Surecare Slough Ltd

Surecare (Slough)

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?	Requires Improvement

Summary of findings

Overall summary

Surecare (Slough) provides personal care to older people; people with physical disabilities; sensory loss including those with dual sensory impairment; learning disabilities; mental health problems and those with terminal illnesses residing in a supported living environment or in their own homes. During our inspection there were 109 people using the service.

The registered manager was in post since January 2011. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This is the first inspection of the service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance systems to assess monitor and improve the quality and safety of the service it provided were not always effective. This was because records relating to staff supervisions, appraisals and reviews of care were not accurate and failed to capture changes in people's care needs.

People, their relatives and staff generally felt the service was well led and shared areas where further improvements could be made. Unannounced spot checks were undertaken to ensure staff's performance was to an acceptable standard. People confirmed the service sought their views about the care received and felt confident the feedback given would be listened to.

People said staff were friendly and respectful, ensured they were comfortable and had all they needed when describing the caring nature of staff. During our home visits and in our conversations with staff we found, people were cared for by staff who had a good understanding of their care needs. People were given the information and explanations when they need them in a way that they could understand.

We made a recommendation in relation to the service's end of life care and end of life care planning.

People said they were supported by staff who had the skills and the knowledge to give them the care and support they needed. Staff felt supported and appropriately trained to carry out their job roles. People's

nutritional needs were met and staff told us how they worked with other health professionals to ensure people maintained good health.

People said they felt safe from harm when they received care and support from staff. Staff knew how to recognise and report any concerns or potential abuse. We found risks of abuse to people were minimised because the service had safe recruitment procedures were in place.

People received care that was specific to their individual needs. People and their relatives said they were involved in the initial assessment before the care package started. Care records captured people's what was important to people; their preferences; hobbies and interests and spiritual needs. People knew how to make a complaint and those who had told us their complaints were responded to appropriately.

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.

People said they felt safe from harm when they received care and support from staff.

Staff knew how to recognise and report any concerns or potential abuse.

Risks of abuse to people were minimised because the service had safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

People said they were supported by staff who had the skills and the knowledge to give them the support they needed.

Staff felt supported and appropriately trained to carry out their job roles.

People's nutritional needs were met and staff told us how they worked with other health professionals to ensure people maintained good health.

Is the service caring?

Good

The service was caring.

People said staff were friendly and respectful, ensured they were comfortable and had all they needed when describing the caring nature of staff.

People were cared for by staff who had a good understanding of their care needs.

People were given the information and explanations when they need them in a way that they could understand.

Is the service responsive?

Good

The service was responsive.

People received care that was specific to their individual needs.

Care records were person centred and captured what was important to people; their preferences; hobbies and interests and spiritual needs.

People knew how to make a complaint and those who had told us their complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems to assess, monitor and improve the quality and safety of the service provided were not always effective.

Unannounced spot checks were undertaken to ensure staff's performance was to an acceptable standard.

People and their relatives confirmed the service sought their views about the care received and felt confident the feedback given would be listened to.

Surecare (Slough)

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 checked 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 was an announced inspection which was carried out by an inspector and took place on 8, 9 and 10 September 2016. The provider was given 48 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service.

We spoke with four people who used the service; fives relatives; four staff members and the registered manager. We reviewed four care records, four staff records and records relating to the management of the service.

Good

Our findings

People were kept safe from avoidable harm and abuse. People said they felt safe within their homes when being cared for by staff. Comments included, "Yes, I feel safe with staff", "Definitely I feel safe and have no concerns", "More or less." This was further supported by relatives who commented, "I have never seen any unsafe practice by carers. Carers are always in pairs which is good", "Yes definitely fine. There was one carer which mum did not like and Surecare agreed not to send her again" and "Very safe, I am always around when they are here."

People were kept safe by staff who recognised signs of potential abuse and knew how to raise safeguarding concerns. Staff demonstrated a good understanding of what they should do if they suspected abuse had occurred. For instance one staff member commented, "If we observe unusual bruising on people's bodies we would report it immediately to the office." A review of the service's 'safeguarding of vulnerable adults' policy ensured staff were aware of the signs that could indicate various types of abuse such as physical, sexual or financial abuse. A review of staff training records confirmed staff had undertaken the relevant training.

