

# Surround Care Limited

# Surround Care

## 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 

## Overall summary

The inspection was announced and took place on 26 & 27 February and 2 March 2015

Surround Care provides care and support to people in their own homes. At the time of our inspection 20 people were receiving support with personal care.

The service has 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 were kept safe from avoidable harm and abuse and were looked after by staff who had been provided with safeguarding training. There were risk management plans in place to protect and promote people's safety.

# Summary of findings

There were sufficient numbers of staff employed to keep people safe and to meet their assessed needs. People received their medicines at the appropriate times by staff who had been trained in the safe handling of medicines.

People were supported by staff who had been provided with the knowledge and skills to carry out their roles and responsibilities. People consented to their care and support in line with current guidance. Where required staff supported people to eat and drink and to access healthcare facilities.

Positive relationships had been developed between people and staff; and people were able to make decisions about their care and support needs. Staff ensured people's privacy and dignity were respected and promoted.

People received care that was responsive to their assessed needs. There was a system in place to ensure that lessons were learnt from complaints raised by people.

There was a culture at the service which demonstrated openness and good management and leadership skills. The quality assurance system in place was effective and used to obtain feedback, monitoring performance and managing risks.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People were protected from abuse and avoidable harm by staff who knew how to report concerns.

There were risk management plans in place to protect and promote people's safety.

There were adequate staffing numbers available to meet people's assessed needs and staff were appropriately recruited.

There were systems in place to ensure people's medicines were managed safely.

Good



### Is the service effective?

The service was effective

People were supported by staff who had the knowledge and skills to carry out their roles and responsibilities.

There were arrangements in place to ensure that people were matched with staff from the same ethnic background.

Staff were provided with the appropriate support and induction training.

Staff sought people's permission before assisting them with support.

People were supported to eat and drink and to maintain a balanced diet in line with their support plan.

If required people were supported by staff to access healthcare services.

Good



### Is the service caring?

Positive and caring relationships had been developed between people and staff.

Staff supported people to express their views and be involved in making decisions about their care and support needs.

Staff ensured people's privacy and dignity were respected and they were encouraged to maintain their independence.

Good



### Is the service responsive?

The service was responsive

The care people received was responsive and focussed on their individual needs.

People's needs were assessed prior to them receiving a service.

People were encouraged to raise concerns or complaints.

Good



### Is the service well-led?

The service was well-led

Good



# Summary of findings

The culture at the service was open, inclusive and empowering

The leadership and management at the service were visible at all levels.

There were quality assurance systems in place which were used to monitor the provision of care.

# Surround Care

## 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.

The inspection of Surround Care took place on 26 & 27 February & 2 March 2015 and was announced. We gave the service 48 hours notice to ensure the manager was available and we could access the required documents. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person

who has personal experience of using or caring for someone who use this type of care service. The expert made telephone call to people who used the service to obtain their views on the care provided.

Before the inspection we reviewed all the information 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.

During our inspection we spoke with ten people who used the service and nine relatives over the telephone. We spoke with four support workers, one field supervisor and the registered manager. We also visited a person in their home and observed how care was delivered. We reviewed the care records of five people who used the service, three staff recruitment files and other records relating to the management of the service.

# Is the service safe?

## Our findings

There were arrangements in place to ensure people were kept safe from avoidable harm and abuse. People said they felt safe when their support workers visited them and they did not experience any form of discrimination from staff. A person said, “Yes I feel very safe.”

Relatives confirmed their family members were safe when the support workers visited them. A relative said, “I feel quite confident leaving my family member with the support worker.”

We found people and their relatives were provided with written information on how to contact the service to report any concerns they may have. A relative said, “I am aware of the telephone numbers for the local safeguarding team and the agency if I want to raise a concern. I know I can also contact CQC.”

Staff were aware of their responsibilities if they witnessed or suspected a person was at risk of harm; and had been provided with annual safeguarding training. A staff member said, “I would report it to my supervisor.” A second staff member said, “I have had training and know how to report incidents of abuse.” A further staff member said they had reported an incident in the past.

The registered manager told us that safeguarding was regularly discussed as an agenda item at staff meetings and during one to one supervision with staff. She said the outcomes from safeguarding alerts were discussed with staff and lessons learnt to minimise the risk of recurrence. Minutes of meeting seen and staff spoken with confirmed this. We saw evidence that the service had acted on recommendations made from a recent safeguarding alert.

