

Surecare Services (Croydon)

SureCare (Croydon and Sutton)

Inspection report

22-24 Napier Road
Croydon
Surrey
CR2 6HG

Tel: 08448804275
Website: www.surecare.co.uk

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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

The inspection of Surecare (Croydon and Sutton) was undertaken on 30 June and 5 July 2016 and was announced. We gave 48 hours' notice of the inspection to ensure the registered manager and other senior staff were available at their office to talk with us. At our last inspection in November 2013, we found the provider was meeting the regulations we inspected.

Surecare (Croydon and Sutton) provides care and support for people who live in their own homes. There were 529 people actively using the service at the time of our inspection. Their office is based in South Croydon.

The service had 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.

People using the service told us they were treated in a respectful and caring manner by regular staff members who knew them well and supported them safely and effectively.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. Staff we spoke with were confident that they provided a good service to people and said they would recommend Surecare (Croydon and Sutton) to their family and friends. They had access to supervision and were given regular opportunities to discuss their performance with the management team. The staff said they felt valued by the service.

Staff understood how to help protect people from the risk of abuse. The agency had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their environment.

Medicines were administered in a safe way. Staff received training and a new competency framework had been introduced to make sure they understood and followed safe procedures for administering medicines.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed detailed assessments of people's needs and these were used to inform the care plan for each person. The service kept people's needs under review and made changes as required. Staff had a good understanding of people's health needs and had the knowledge and support to manage emergency situations.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The service was well led. The registered manager monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team approachable and responsive.

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.

Any risks to individual safety and welfare were being identified and managed appropriately.

People were supported to take their medicines safely.

There were appropriate numbers of care staff allocated to meet the needs of people who used the service. Robust recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People we spoke with were happy with the care they received and felt staff respected their privacy and dignity.

Relationships between care staff and people using the service were positive.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the registered manager.

Is the service well-led?

Good 

The service was well-led.

There was an experienced registered manager in post who was supportive and approachable.

The service carried out regular audits to monitor the quality of the service and drive improvement.

SureCare (Croydon and Sutton)

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This announced inspection was carried out by one inspector and took place on 30 June and 5 July 2016.

We spoke with a range of people about this service either in person or by telephone. They included the registered manager, four staff members, ten people who used the service and six relatives.

We also spent time looking at records. We checked care documents in relation to seven people who received care and support and five staff files. We reviewed records about staff training and support, as well as those related to the management and quality of the service.

Domiciliary Care Agency Questionnaires were sent by CQC to Surecare (Croydon and Sutton) clients in mid-2015 by CQC to obtain their feedback. We also reviewed feedback received by the service from people using the service and their relatives through their own surveys.

We received written feedback from one external care professional following our inspection.

Is the service safe?

Our findings

People using the service told us they felt safe being supported by consistent staff who knew their needs well. One person said, "I am very well with what I have got." Another person told us, "Really I'm very happy, I could not put a word against them." Other people said, "I have three calls a day, I'm happy with that" and "I wish I had this service for my own mum years ago, wonderful."

A relative told us, "They are marvellous, lovely staff who are not in a rush." Another relative commented, "I find it very good, we are very pleased." A third relative said, "We are more than pleased."

We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by people's needs. For example, people who had restricted mobility received care and support from two staff. Staff spoken with told us that they were not rushed and had sufficient time to travel from one call to the next. A staff member commented, "I'm very happy with this company, they give you enough travel time." Another staff member told us, "They keep all my calls in one area; I've had my clients for a long time." They went on to say, "If I feel I have not got enough time, I call the office and they call ahead to let people know I may be late." People and the relatives we spoke with confirmed care was provided by consistent staff who knew people's care needs well. One person said, "I have the same lady except for holidays." One relative commented, "They get the same carers." Another relative said, "We usually have the same carer but if she is off sick or on holiday the office staff always let us know and offer a replacement."

