

Management Brigade Ltd

Surecare Bracknell and Farnborough

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 Bracknell and Farnborough is a domiciliary care agency providing the regulated activity of personal care to people in their own homes. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection, eight people were receiving personal care. 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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the nominated individual and staff knew how to identify and report any concerns. The service had enough staff to meet the needs of the people using the service. Staff were safely recruited, and pre-employment checks were carried out. Staff supported people with their medicines and people told us they received their medicines on time.

Staff had received an induction and training to enable them to meet people's needs. We saw that supervisions and field observations of staff were carried out. Staff told us they felt supported in their roles by the registered manager and nominated individual. Staff had access to personal protective equipment and there were effective infection prevention and control measures in place.

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. People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet.

People were supported in a caring way. The service focused on people's independence and dignity. People were respected as individuals with attention paid to equality, diversity and human rights. There were good relationships between people and their care workers.

The service carried out an assessment of each person's needs and how they liked to be cared for. Care plans included guidance for staff on how to meet those needs. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. The provider responded positively to people's feedback about the service.

The registered manager sought support and liaised with other health and social care professionals when needed. As a result, staff safely and effectively met people's needs. People, family members and staff spoke positively about the management. There were systems in place to monitor, maintain and improve the quality of the service.

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

Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

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 caring 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 Bracknell and Farnborough

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

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 05 September 2022 and ended on 08 September 2022. We visited the

location's office on 06 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 received about the service since registration, as well as information gathered as part of monitoring activity that took place on 9 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service, six relatives and five staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service and received feedback from three healthcare professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people using the service from the risk of abuse. People told us they felt safe with the staff supporting them. One told us, "I just need their reassurances, which I get." Family members told us, "We are very happy with all of that and feel [relative] is very safe" and, "We feel that [relative] is very safe with them (staff) as they are competent."
- Staff received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would then make a referral to the local authority safeguarding team. Staff were clear about how to identify and report any concerns, including how to escalate concerns as necessary. One member of staff told us, "Safeguarding is so important, especially to make sure people are safe. It is very important to observe any emotional changes because that could be a warning that something is wrong." Another said, "I always have potential abuse in mind when I am supporting someone; I listen to what they say and observe any mood changes or new bruising."
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and including how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people's safety and well-being. Care and risk management plans considered various topics including people's known health conditions, COVID-19, eating and drinking needs, allergies, mobility needs and if a person used any equipment, such as a walking frame. Plans set out clear actions for staff to follow to lessen these risks and were regularly reviewed.
- People were supported to stay safe and free from harm and were protected from identified risks by appropriate risk management plans. Staff understood people's individual risks and where additional support was required, for example, one told us, "The main thing is to ensure [person] is safe when they are mobilising so I follow what is on their risk assessment for guidance." Another staff member said, "I make sure their call pendant is always worn. This helps them to feel safer."
- Care workers received training in key areas of potential risk such as moving and handling, health and safety and fire safety.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People told us they received care from the same staff who arrived on time. One person told us, "Yes the carers always arrive on time as this is most important to me. There have been a few times when our regular carer wasn't able to come. [Registered manager] suggested another carer but [relative] only wants their regular one.." A family member said, "The manager put together a package of four calls a day with two carers and they have been absolutely brilliant;

consistent with timings and keeping much the same carers. This has made a huge difference to [relative's] general wellbeing".

- Staff told us they had enough time to do their work. One said, "There is no problem going from person to person, this is built into our schedule. There is no pressure of time between calls."
- The registered manager followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. We saw that during interviews they looked for prospective staff to demonstrate empathy for people receiving a homecare service. They also established an applicant's experience and employment history and completed Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service supported people with their prescribed medicines. There were procedures and systems in place to provide this support safely. This included having appropriate medicines administration records to document when staff did support a person to take their medicines. Family members confirmed that their relatives got their medicines as prescribed. One said, "Morning and night without fail, they give [relative] their prescribed medicine."
- Staff had completed medicines support training and the registered manager had assessed their competency to do so. Their competencies were reassessed at each field observation the registered manager completed. All medicine administration records were audited each month.
- During inspection, we evidenced how a care worker rang the registered manager for advice about an unfamiliar medicine which was in the person's medicine cupboard. The registered manager's response was very supportive and knowledgeable.

