Surrey Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 05 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

Surrey Homecare is a domiciliary care agency providing personal care to people in their own homes. They provide support to older people as well as people with long term health conditions. At the time of our inspection they were providing support to 120 people, although not all of these were receiving support with personal care.

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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not complete effective monitoring of the service. Audits did not pick up the shortfalls which we identified and the provider had no system to analyse incidents and events to keep people safe and to ensure that care was of a high quality.

Risks to people were not always assessed which meant that plans to minimise risk were not always in place to keep people safe. However, people told us they felt safe when staff supported them and staff had a good understanding of people's needs. Accidents and incidents were documented but actions taken did not always prevent a reoccurrence. There was no system in place to analyse accidents and incidents.

The provider carried out checks to ensure that staff employed were of good character. We did identify some information missing from staff records. We recommended that the provider carries out thorough checks when recruiting staff.

Records did not demonstrate full compliance with the Mental Capacity Act 2005 (MCA). Some people's consent forms had been signed by relatives. There were no mental capacity assessments or best interests decisions documented explaining why relatives had provided consent. We recommended that the provider ensured that where people were unable to consent to care, the principals of the MCA were followed by staff.

Staff understood their responsibilities under the MCA and demonstrated a good understanding of how to offer people choice.

Staff were deployed in a way that people received care from consistent, punctual staff. People told us that they got along well with staff and staff knew them well.

People told us that staff were competent and skilled in carrying out their roles. The provider had effective

arrangements in place to train, supervise and provide induction to staff. Regular spot checks were carried out to ensure good practice was followed. Staff told us they felt supported by the provider and could call for assistance at any time.

Assessments were completed prior to people receiving a service to ensure their needs could be met. Detailed care plans were in place and records were updated following reviews or changes in people's needs. People were supported to access support from healthcare professionals where required. Trained staff administered people's medicines in line with guidance from healthcare professionals.

People were encouraged to be independent and staff worked with people to offer choices. Staff had a good understanding of how to promote people's privacy and dignity.

People told us they were confident to raise any issues about their care and when they had complained it had been dealt with satisfactorily. There was a complaints policy in place and there was evidence that complaints had been recorded, investigated and responded to. The registered manager planned to introduce a record of complaints.

The service had systems in place to monitor and improve the quality of the service provided through seeking people's feedback and carrying out spot checks.

Staff felt well supported by management and team meetings were used for staff to speak openly and make suggestions that could improve the lives of the people that they supported.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were not always identified which meant plans were not always in place to keep people safe. However, people told us that staff provided support safely.

There were some gaps in checks undertaken to ensure staff were of good character

Accidents and incidents were recorded but did not prompt reviews of people's care plans to prevent them reoccurring.

Medicines were administered by trained staff and recorded properly.

Staff demonstrated a good understanding of their roles in safeguarding people.

Is the service effective?

Good

The service was effective.

The principals of the Mental Capacity Act (2005) were not always followed when people consented to care. However, staff did demonstrate a good understanding of how it applied and people told us that staff asked consent before carrying out care.

Staff received appropriate induction and training for their role.

People were supported to have a meal of their choice. People's dietary requirements were followed.

People had access to health care professionals and relevant services

Is the service caring?

Good

The service was caring.

People were supported by consistent staff who knew them well.

Staff supported people in their own homes in a way that promoted their privacy and dignity.

People's religious and cultural needs were met by sensitive staff.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to them receiving care.

Care plans were detailed reflected individual preferences. They were reviewed and updated as people's needs changed.

There was a complaints policy in place and complaints were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems in place to monitor and assure quality were not robust.

Staff felt well supported and the registered manager sought their views in order to improve the service.

Surrey Homecare Limited

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 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. The provider also completed a Provider Information Return (PIR). 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at six people's care files, risk assessments, five staff files, training records, complaints logs and quality assurance monitoring records.

Before the inspection, seventeen people and ten relatives submitted feedback questionnaires about the service that they received. Following the inspection we spoke to five people and two relatives to gain their views of the service. We spoke to the registered manager, the provider and three care staff members.

Our last inspection was in May 2013 where we identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us that staff carried out risk assessments to identify and minimise risks. One person told us, "I use a frame and they sometimes help me with it. They know what they're doing." A relative told us, "They did a risk assessment and told us what they felt."