People using the service told us that staff were kind and treated them well. One person said, "They're lovely to me." Staff received safeguarding training and had a good understanding of how to help protect people from abuse. One staff member told us, "We are told always report it." Another staff member said, "They keep people safe, all I have to do is ring the office." Safeguarding and whistle-blowing guidance were included in the staff handbook for staff to reference. Records of any safeguarding alerts were kept documenting the outcomes along with evidence of any investigation or disciplinary action taken if required. An external health professional told us that the service had always been open and honest where they have had difficulties and would always raise concerns and make safeguarding referrals where necessary.

Assessments were completed to identify and manage any potential risks to people using the service and staff. A senior staff member would visit the person in their home to undertake both a personal and a premises risk assessment. The personal assessment looked at areas such as the person's general health, their independence with daily living tasks and their mental health. If the person required support with their mobility then a moving and handling profile and risk assessment was also carried out. The premises assessment addressed areas such as safe access to the property along any risks such as unsafe equipment and uneven flooring.

Surecare (Croydon and Sutton) had procedures for responding to any emergencies or untoward events and these were understood by staff. A relative of one person told us that the care staff had responded well to an emergency situation in recent days summoning an ambulance promptly. Another relative said that they were impressed by a new member of staff who had dealt with an emergency very calmly and professionally.

One staff member gave us an example where they had been supported by senior staff to call an ambulance for a person using the service. They told us, "They made sure the person got the treatment."

Some people using the service required support from staff to take their medicines safely. One person told us that staff were helpful when "They come to make sure that I take my pills." We saw there were suitable systems for the safe management of people's medicines. A new competency framework had recently been introduced to help make sure people received their medicines safely. Staff also took pictures of prescription labels which the service kept on file so they were always aware of the medicines people were being supported to take. Administration records were completed by staff and these were checked regularly by office based staff to make sure they were being completed correctly.

The service helped to protect people from the risk and spread of infection. Staff told us that they were supplied with the personal protective equipment (PPE) they required and we observed individual staff members calling in to the office to collect boxes of gloves. Staff received training in infection control and policies and procedures were supplied to each staff member for their reference. A relative told us, "The carer always wears gloves and an apron when assisting with personal care."

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for seven members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with two employment references, right to work checks where applicable and proof of identity.

Is the service effective?

Our findings

People who used the service told us that they thought the staff who provided their care and support were trained and competent. One person told us, "Everyone has been very good." Another person gave us an example where they had required an extra staff member for a short period. They said they had been worried about their competence but told us, "I had nothing to worry about." A relative told us, "The carer has made a real effort to get to know [the person] and how she likes things to be done. She always respects her wishes."

Staff received induction and mandatory training to help them do their jobs effectively. New induction procedures were being introduced to make sure that staff achieved the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New members of staff received two days of classroom training and then shadowed existing staff until they were signed off as being able to work alone. Training was both electronic and classroom based addressing areas such as moving and handling, safeguarding, infection control, medicines and food hygiene. More specialist training was also provided for areas such as dementia, catheter and stoma care and the Mental Capacity Act. Each staff member was also given a memory stick with the service policies and procedures for future reference.

Refresher training was provided to make sure people's skills and knowledge remained up to date and staff were supported to access National Vocational Qualifications (NVQ)) or equivalent qualifications. One staff member said, "I have completed my NVQ level two and three." Another staff member said, "They [senior staff] are always on the phone asking me about training."

Staff received regular supervision to support them in their roles. Supervision was a one-to-one support meeting between each individual and a senior member of staff to review their work role, current responsibilities and development needs. Monthly staff meetings and annual appraisals also provided opportunities to identify people's development needs. This was in addition to the informal day-to-day contact with the office and management team.

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 saw the service was working within the principles of the MCA and worked in people's best interests. For example, the registered manager told us how they had recently taken into account the views of a person's relative and contacted a person's GP to discuss a medicine they were supporting the person to take to make sure this was in the person's best interests.

