

Clarity Ventures Ltd

SureCare Richmond and Kingston

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Surecare Richmond and Kingston is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people and those with dementia. At the time of our inspection there were 24 people using the service; including one with learning disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff recruitment and induction training processes promoted safety. People received support from staff to make their own decisions about medicines wherever possible. Preferences were identified and appropriate staff were available to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Updated training and refresher courses helped staff continuously apply best practice. People received support to eat and drink enough to maintain a balanced diet. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People received kind and compassionate care from staff. People were enabled to make choices for themselves and staff ensured they had the information they needed.

Right Culture: Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Recommendations

We have made a recommendation in relation to the management of records.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our 'safe' findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our 'effective' findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our 'safe' 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.

SureCare Richmond and Kingston

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2022 and ended on 30 September 2022. We visited the

location's office on 22 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service, including statutory notifications. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a care worker. We reviewed four people's care records, five staff files and other documents in relation to the running of the service. Following the inspection we received feedback from two people using the service, three relatives and six care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were administered safely. We identified protocols for PRN ['as needed'] medicines were not always clear within people's care records. We raised this with the registered manager who immediately took action to review and update all PRN protocols on their electronic system. We were satisfied with their prompt response and saw no evidence to confirm people's medicines management had been affected by this shortfall.
- Medicines administration records (MAR) confirmed when people received their medicines and were signed when needed by staff. The MAR we reviewed did not have any gaps and marked the time of administration.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving care. One person said, "Yes they make me feel safe."
- Staff were clear on how to recognise potential signs of abuse. They also knew how to raise concerns with management. Staff knew how to raise concerns with the local authority safeguarding team or the Care Quality Commission.
- Records showed potential safeguarding concerns were appropriately raised when required.

Assessing risk, safety monitoring and management

- Risks to people were safely assessed and managed. Clear guidance was in place for staff to follow to ensure they were able to mitigate potential risks to people.
- Where one person was at risk of epileptic seizures, staff had guidance to enable them to respond to the person safely. People had clear falls risk assessments, including details of any equipment people needed to support them to mobilise safely.
- Environmental risk assessments were completed to ensure both people and staff were safe within people's homes.

Staffing and recruitment

- Staff were safely recruited. This included a full employment history, suitable references, proof of identity and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Call records showed that staff attended on time for their calls and remained for the duration. People and their relatives confirmed this, with staff telling us they would always call if they were ever running late.

Preventing and controlling infection

- Measures were in place to control the spread of infection. Staff had access to adequate supplies of personal protective equipment, including masks and gloves.
- The provider had an up to date infection prevention and control policy. Staff were aware of this and it included how to respond in the event of a pandemic.

Learning lessons when things go wrong

- Incidents and accidents were investigated and reviewed. The registered manager had clear oversight of all investigations to ensure that any lessons were shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- People's needs were assessed to ensure the provider was able to deliver the care they required. This included consultation with placing local authorities where relevant.

Staff support: induction, training, skills and experience

- Staff received training that followed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Records showed that staff competency was assessed prior to them commencing work unsupervised.
- Staff spoke positively about the training they received. Comments included, "The training and induction is the best I've had" and "There has been extensive e-learning courses that went over a lot of different areas of training in detail."
- Staff received regular supervision and appraisal from management. A staff member said, "The management is always there whenever they are needed. Supervision is done every three months." We reviewed supervision records and were satisfied staff had the opportunity to reflect on their practice.

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

- People were supported with their nutritional needs. Where people required help with eating and drinking this was recorded in their care plans.
- Fluid charts were in place where people needed support to increase their hydration. People also had nutritional risk assessments in place that highlighted any dietary needs or specific risks.
- Staff ensured that daily records were kept up to date and recorded peoples consumed meals and fluids. A relative said, "The carer eats meal with [loved one] and she seems to eat better."

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

- People were supported with their healthcare needs. One person said, "They [staff] will come to appointments with me and push me round the hospital."
- Care records clearly reflected people's healthcare needs and medical diagnosis. This ensured staff were clear on how people's conditions may present.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had a clear understanding of the MCA and how it applied to their roles. Comments included, "One should not assume lack of capacity and still encourage own decisions for day to day tasks" and "Carers are to presume that the client is capable of making own decisions and encouraging/empowering the client to make decisions for themselves if possible."
- Care records detailed whether people required support in their decision making. Where people had a power of attorney this was also recorded. A power of attorney allows one or more people to help you make decisions on your behalf.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with dignity and respect. Feedback we received included, "[Carers are] Kind and do what I ask them", "Very caring and very nice people, I'm very happy with it" and "There's one carer who is fantastic, very sociable and full of joy."
- Staff were passionate about their roles and knew the people they cared for well. Care records detailed whether people had any religious or cultural needs and staff were able to tell us how they accommodated these.

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

- People and their relatives told us they were involved in decisions about the care received. They told us, "They always call me if things change" and "You feel it's personal."
- Care plans were regularly reviewed to ensure that where people's needs changed staff were clear in how people liked to be cared for

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us, "Yes, they respect me", "They are very flexible" and "I've been very impressed."
- Staff supported people to do things for themselves wherever they were able to. This included areas of their personal care, and encouragement with day to day tasks such as tea making.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the planning of their care to ensure it was personalised. Care records reflected people's choices in how their day to day needs were met.
- People's needs and preferences were detailed in their care plans, such as people's morning routines, food preferences, and what is important to them. This included support from key family members and people's hobbies and interests. Staff were able to engage meaningfully with people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A suitable policy was in place to ensure that people's disabilities or sensory losses were supported to communicate in ways that suited them.
- Care records detailed how people needed support to communicate, for example, the use of pictures or gestures.

Improving care quality in response to complaints or concerns

- Complaints were appropriately responded to. People and their relatives told us they knew how to raise any concerns. Where people had been dissatisfied with their allocation of carer in the past, they told us this had been addressed to their satisfaction.
- We reviewed the complaints records and saw that concerns had been responded to in line with the providers policy. Where improvements were needed, such as staff supervision these were actioned.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- At the time of our inspection the provider was using both paper and electronic monitoring systems to store people's care records. This impacted on the accessibility of information required at the time of our site visit. However, we were able to view all documentation we required to conduct our inspection.

We recommend the provider review the operation of their records systems to ensure all records are accessible and up to date.

- The registered manager ensured that regular quality assurance checks were carried out to review the consistency and accuracy of records completion. Where actions to improve were required the registered manager ensured this was completed.
- People's care records were up to date and reviewed whenever people's needs changed. Daily record logs and MAR were regularly reviewed by management to check for accuracy and to ensure staff were recording care delivery and that it was delivered in line with people's care needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt the service was well-led. Comments included, "Lines of communication with [registered manager] are good. You text him and he responds or calls back", "Lines of communication with [registered manager] are good", "[Registered manager's] approachable" and "I would thoroughly recommend them, I think it's well run."
- Staff were equally as positive about the support they receive from management. They told us, "[Registered manager's] a really good boss, really patient, really understanding and supports us as well", "I am extremely supported by [registered manager]" and "I couldn't ask for a better company to work for."
- People and their relatives told us that they were impressed with the service and that the provider's responsive approach improved people's daily care outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood how to respond to any incidents or complaints with transparency; and knew of the need to apologise where the provider was at fault.

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

- People, their relatives and staff were fully consulted on their views of their service. This included regular questionnaires to seek people's and relative's views and feedback.
- People were contacted through phone call monitoring to ensure they were satisfied with the care they received.

Working in partnership with others

- The registered manager worked alongside partner agencies that funded people's care to ensure their care calls were delivered in line with their assessment of needs.