Preventing and controlling infection; Learning lessons when things go wrong

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. People confirmed staff were following correct infection control procedures.
- The registered manager had a system in place to monitor accident, incidents, complaints and compliments. There had been no significant accidents or incidents.
- Staff told us they were actively encouraged to be honest should a mistake be made. One told us, "Absolutely 100% I can admit to a mistake straight away. I report back everything and all through training [registered manager] always tells us to report back, and says, report, report, report. We all know there is always something to learn from them." The registered manager told us, "We don't have a blame culture here. It is the resolution and learning from the mistakes that's important."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager assessed and discussed people's needs and preferences with them before they started to use the service to ensure they could meet their needs. Assessments were comprehensive and considered issues such as people's healthcare background, mobility, personal care and safety requirements and considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- People had good outcomes from the support they received. Some described how they were supported to use the stairs in their home again. One person told us, "They do exercises with me in the morning and this really gets me going for the day." A healthcare professional spoke about the positive outcomes for people's quality of life as a result of care workers supporting their rehabilitation programme.
- Care was provided in line with relevant national guidance. The registered manager kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included a thorough induction and shadowing more experienced staff until they felt confident in their role. People and family members said care staff were competent and experienced. One person told us, "I do think the staff are well trained. I have no concerns with the way they do things and respond to me, they listen and just help in any way necessary."
- A family member said, "I think they are well trained. They have new staff shadowing experienced ones when they start and that's also a sort of training. They all seem very competent." Another told us, "Oh yes staff do appear well trained because I think a lot have training of other sorts and a background in care and nursing. [Registered manager] is very hot on training."
- We saw new members of staff had been supported in completing 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.
- Staff received regular supervisions with the registered manager to discuss their role, performance and said they found these supportive. A member of staff told us, "I get supervision every three months. It is very helpful as I get feedback on my work, areas for improvement and also development. We always get a record of what is discussed and we are expected to sign it."

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

- Staff helped people to prepare or serve food or assist people to eat and drink where this was part of their agreed care arrangements.
- Care plans noted people's food and drink requirements and their preferences and dislikes. For example, how a person preferred their hot drinks to be prepared and where care staff should position the cup.
- A family member told us, "We don't need staff to make any dietary decisions for us. Initially they would run everything by me, making sure what they were doing was right but now we work together and this works well as we have got to know each other." A member of staff told us, "Eating and drinking is very important and we record this, it is especially important for people who are frail."

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

- The service ensured people's healthcare needs were recorded. Assessments detailed people's medical histories and how their health conditions could affect their care needs. There was suitable information on which health professionals were involved in people's care and their contact details.
- The service engaged with people and their families to support people to maintain good health and access healthcare services. This included helping people to liaise with a GP, pharmacist or a hospital regarding health appointments. The registered manager told us they did this, "To reduce the burden on family members."
- Staff worked with other health and social care professionals to make sure people had consistent care. This included working in accordance with guidance from physiotherapists and occupational therapists to maximise people's recovery, mobility and independence.
- A healthcare professional told us, "The registered manager has asked for our advice about whether the care package can be reduced safely or not. They also asked for this advice to be sent via email to confirm our recommendations and advice."

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.

- The registered manager told us some people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, meetings had taken place with relatives and/or other professionals to ensure decisions made were in the person's best interests. This was documented on their assessment record.
- Staff completed MCA training and encouraged and supported people to make their own decisions. One told us, "Everybody has capacity until it becomes apparent they are not able to take decisions. Then a capacity assessment has to be done. Even still, everyone can make choices about something. It is essential to always offer choices."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 supported by staff who were caring and treated them well. They told us they were supported and treated with kindness and respect. Comments included, "They're all very kind and respectful," and, "They are cool, calm, respectful and professional. They are all good at communicating."
- People received care which respected their equality and diversity. The service identified people's religious and cultural needs and identified how best to support people in line with these. This included people's dietary needs and identifying people's preferred gender of their care workers.
- A care worker told us how the registered manager reminded staff of the importance of spending time chatting with people and understanding how the day was going for them. One told us, "I love chatting to our clients, sometimes it is about bringing the outside world into their homes, keeping them in touch with what is going on."
- The provider took into account the need to respect equality and diversity in their care assessments and support. One person said staff, "Listen and don't judge."