People told us they were able to make choices about the day to day care they received, such as what they wanted to eat and drink and what they wanted to wear. They confirmed that staff checked if they were

happy for their care to be given and said their decisions were respected by staff. One person told us, "They always check that I am ok." Another person using the service told us, "They do talk and listen to me." A relative commented, "They always talk to [my relative], telling him what is happening." We saw staff had received MCA training and they told us how they would obtain consent from people before providing support. They understood the need to work in people's best interests and said they would contact their line manager if they needed support around making any decisions when providing care.

Some relatives told us that staff had got to know the person well and would notice if they were unwell, prompting them to make appointments to see health professionals. The registered manager told us how they worked with district nurses and people's GPs to make sure people's health was maintained. Records showed that staff were provided with information on people's health needs so they could monitor these effectively. Staff told us that they were always being reminded to report any concerns with people's health or behaviour.

Surecare Croydon and Sutton worked with other agencies to help provide a re-ablement service for people in one local authority area. We saw that staff had been provided with specialist training to help people regain their independence.

Is the service caring?

Our findings

People using the service spoke positively about the care they received. They told us that staff were polite, kind and caring. One person said, "Yes, they are very nice and kind." Another person told us, "They are lovely to me."

A relative of one person said, "They seem to care for [the person] very well, the staff are polite and caring." Another relative told us, "The carers always say hello to him, they talk to him even though he cannot talk back." Other relatives commented, "They do take very good care of [the person]" and gave us an example where a staff member had interacted with their relative who had responded positively to them and "The carer is patient and always respectful."

Care staff spoke with kindness and respect when speaking about people. Some care staff clearly knew people well and were able to tell us what was important to each person when they were being supported. For example, the way they prepared their meals or prompted with medicines. The staff we spoke with were confident that they were providing good quality care. One staff member told us, "It works really well, keeps people in their own homes – fantastic." Another staff member commented, "I treat everyone like they were my relative, I have built up a relationship with people." A relative of a person using the service told us, "The carer and [the person] have become very close and talk to each other about their family. My relative looks forward to her coming."

Dignity and respect were part of the core values of Surecare (Croydon and Sutton) and the service had signed up to be part of the national Dignity in Care programme. A senior staff member had recently attended a dignity action day giving a presentation about these values and how they were promoted. All of the people we spoke with told us that staff respected their dignity and privacy. Care staff gave us examples of how they did this including making sure people's curtains were closed and they were appropriately covered during personal care.

To further ensure people's dignity, the service kept a range of supplies at the office such as continence products, bedding and spare clothing for situations where people using the service may require these. For example, on discharge from a stay in hospital.

A staff member explained the service always gave them information about people when they first started calling on them. They said, "They tell you all about the person, they give you a care plan."

We noted that the staff in the office and the registered manager knew many people well and were able to talk about their individual support needs. Care plans and staff schedules highlighted information about specific needs such as language, cultural or dietary needs. For example staff were reminded about one person's food preferences and how important it was to respect these.

People were given a guide about the service which was kept at their home. This included information about how to contact the agency in and out of normal office hours as well as other important phone numbers for the local authority and local services. The guide also included information for people about how to raise any

concerns of complaints.

The service had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality was included in the induction training for new staff with further guidance made available in a staff handbook.

Is the service responsive?

Our findings

People using the service told us that staff provided them with the care and support they required. One person said, "I have the same carer, I would not change them." A relative said, "They have very good people on their staff." Another relative told us, "I think the service is very well organised. When we call the office, they are responsive to our requests."

We saw people's needs were assessed before they could start using the service. Care plans were developed based on the assessments completed by the registered manager and those provided by commissioners if available. The plans were then agreed and signed by the person using the service or their representative. A copy of the care plan was kept in the persons homes for reference and another in the agency office. The plans we looked at provided staff with information about people's needs and the tasks they were expected to carry out. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.