Risk assessments did not cover all risks that people were exposed to. One person's care plan stated that they had developed pressure sores. It said, 'When you turn me please be careful of my left side. If you pull on my body too much it could re-open old wounds.' There was no risk assessment in the person's file relating to pressure sores and no body map to inform staff where the sores were. Another person's care plan stated, 'My behaviour is unpredictable.' There was no recent risk assessment relating to this person's behaviour. The last risk assessment recorded the risk of verbal aggression to staff as 'low'. However, people told us that staff supported them in a way that made them feel safe. There had been no incidents in which these people had fallen. We spoke to the people who did not have risk assessments in their records and they were happy with the care they received. This demonstrated that this was an issue with recording and audits had not identified these omissions. Therefore we have reported on this in the well led section. After the inspection, the registered manager submitted evidence of improvements that they were making to ensure risk assessments were more detailed and were reviewed regularly. Other risks to people's personal safety had been assessed, examples of these were in people's care records.

Accidents and incidents were recorded but measures were not always introduced to keep people safe. One person suffered two falls within two months. The person's risk assessment and care plan were not updated following each of these falls. Another person had four incidents recorded within six months. Three of the incidents related to staff finding bruises on the person and one incident involved an injury the person sustained when resisting personal care. The incidents and body maps were recorded, but the person's risk assessment was not updated following any of these incidents. No other actions, such as referral to healthcare professionals, had been implemented for this person to prevent a reoccurrence.

We recommend that following an accident or incident, the provider ensures action is taken where appropriate to prevent a reoccurrence.

Staff understood their roles in safeguarding people. Staff demonstrated a good understanding of how to respond to safeguarding concerns. One staff member told us, "First I'd ring the office. But then I would go to social services or the police." Staff had completed training in safeguarding and the agency had their own safeguarding policy which was up to date with current practice. There had been no safeguarding incidents at the time of our inspection but we saw evidence of staff working alongside the safeguarding team where there had been previous concerns for people's safety.

In their PIR, the provider told us, "All staff go through a vigorous recruitment process prior to starting their employment." Our evidence showed that this was not always the case. The provider had obtained some appropriate records to check prospective staff were of good character. Staff files did include two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS).

The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, four out of the five staff files we looked at contained gaps in employment history which the provider had not obtained explanations for from staff.

We recommend that the provider obtains an explanation for gaps in employment history before recruiting staff.

People told us that staff were deployed in a way that ensured they received the support they required safely. One person told us, "They (staff) are consistent and arrive in a reasonable time." Another person said, "Traffic aside, they're usually on time." A relative told us, "They are very punctual, we have the same carers who all seem to know the routine." The provider had a tool to plan staff visits in a way that took into account location and people's needs to ensure staff had enough time to spend with people.

There were safe medicine administration systems in place and people received their medicines when required. One person told us, "They give me my tablets at the right time." A relative told us, "I do the meds but they sometimes remind me when they come." Each person had one member of office staff as the main point of contact for changes to medicines. A log was kept of any new medicines people were prescribed, and changes were made to MAR sheets in line with their prescriptions. Medicine Administration Records (MAR) were up to date with no unexplained gaps, initials on the sheets were clear to identify which staff had administered medicines. All staff had completed training before administering medicines to people. Staff told us that they would report medicines errors to the registered manager immediately. There had been no recent medicines errors at the time of our inspection.

Good

Is the service effective?

Our findings

People told us that their needs were met by trained and competent staff. One person told us, "They really are on the ball." Another person said, "Yeah, they seem well trained." A relative told us, "The training is essential. They have had thorough training."

Staff received an induction and training included safeguarding, health and safety and moving and handling. A staff member told us, "I did a bit of shadowing and learnt how to use the hoist." Staff records showed that staff had all completed the mandatory training as specified by the provider. In their PIR, the provider told us, 'Surrey Homecare is planning a review on how the training is provided to our staff. By looking at this we will then see what other extra courses are available for our staff to undertake if they so wish.' Our evidence supported this. Staff told us that they had access to training. Training was specific to the needs of people. For example, staff had been supporting people who were at the end of their lives. All staff had received end of life care training and told us that this had helped them in supporting people at this stage of their lives. A relative told us, "(Person) had a stroke so needs certain support and they (staff) know exactly what is needed."

Staff received supervision and appraisals to support them in their roles. One staff member told us, "We get supervision but you can always ring the office and ask for things if you need support." Staff told us that they felt comfortable in discussing issues which arose when they were supporting people. Records of one to one discussions showed that staff could request training and discuss any concerns they had. One staff member had recently discussed their desire to commence a QCF qualification. QCF is the Qualifications and Credit Framework which offers vocational courses in adult social care. The registered manager had arranged for staff to complete QCF qualifications.