There were risk management plans in place to protect and promote people’s safety. The registered manager told us before care was provided to people assessments were undertaken to assess any risk to the individual and to the staff supporting them. For example, we saw there were risk assessments in place in relation to moving and handling, trips and fire hazards, and the environment. We found one person’s mobility had deteriorated. The registered manager liaised with the occupational therapist who provided advice to staff and the appropriate equipment to enable them to support and promote the person’s safety. We saw evidence that people’s risk assessments were reviewed regularly or as and when their needs changed.

There were plans for responding to emergencies or untoward events such as staff absenteeism. Staff told us that people had been provided with information on how to contact the service if they had not been visited by a support worker or needed to change their visit times. Staff also said that senior staff were contactable out of hours for advice and support. We saw people had been provided with the emergency telephone number which was accessible 24 hours daily seven days a week.

There were sufficient numbers of suitable staff employed to keep people safe and meet their assessed needs. People were confident that the staffing numbers available were appropriate to meet their needs. They told us most of the time the same regular carers visited them.

Relatives told us that their family members seemed to have the same regular carers. One relative said, “The same carer has been caring for my family member for the last three years.”

Staff were confident that there were enough staff available to support and promote people’s safety. A staff member said, “There are enough of us, we only have problems if staff phone in sick at the last minute. When it does happen our care supervisors support us with hands on care.”

The registered manager was confident that the staffing numbers available were meeting people’s assessed needs. An example given was that a person was now able to have their evening call at a later time as there were now sufficient staff available to enable care to be delivered at the person’s preferred time.

There were arrangements in place to ensure safe recruitment practices were followed. Staff were able to describe the service’s recruitment process. A staff member said, “The recruitment process is robust.” The staff member said they were not allowed to take up employment until references and a satisfactory Disclosure and Barring Service [DBS] Certificate had been obtained. The staff files we looked at evidenced that the appropriate recruitment documentation had been obtained. Staff had declared that they were mentally and physically fit to undertake their roles.

There were systems in place to ensure that people’s medicines were managed safely. People told us that staff administered their medicines at the correct times. A relative said, “My family member record sheet is fully completed.”

## Is the service safe?

Staff told us that people's medicines were dispensed in dosette boxes and it was down to individuals or their relatives to re-order their medicines from the pharmacy as and when required. Staff said they were not allowed to administer medicines to people unless they had been prescribed by their GP.

The registered manager said that staff were provided with medication training and their competencies in the safe handling of medicines were regularly assessed. The

training records seen confirmed this. The registered manager also said that the service was able to access support from the district nurse if the dosage of people's medicines needed to be amended. For example, if there was a change to the dosage of a person's prescribed warfarin medication as a result of a change to their blood level. We looked at the Medication Administration Record [MAR] sheets for five people who used the service. We found that they had been fully completed.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities and to communicate effectively. People told us that most support workers had the right skills and knowledge to care for them properly. One person said, “Staff definitely have the knowledge and more than enough.”

Relatives said the support workers were able to communicate with their family members effectively. For example, a relative said, “My family member has difficulty in communicating. The support workers use closed questioning so that they only have to indicate yes or no.” The relative stated that the support workers used cards or non-verbal communication. This enabled their family member to understand what was being said.

Staff told us they received regular updated training. This enabled them to perform their roles and responsibilities and deliver care in line with current best practice. We found that the service had its own in-house trainer and staff were provided with supplementary training such as dementia awareness, learning disability and mental health awareness. E-learning was also an option which staff said they preferred, as they were able to complete the training in their own time and at their own pace.

People and their relatives told us they were matched with staff who they were compatible with. A person said, “I requested to have a Muslim support worker and this was provided.” The person said although they did not like change, when a replacement support worker visited them they were able to respond to their needs as well.

The registered manager said when a new care package was received compatibility with the individual needs and service needs were looked at. For example, she would ensure that adequate numbers of staff were available to deliver care consistently; and staff were aware of the person’s preferences, ethnic and religious needs. Requests from people to be matched with staff from the same ethnic background were always acted on providing the personnel were available.

There were arrangements in place to ensure that staff were provided with the appropriate support and induction training to undertake their responsibilities. Staff said they had been provided with five days induction training which covered essential topics such as first aid, personal

development, health and safety, infection control, safeguarding of vulnerable adults, whistleblowing, Mental Capacity Act 2005 and Deprivation of Liberty safeguards, moving and handling and effective communication. A support worker said, “After completing the face to face training we worked alongside an experienced support worker for a week and a half.” The support worker commented that this enabled them to feel confident in their roles.