The registered manager showed us new care plan formats that were due to be introduced for people using the service. These were much more individualised and 'person centred' giving more detailed information about the person and how they liked to be supported. For example, about their life, family and pets along with their daily routines.

The service responded well to changes in people's care and support needs. Care staff told us that they were always being reminded to report any changes in people's needs, their health or behaviour and their environment. We saw that each staff member's written schedule included a reminder to report any changes and there were signs at the office prompting staff to 'report, report, report!' Recent staff meetings included reminders to staff to report any changes in people's needs. The registered manager spoke about how important this was to keep people safe and well. Timely referrals could also be made to other professionals such as the district nurse and GP.

Surecare (Croydon and Sutton) worked as a lead provider in one local authority area which meant that they worked in close partnership with them to make sure people's needs continued to be met. Protocols also were in place to liaise with social services for the other local authority and for the specialist re-ablement service. Records seen for people using the service contained records of email and other correspondence providing an audit trail for decisions made.

People using the service were provided with information about how to make a complaint about the service should they need to. People and their relatives said that they felt able to raise any issues with the registered manager or the office staff. One person said, "I have never had cause to complain." Another person said, "I can ring the office if there are any problems." We saw records were kept of any complaints with timescales and action taken clearly recorded. The registered manager gave us examples where action had been taken to respond to any issues or concerns. For example, sending different staff to calls or putting in additional reminders to care tasks were completed in the way the person wanted them to be done. An external health professional told us that the service worked in a positive way resolving issues with people.

Is the service well-led?

Our findings

People using the service said they were happy with the service provided and how it was managed. One person said, "I am so lucky, it is excellent." Another person told us, "We can ring the office; they also check that we are ok."

People and their relatives told us the service was well organised and communication with the service was good. One relative said, "They were recommended to me very highly, I would recommend them to others." Another relative told us, "I have found it to be very good." A third relative commented, "On the whole you are happy."

Feedback about the registered manager and office staff was positive. For example, people and relatives told us they were given information about any changes to the staff supporting them and any changes necessary due to unforeseen events.

Compliments were recorded by the service and we saw recent feedback from relatives of people using the service. One relative said, "I wish to take this opportunity to thank you for all the kind and efficient care." Another relative commented, "Their [the care staff] work and your management has been energetic, appropriate and deeply sympathetic." A third person said, "Your carers have been very helpful and I appreciate their care."

Staff told us that they found the registered manager and other office based staff to be approachable and supportive. One staff member said, "The office have supported me 100%, I ring them and they get back to me telling what they are going to do." Another staff member said, "Fantastic, they go the extra mile." The staff members spoken with said that they felt the quality of care for people was of a high standard and they had no concerns about the service being provided.

There were systems in place to help make sure of the quality of the care and support provided to people on an on-going basis. These included regular spot checks carried out at the person's home, telephone monitoring and surveys sent out to each person using the service. A relative told us, "A representative of the service came to the house to do a review and get feedback." A staff member told us, "You get spot checks and they talk to the clients."

We saw records were kept of the regular spot checks undertaken which recorded feedback from the person or their relative along with observation of the staff member. Any changes found to be necessary were recorded.

An annual quality assurance exercise had been carried out recording 439 responses to surveys. A summary had been produced with people responding positively to a number of questions around their care, staff approach and the responsiveness of the service. An action plan gave clear goals for the year ahead including the development of new care plan documentation, care certificate training and the promotion of dignity through staff champions.

There was a staffing structure in place which provided clear lines of accountability and responsibility. Office staff had designated responsibilities. One staff member explained they had responsibility for dementia training and also led on staff development, identifying suitable and regular training opportunities for staff. Staff area supervisors and team leaders worked out in the field supporting staff as necessary.

Surecare (Croydon and Sutton) was named branch franchisee of the year in their 2014-15 organisational awards. The service engaged with the local community through sponsorship of local football and rugby teams.