People were protected and their freedom supported and respected because risks to people's health and safety had been carefully assessed. Care records clearly showed identified risks and how they should be managed. For instance, we noted manual handling risk assessments were in place to ensure people were mobilised by staff in a safe manner.

Safe recruitment practices were followed. Staff said they were not able to work until all the necessary checks were undertaken. This was supported by staff records that showed Disclosure and Barring Service (DBS) checks were undertaken. These ensured staff employed were suitable to provide care and support to people who used the service. Written references, completed medical health questionnaires and employment histories were also obtained.

People were protected because there were sufficient numbers of suitable staff deployed to keep them safe and to meet their needs. This was supported by a review of the staff rota and the service's electronic monitoring system. The registered manager commented, "We know the shift pattern for staff. We know the availability of staff. Staff turnover is low and I won't take on anyone (people) unless I know we can manage it."

People said there were no missed calls. This was confirmed from our review of the service's electronic

monitoring system. However, some people felt staff did not always arrive on time; stay the required time or complete all tasks during the calls. Staff told us due to the nature of their work they were sometimes elayed. One staff member commented, "Each client is different and so we have to go at their pace. Office staff monitor how much time we spend and if we are spending too much time they will visit and review the person's care package."

People's medicines were managed so that they received them safely. 'Medication risk assessments' captured all relevant information concerning people's prescribed medicines and instructions for staff on how these were to be administered. Where applicable, medicine administration records (MAR) were used to show the medicines were administered and by whom. We noted these were signed and dated by the staff who administered them. One staff member commented, "I sign the MAR chart once I have administered the medicine and write it in the care record. An observation of the staff member carrying out this task during a home visit supported this. Staff training records confirmed relevant training had been undertaken by all staff.

Good

Our findings

People and their relatives felt staff had the knowledge and skills to carry out their roles and responsibilities. Comments included, "Definitely, I have seizures and the care worker dealt with me well, perfectly. They know I can have these", "Yes, the training is fine they (office staff) also do observational visits to check on the care worker", "Yes, no problems. X (person who used the service) really relies on regular carers and Surecare meet this especially with X's psychosis" and "Yes, the regular carers definitely know how to care for X (family member). However, those covering do not always know."

Staff said they were appropriately supervised and were well supported by the registered manager and office staff. Comments included, "I see my manager every three months. My last supervision was in January. It's quite helpful, if there's something I am not certain of they (registered manager) would clarify", "Supervisions are two or three times a year or earlier if we want. The office staff are very supportive. A review of staff records showed supervisions were undertaken but these were not carried out in line with the service's 'staff supervision policy'. Annual appraisals which reviewed staff's performance during the year were not consistently carried out. This was brought to the attention of the registered manager.

Staff spoke positively about their induction and training received. Comments included, "It (induction) helped me to learn how to look after people. However, you learn everyday", "They (office staff) sent me for training, shadowing and then I was assessed by a staff member before I could work with people", "The training helped me to keep up to date" and "I am really confident to do my job because of the training I received." A review of staff training records showed they had received appropriate training and were supported by the service to obtain the necessary qualification to enable them to carry out effective care.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff were able to demonstrate an understanding of the Act as it related to their care practice. We reviewed

the notes of a staff team meeting which showed the registered manager discussing how staff should ensure they encouraged and supported people to make decisions and what to do if they were not able to.

A review of care records showed where people had health conditions which impaired they ability to retain or process information, mental capacity assessments were not undertaken to show what specific decisions they were unable to make. During our visit the registered manager ensured the appropriate mental capacity assessments were developed to carry out this task.

People and their relatives said staff had sought their consent and involved them in making decisions. We heard comments such as, "They (staff) always ask and explain what they are going to help me with", "They (staff) explain what they're doing" and "Yes, they do ask X (family member) for their consent and permission before assisting with their care." This was supported by what staff had told us and care records we reviewed.

People and their relatives gave mixed feedback about whether their nutritional needs were being met. Comments included, "Relatives provide food and staff ensure X gets the food they like" and "Yes, X (family member) has made such improvements, looks very well and always have enough to eat and drink." Whilst other people and their relatives expressed their dissatisfaction. We heard comments such as, "Sometimes they go and push food into X's (family member) mouth quickly. I have to explain to feed him slowly", "Yes, they (staff) do support X (family member) but at times they do not stay to finish helping with the meal." The relative told us they had raised this issue with the service and believed they would take action to prevent this happening.