The registered manager said that support workers were provided with quarterly face to face supervision and spot checks. Staff confirmed they had been provided with regular supervision and felt supportive by the field supervisors. A support worker said, “We have the opportunity to discuss our personal and professional development in supervision such as, our training needs and how to acquire a recognised qualification.” Records seen confirmed that staff had been provided with regular supervision and spot checks. We found some staff had acquired a national recognised qualification.

People’s consent to provide care and support was sought. People said that staff sought their permission before assisting them with support. A relative said, “The carer always seeks my family member’s permission and explain what they are going to do.”

Staff told us they had received training in the Mental Capacity Act [MCA] 2005. A support worker said, “People sign the care plan as a form of an agreement to be supported.” Staff and the registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and how it worked in practice. There was no one using the service at the time of our inspection being deprived of their liberty unlawfully.

People were supported by staff to eat and drink and to maintain a balanced diet. People told us that staff supported them to prepare snacks and meals of their choice. A person said, “I tell them what I want to eat and they prepare it. I usually have prepared meals.”

Staff told us that people had frozen meals which required heating up in the microwave or oven. A support worker said, “Usually family members prepare the clients’ main meals but if we are asked to we always find out from them what they want to eat and prepare it.” The support worker commented that some people required support with

## Is the service effective?

regular shopping and they usually wrote a list of the foods to be purchased. Staff said those people who were not able to prepare hot or cold drinks were left drinks of their choice and a snack which they could access.

The registered manager said people had access to dietary and nutritional specialist support via their GP. She said, "We are currently supporting a person with fortified drinks which is made up daily by the carers." She explained that the person's food and fluid intake was being carefully monitored as they were at risk of losing weight.

People had access to healthcare services to maintain good health. People said they made their own healthcare appointments or family members supported them to do so. The registered manager said that at the time of our inspection the service was not supporting anyone with healthcare appointments; however if people had hospital appointments visit times would be changed to accommodate their needs.

# Is the service caring?

## Our findings

Staff developed positive and caring relationships with people who described staff as kind, compassionate and courteous. A person said, “Staff are willing to do extra for you.” Relatives said that the support workers were very understanding and willing to do anything that needed to be done. Staff said that people’s care plans took account of their individual needs and preferences. This enabled them to deliver care to people in a sensitive and caring manner.

During this inspection we visited a person in their home and observed how the staff provided care and support to the individual. The person needed to be hoisted; and before undertaking this activity staff talked them through the process in a way that they could understand and provided reassurance. The person looked relaxed in the company of staff and it was evident that staff had established a positive and caring relationship with them. We found that the support workers knew the person very well and were aware of their preferences and how they wished to be supported.

People were supported to express their views and to be involved in making decisions about their care and support. People said they were directly involved in discussing and planning their care. One person said, “I discussed my care with the supervisor and manager and told them about my likes and dislikes and what I needed.” A second person said, “They [staff] inform me of what is going on.” The person said that staff made them aware of what time to expect them. They said, “The staff are patient and give me time to respond to them and to maintain my independence.”

Relatives said that they had been involved in their family members’ care and that their family members’ agreed support plan was being followed.

Staff told us that the support provided to people was based on their individual needs. A support worker said, “People are specific in what they need and who they wish to support them and their requests are granted.” The registered manager told us that to ensure people received the information they required e-mails, letters and text messages were sent to them weekly to make them aware of the staff who would be supporting them. The care plans we looked at contained information on people’s decisions and how they wished to be supported by staff. Relatives spoken with confirmed that their family members’ agreed support plan was being followed.

There was no one using the services of an advocate at the time of our inspection. The registered manager said people’s relatives advocated on their behalf. She said, “If a person requires the services of an advocate I would support them to access one.”

People’s privacy and dignity were respected and promoted and they were encouraged to maintain their independence. A person said, “The staff treat me with dignity and respect.” Relatives said that the support workers maintained their family members’ privacy by ensuring curtains and doors were closed when assisting them with personal care. A relative said, “The carers encourage my family member to be independent. They allow him to make decisions for himself.”