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

People's rights were not always protected because the provider had not acted in accordance with the Mental Capacity Act 2005 when obtaining consent. Four people's care records contained consent forms signed by relatives on their behalf. There was no evidence that a mental capacity assessment had been carried out to determine if the person was able to understand their own care plan prior to this decision. One person was able to consent to their own care, but their consent form had been signed by a relative. There was no information in records to explain why the person had not consented to their own care. However, people told us that staff asked for their consent before providing support and staff demonstrated a good understanding of the principals of the MCA when we spoke to them.

We recommend that records be updated to include mental capacity assessments and best interest decisions where people cannot consent to their care.

People were supported to have a meal of their choice by organised and attentive staff. One person told us, "I buy the food and they prepare it to an acceptable standard." Care plans contained details of people's preferences to enable staff to prepare people meals that they enjoyed. One person's care records stated, "(for breakfast) offer me a choice of cereal or scrambled eggs." Daily notes showed that this person was having food for breakfast in line with their preferences. Where people had conditions which affected their nutritional needs, such as diabetes, these were recorded. One person was at risk of choking. They were usually supported to eat by a relative but staff occasionally supported with this. The person's records contained clear guidance from a speech and language therapist (SALT). The person was provided with softened foods to reduce the risk of choking. Records contained guidance for staff on the types of foods and consistencies that the person should eat.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person complained of a bad back and a GP appointment was arranged by staff straight away. Another person had recently come home from hospital. Staff contacted healthcare professionals to ensure that the person had a specialist bed on their return home as their mobility had reduced.

Good

Is the service caring?

Our findings

People told us that staff were caring and they got on well with them. One person told us, "I can't find anyone I don't get along with." Another person said, "We chat and sometimes if I'm feeling down they sit and rub my hand." A relative told us, "The carers are absolutely amazing. They are fantastic with (person)." In their PIR, the provider told us, 'Surrey Homecare goes beyond the duty of care by inviting all clients to a Christmas meal which is paid for by the company. Birthdays of the clients are acknowledged by sending flowers.' Our evidence supported this as people spoke highly of care staff and stated that they go the extra mile for them.

People were supported by staff who knew them well. One person told us, "I get on well with them. I've known some of them for a long time." Another person said, "They just seem to know when I need them." The provider had a system in place to ensure that people received care from consistent staff and people told us that they received support from regular staff that knew them. People told us that staff stayed with them for the duration of the call if they wished. One person said, "I spent time chatting with the carer this morning about family. They're very kind and helpful."

People's care records contained information on their backgrounds and staff demonstrated a good understanding of these. People had designated members of office staff who they spoke to regularly. They spoke to people over the phone frequently as well as visiting them regularly and carrying out all of their reviews. During our inspection, these staff demonstrated a good knowledge of people's backgrounds. One staff member told us, "I like talking to people and getting to know them. I like talking to them about what they did when they were working."

People told us that staff supported them to make choices and promoted their independence. One person told us, "Everybody has their way of life, they fit around mine." Another person said, "They help me choose what to wear." Staff had undertaken training in 'Choice, Dignity and Diversity' and demonstrated a good understanding of how to provide people with choices. One staff member told us, "Even if people are confused they can still say what they want to wear." People were supported to remain as independent as possible. Care records contained detailed information on what they were able to do themselves. One person's records stated that they were able to dress themselves but staff were to ensure that clothing was clean as they had a visual impairment. Where people had support with personal care, records stated which tasks they were able to do and what they needed support with. Staff understood people's needs and demonstrated an understanding of how to encourage people's independence whilst supporting them.

People's religious and cultural needs were taken seriously by staff. Initial assessments included questions on people's religion and culture so that staff could support them in a personalised way. One person attended church at a specific time every week, this was clear in their care records and daily notes showed staff arrived in time to ensure the person got to their service. One person, who had a particular faith had information in their care plan on how staff could support them.

People's privacy and dignity was respected by compassionate staff. Staff had attended training in promoting people's dignity and they demonstrated a good understanding of best practice. One staff

member told us, "I always shut doors and cover people when I am giving them a wash. If they have someone coming to see them we make sure they are dressed nicely."

Good

Is the service responsive?

Our findings

People told us that they had their needs assessed before receiving care and their needs were regularly reviewed. One person said, "We sat down and discussed everything before they started." A relative told us, "They did a thorough assessment and they visit every six months to review."

People's needs had been assessed before receiving a service and assessments gathered important information about people's routines, needs and preferences. This information then formed the person's care plan. One person's assessment detailed their background and family history as well as their health needs. The assessment explored the person's family situation, including support that they provided, to establish what support was needed by staff to assist the person to live as independently as possible at home with relatives.