People were supported to maintain good health and had access to healthcare services. Staff said they would ensure the office was aware of people who required the support of other health professionals. For instance, one staff member told us they got the office to arrange a district nurse to attend to a person's health needs.

Good

Our findings

People and their relatives described the caring nature of staff. Comments included, "I find them (staff) very caring, they always check if I am alright", "They (staff) make sure X (family member) is comfortable and has enough to drink etc." and " They (staff) talk to X (family member) and are friendly and respectful."

Positive and caring relationships were developed with people who used the service and staff. Staff said they were able to do this by familiarising themselves with people's care records which ensured they delivered care in the way people wanted. This was observed during our home visits. For instance we observed the interaction between a staff member and the person they provided care and support to. The staff member prepared the person's preferred afternoon meal and administered their medicine. The person was relaxed and spoke positively about the staff member and commented, "They (staff member) know me so well." This was supported by the staff member who demonstrated their knowledge of the person's care and support needs, hobbies and interests.

People were given the information and explanations when they need them in a way that they could understand. We noted Surecare (Slough) service user guides were available in various languages (English, Gujrati, Urdu and Punjabi) that met the communication needs for people who used the service . The guides explained what people could expect from the service and what people should do if they do if they were abused or wanted to make a complaint.

People and their relatives said they were involved in decisions about how their care was delivered. For instance, a relative commented, "They (staff) won't do anything without passing it through us." This was supported by a staff member who commented, " Clients will tell us what they want us to do." Staff said they would also call the office to inform them if people wanted things done differently.

People and their relatives said they were treated with respect and their dignity was protected when staff carried out personal care. For instance, when discussing whether their family member was treated with respect, one relative commented, "I have never heard or seen anything that would indicate not." One person when discussing how staff treated them in a dignified manner commented, "When I have a strip wash, they (staff) will leave me alone in the bathroom and I will call and let them know when I am ready." This was further supported by care records which gave staff instructions on how to ensure care delivered respected people's dignity as well as promoted their independence.

The service provided support to people who received palliative care. This meant people were in their end

stages of life. We noted initial assessments undertaken did not capture people's preferences in regards to end of life care and this was further supported by our discussions with people. The training matrix showed some staff had undertaken the relevant end if life training and the registered manager informed us they were in the process of ensuring all staff undertook the relevant training.

We recommend the provider implements current best practice in relation to seeking people's preferences and choices regarding end of life care and end of life care planning.

Good

Our findings

People and their relatives were able to contribute to the assessment and planning of their care. Comments from relatives that supported this included, "A full assessment was done at the start of the package. They (staff) discussed X's (family member) needs, problems, meds, risk assessment and care plan" and "Yes, Surecare helped us to set up the current care. X (family member) had a fall, went into hospital and was discharged with nothing in place. We all worked together to set up the care package."

People's care records reflected how their needs should be met. 'Full care needs assessments' contained people's medical histories; health conditions; spiritual needs and preferences. We noted this information was used to produce a care package that reflected how people wanted care and supported to be delivered. This was supported by most of the people we spoke with who felt they received the care and support they needed. One person said they felt this was the case except at weekends, where they received care from different care workers and were not informed in advance who would be attending.

People and their relatives said the service was responsive to their needs. Examples given included the service changing the times of calls at the request of people or their relatives. For instance one relative commented, "They (staff) used to come at 5.30 to put X (family member) to bed which was far too early. They (office staff) listened and were happy to change the time." One person when describing their health condition and how painful it was commented, "I have a bad knee and my foot needs to be in a certain position, otherwise it's painful. They (staff) know how to arrange my duvet so that I am comfortable at night."

Arrangements were in place to encourage people and their relatives to provide feedback on the quality of the care provided. We reviewed completed 'service user assessment/review forms' which were also supported by people we spoke with. Comments included, "Oh yes, the care plan is reviewed regularly, I have a hard copy and sign it" and " Yes, X (relative) had a meeting with Surecare, they (staff) reviewed my care and discussed any changes."

