "Dad was incredibly lucky to have been cared for so well", "Without all your wonderful care and support we would not have been able to cope" and "The care given is the very best that we could wish for."
- Staff attended meetings and focus groups to share and discussed how they could improve care at the service. One member of staff said, "She [the registered manager] checks on legislation and shares it with us. The focus groups are useful. I really like it."
- Staff told us that they felt valued and supported. Comments from them included, "Knowing that we work as a team now and not as a sole person", "If I message her [the registered manager] out of hours she always gets back to me" and "There are so many good things in place now. The atmosphere is so much better." The registered manager told us, "I want to listen to them [staff]. I told them I don't know everything and if I don't know something I will find out the answer." They told us, "[The provider] is amazing. I get really good support from him."
- Steps were taken by the registered manager to drive improvements and they worked with external organisations to help with this. The service worked with other organisations including the 'Registered Managers Network' [A network that offers local, practical support and peer support] and 'Skills for Care' [Skills for Care is the strategic body for workforce development in adult social care in England.]
- As a result of learning from the network the registered manager had introduced a 'dignity tree' in the office where staff wrote the values and ethos of the service on leaves and hung them from the tree. One member of staff said, "It's really good to write things on there. It gives you a bit of a boost."