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. One person liked to take part in a competition on the radio each day during breakfast. The information was very clear in their plan and told staff at what time they announced the answers. Daily notes confirmed staff sat with this person and had breakfast while listening to their radio show. Another person had a very active social life and attended a number of activities each week that were important to them. Staff had a detailed plan of this person's routine including a guide for staff on how and when they liked staff to interact with them in order to help them maintain their active lifestyle.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. One person had recently been in hospital so staff attended a review with healthcare professionals to discuss changes to the person's needs and changes to the tasks that staff would be carrying out. Another person was being treated for a long term condition which caused their needs to fluctuate. The person had regular reviews and where more support was needed, the person's care plan was increased accordingly.

People told us that they knew how to make a complaint and where they had complained it was dealt with satisfactorily. One person said, "I rang and asked them to send the carers later and they're sorting it out now." Another person told us, "They told me how to complain but I haven't needed to." A relative told us, "I've not had cause to complain. If I wasn't happy with how things are they call us regularly." Where people had raised issues, these had been dealt with. One person had raised that they were concerned things were not working with one particular staff member. Following this, the registered manager arranged for different staff to support this person. There was no central log of complaints which meant that the registered manager could not easily analyse them to look for patterns. Following our inspection, the registered manager told us that they were introducing a system to document complaints in a way that helped them to improve the overall service.

The manager took a proactive approach to feedback and routinely asked people about the service that they were receiving during regular spot checks. Any feedback received was documented and where needed acted upon. Staff told us that they were confident that if they had to raise a concern or pass on a complaint from a

person, that the manager would respond appropriately.

Requires Improvement

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person told us, "It is well-led. (Registered manager) is really on the ball." Another person said, "They're a pretty good firm." A relative told us, "I have recommended them to my friends."

The quality assurance systems in place were not robust enough to ensure the quality and safety of the service. Important information was missing from care records, such as risk assessments and plans for maintaining people's skin integrity. People did tell us that staff provided appropriate support with this, despite this information not being in records. Missing information on people's mental capacity and ability to consent also demonstrated a lack of robust oversight of records. There were not regular audits of records to identify these issues and make improvements.

The provider did not carry out effective monitoring of the service. There was not a central log of accidents and incidents which meant that the registered manager could not identify patterns, such as where people had suffered multiple falls or bruising. There was no way of recording the numbers of incidents and staff were unsure when the most recent incidents had happened. This could have delayed a change in need being identified or a referral being made to a healthcare professional. There was also no central log of safeguarding incidents or complaints. This meant that the provider could not be sure of the numbers of incidents or complaints and would not be able to use this information to improve the service that people received. After the inspection, the registered manager informed us that they will be implementing a system to analyse accidents and incidents, safeguarding and complaints. The registered manager was going to start care plan audits and was implementing a new system to gather people's feedback at reviews to ensure they received high quality care. It is positive that the provider is making these changes in response to our findings and the changes should help the provider identify shortfalls for themselves in the future. We will look at how these changes and improvements have been implemented and the impact this has on the quality of people's care at the next inspection.

Failure to maintain up to date records and failure to complete effective monitoring of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that observed practice and spot checks were happening regularly and where areas for improvement were identified, they were acted upon. During one spot check, a supervisor had noted that one staff member had not been talking to the person whilst providing care and had also seemed rushed. This had been noted and was discussed with the staff member to improve their practice. In another observation a person became unwell and the staff member responded quickly by contacting the emergency services. Their good practice in dealing with this situation was recognised by management.

The provider sought people's feedback in order to improve the standard of care that they received. From those that responded, the feedback provided was positive. The registered manager provided feedback to people on improvements they intended to make. Some people stated that they did not know how to make a complaint. Following this, the registered manager sent information to people to ensure that they were

aware of the complaints procedure.

Staff told us that they felt supported by management and they created a positive team working environment. One staff member told us, "It's lovely, there's a family atmosphere and we work well as a team." Another staff member said, "It's good here. We work together, especially when out in the community. We all get along alright."

Staff told us that they could raise issues or make suggestions to management. In their PIR, the provider told us they had team meetings, 'where staff can discuss openly and honestly how things are going.' One staff member said, "We have meetings and talk about clients and each other. We can raise things." Minutes of staff meetings showed staff were able to raise things to improve people's care. At one meeting a staff member had discussed the way in which one person's personal care was carried out to ensure that all staff were supporting this person in the way in which they needed. Due to the nature of the service, staff could not always attend team meetings. Staff had frequent one to ones and records showed that key messages were discussed with staff as well as providing staff with opportunities to make suggestions one to one.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to complete effective monitoring of the service and to maintain up to date care records.