People said they knew how to make a complaint and staff said they would ensure all concerns made to them were referred to management. Where people had made complaints they told us these were resolved to their satisfaction. Comments included, "I have a leaflet (service user guide) I can refer to. I am happy to complain, I will always tell the girls at the time and it's usually sorted then" and "Never been any conflict with Surecare. All issues have been resolved and changes always made." This was supported by our review of the service's complaints log which showed all complaints were recorded and handled appropriately.

Requires Improvement

Our findings

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided but were not always effective. This was because records relating to staff supervisions and appraisals were not always accurate and records used to review people's care needs did not always capture relevant changes in their circumstances.

We found supervision and appraisals did not reflect what staff had said about the support they received. A review of the service's supervision policy stated formal supervisions should be carried out six times a year. A review of staff records did not reflect these had occurred in line with the policy and supervision notes did not clearly capture how staff were being supported, especially when concerns were identified. We found no annual appraisal records in some staff records. One staff member said this had not occurred whilst another staff member confirmed this had been undertaken. We brought this to the attention of the registered manager who did not appear to know what the supervision policy stated. After our visit the registered manager sent us an updated supervision policy to reflect the times they were currently supervising staff. They informed us the supervision records and appraisals that were undertaken but were not immediately placed back in the relevant staff files.

The service's 'service user assessment/review form' was used to review people's care needs. However we found this was not effective as it failed to capture changes in people's care needs. For instance, we visited a person whose relative informed us of a significant change in their health that had occurred a few months ago. We reviewed the person's care records held at the office before our visit and the care records held in their home and saw this change was not updated. Staff who had provided care to the person told us they were aware of the changes and relayed this information to office staff. However, office staff told us they were not aware of the change. We noted a review of the person's care needs had been undertaken since the change in the person's health had occurred. This failed to capture the change in the person's health and there was no clear instructions on what staff should do in the event the person's health deteriorated. This meant people were potentially placed at risk of unsafe care.

During our visit the registered manager acknowledged the 'service user assessment/review form' was not effective in capturing changes in people's care needs and was in the process of re-designing the form.

The registered manager told us the majority of staff did not speak English as a first language. During our visit we received feedback from people's relatives who stated some staff did not speak in English whilst they carried out care in front of them or family members. We noted the registered manager had discussed this

with staff during a staff team meeting and made it clear that this practice was not acceptable. The registered manager informed us they would review what further action to take in response to the feedback received.

Most people and their relatives generally felt the service was well-led. Comments included, "Yes, definitely well managed, some internal issues but they (staff) have resolved these really well", "Well, every service has got it's fault but the girls that care here are terrific", "I think so from my observations of staff" and "They (management) make sure staff are on the same page and act immediately to concerns. Office staff listen and take things on board."

Staff said they were supported by management. Comments included, "It's good. They (office staff) always stand up for the clients", "They (management) are doing a good job but maybe some of the staff require more training in English classes" and "It is well managed. I am really happy. Office staff are very flexible and I can work around the hours." Staff said they felt listened to and felt comfortable going to management with concerns.

Staff team meetings regularly occurred to encourage and remind staff about the importance of delivering high quality services. For instance, a staff team meeting dated 18 June 2016 covered staff behaviour; attitudes; sickness and the quality of people's visits. Where staff were unable to attending team meetings, we saw records of memorandums that were sent with a copy of minutes of the meeting. This ensured staff were kept up to date with what was happening in the service.

Spot checks were undertaken and completed on 'evaluation of care workers' forms. These captured care worker's performance whilst they undertook care and covered various aspects of care such as, communication skills; care practice; appearance and how they recorded information. We noted supervisors carried out these checks unannounced and recorded observations and any actions required.

Policies and procedures were in place which covered the required areas of the service's operation. For example, we saw policies for safeguarding; MCA and DoLS; medicines management and complaints. We noted these were made available to staff in Surecare (Slough)'s 'care worker's handbook'.

The registered manager had submitted appropriate notifications to the CQC when required, for example as a result of safeguarding concerns.

The service sought the views of people and those who represented them. This was found in 'quality assurance' forms which captured people's views on various aspect of the service delivered. This was supported by people who confirmed they had completed them. For instance, one relative commented, "X (relative) has completed a survey with X (family member) just recently and confident any comments would be listened to." At the time of our visit the service were still in the process of gathering people's views.