Staff said when assisting people with personal care they ensured that they were not exposed. If people wished to be left alone their wishes were respected. Staff told us where people wished to maintain their independence this was encouraged. For example, a staff member said, “I always ask people to do what they can and then support them with what they can’t do.” A second staff member said, “I always ask people if they are able to do their buttons up and prompt them to brush their hair if they are able to.”

# Is the service responsive?

## Our findings

People received personal care that was responsive to their needs. People said the care they received focussed on their individual needs. A person commented, “The care I received is 100% based upon my individual needs.” A further person said, “The care I receive is based on the discussion I had with the manager at the time of my assessment.”

Relatives said they had been involved in planning their family members care and that the support plans reflected how they would like to be supported.

Staff were knowledgeable about the people they supported. They told us that people were able to say how they wished to be supported and by whom. For example, we saw evidence that a person had requested for a particular carer to deliver their care. Their wishes had been acted on. We saw evidence in the support plans we looked at that people’s needs had been assessed prior to them receiving a service. The plans were written in a personalised manner and outlined how the identified needs were to be met. They included information on people’s personal history, preferences and strengths.

There were arrangements in place for people to have their individual needs regularly assessed, recorded and reviewed. People told us that their care needs were reviewed on a regular basis and they were regularly contacted by the office staff to discuss if there were changes to their needs.

Staff told us the service had a system in place to review people’s care needs on a six-weekly basis. A staff member

said, “We usually tell the supervisor if a person’s needs change and they would reassess them and if required adjust the care package with the involvement of family and the social worker.” We saw evidence that regular reviews had taken place and where people’s needs had changed the support plan had been amended to reflect the new changes. In one instance we found that the allocated time had increased as the individual needed more support from staff.

People were encouraged to raise concerns and complaints. A person said, “I raised a complaint and it was handled well. I was nervous to do so but was reassured by the manager.” Another person said that they had raised two issues in the last few months. They were not confident a strategy had been put in place to minimise the risk of recurrence. Relatives said that they knew how to make a complaint and felt confident to raise one if the need arose. A relative said, “There was a problem this morning which was resolved satisfactorily.”

The registered manager told us that she encouraged people to complain and saw complaints as an opportunity to improve on the quality of the care provided. She described how the service had addressed a complaint in relation to the support worker not arriving at the agreed time. This was done by increasing the worker’s travelling time. We looked at the complaints log and found that there were three complaints recorded which had been acted on and responded to within the provider’s timescale. We saw the complaints procedure was included in the information pack given to people when they started to receive care and it was written in an easy guide format.

# Is the service well-led?

## Our findings

The service promoted a culture that was open, inclusive and empowering. People said the registered manager was approachable and they were regularly contacted by the registered manager and the supervisors and asked for their views on the service that was delivered.

Staff told us they worked closely with the field supervisors. The overall consensus by staff was that the field supervisors were open and transparent and they were encouraged to express their views and opinions to improve on the care provided. A staff member said, "I feel supported by my supervisor I can always pick up the phone and get advice."

Staff were actively involved in developing the service. The registered manager said that staff views were regularly sought. For example, regular staff meetings were held and they were asked to contribute to the agenda items and to question practice issues. The registered manager told us where concerns were raised by staff in relation to the service delivery they were encouraged to be involved in the problem solving process, which meant decisions made were jointly owned. We saw evidence that minutes of staff meetings were circulated to all staff to ensure they were aware of issues discussed and any agreed actions. We found that the whistleblowing process was outlined in the staff hand book and it was regularly discussed at staff meetings along with the service's vision and values.

The leadership and management at the service were visible at all levels. Staff told us they felt supported by the field

supervisors who worked closely with them. A staff member commented, "My supervisor is great to work with." Staff said that the field supervisors and registered manager made them feel relaxed and were accessible out of hours to provide advice and support. They all said that the management team was committed to ensure that people received a quality service. When mistakes occurred these were discussed in a transparent manner at staff meetings and measures put in place to minimise the risk of any further recurrence.

There was a registered manager at the service and she had been registered in September 2014. People said that the management team was cooperative and did more than enough. Staff said that the registered manager and field supervisors were there for them.

The provider was meeting their registration requirements for example, statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

There were quality assurance systems in place. The registered manager told us that the service had a system of audits, and reviews which were used to good effect such as, obtaining feedback, monitoring performance and managing risks. These included areas such as medicines, staffing and care records, Where improvements had been identified action plans had been put in place to address the issues requiring improvement.