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

- People and relatives were involved in making decisions about their care. Family members told us staff gave their relatives time to express their wishes "Surecare are good at giving [relative] time to do things, so with their help and patience, they encourage and assist [relative] and not rushing them."
- Staff supported people to have the information they needed to make informed decisions about their care. People's initial assessments were focused on the individual person with support from their family if appropriate.
- Staff explained how they offered and respected people's choices about their care and how they wanted to be supported. A care worker stated, "I like to help people come to their own decisions, for example, what they want to eat, wear and even if they want the radio or television on or off."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care workers told us how they made sure that they treated people with dignity whilst providing care. One told us, "It goes without saying that I close the doors before giving any support. I also check if there is anyone at home, in case they might walk in."
- Care plans were written in a way which promoted people's independence. For each care visit, plans indicated which tasks people could do for themselves and how care workers could ensure people's independence was respected. A family member told us, "Oh yes they definitely help [relative] to be as independent as possible, their ethos is built on this. In fact the boss (registered manager) is really strict on that and in the review says, it's not about taking it away from you but about helping you do it for longer."

- Care workers told us an important part of their job was to support people to be as independent as possible. One said, "It is nice to see little achievements and goals – helping people to reach their goals and what are important to them. This is why I love my job."
- A healthcare professional told us how staff were diligent in supporting a person with their prescribed exercises to maximise their independence. They said, "They appear to have the patient's best interests at heart by not just doing the bare minimum but trying to make things better for the patient even though this makes the care call take longer. This is a good example of prioritising quality over speed."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and their family members, where appropriate, were involved in the development of their care plans. The registered manager encouraged feedback so this could be used to update care plans. People and relative's feedback about their care was positive. For example, a family member told us, "We have been very pleased with them. When I spoke to [registered manager] she was brilliant from the start, very reassuring and thorough. I was asking so many questions about how [relative's] care would be delivered and they were answered very professionally", another said, "[Registered manager] came and had a long chat, went through everything with [relative] and jointly agreed on the support to be provided."
- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were detailed and emphasised where people could be independent as well as where they needed support. They were accessible on care worker's hand held devices. A care worker told us, "Everything is there [on the hand held device]; I can see what the previous carer has done and build on that."
- Daily notes of people's care were detailed and described the person and care provided to them. For example, we saw records noted what staff chatted to people about, what people were offered and chose to eat and decisions they made about their care.
- A healthcare professional told us how the registered manager was professional and person-centred and "Always very keen to help include therapy goals and rehabilitation input as part of their care calls. The patient had also shown considerable physical improvement since this care agency took over from the previous one which suggests this was not a one-off event."

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.

- The service identified people's information and communication needs by assessing them and recording in their care plans for staff to be aware of how to support each individual.
- The registered manager told us, "When we carry out our assessments, we discuss any specific communication preferences. We are able to provide documentation in large print and can access other forms of communication such as braille if required."
- A care worker told us how they developed a particular aid in order to communicate more effectively with the person they supported. They said, "We communicate in this way to stimulate a conversation, this helps

to keep their communication skills up. I like to focus on what the client needs and which is the best method to help them."

Improving care quality in response to complaints or concerns

- No complaints were received since the service was registered. The provider had a suitable process for investigating and responding to complaints. This outlined how investigations should be carried out, a timescale for responding promptly and explaining how complaints could be escalated to external bodies if necessary.
- People told us they had been given information and contact details for raising any complaint or concerns and confirmed they had not needed to do this. One person told us, "I have no complaints to make at all as they do what they do to the best of their ability." The registered manager checked that people knew how to make a complaint when they called them on a monthly basis.

End of life care and support

- The service did not support anyone requiring end of life care at the time of our inspection. However, we saw the registered manager had discussed end of life arrangements and preferences with people and their relatives. This meant the service knew what people's wishes were in the event of them becoming ill suddenly.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive, person-centred and empowering culture that supported people to achieve good outcomes. Care staff, the registered manager and nominated individual all demonstrated real empathy for the people they supported as well as their families.
- Feedback from people and staff showed they found the service was consistently well-led. One family member told us, "The manager also comes out and seems to be remarkably hands on, she is a thoughtful and decent woman." Another told us, "[Registered manager] leads the service with a clear focus and vision. It is all about providing high quality care and support to people."
- Staff told us they felt valued and explained how the registered manager and nominated individual promoted this positive culture through leading by example, being available and supporting them. Their comments included, "[Registered manager] and [nominated individual] are very on point. They are so accommodating and will make things as convenient as possible for us all. It makes me always willing to help out anytime they need me to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were appropriate audits and checks on the quality of service delivered. The registered manager used a range of checks to monitor the safety and quality of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and use of PPE and telephone monitoring calls to people and their families.
- They also conducted unannounced checks on staff in people's homes. These checks assessed staff timeliness, personal presentation, whether they greeted people appropriately on arrival, provided care as planned and always treated people with compassion and respect.
- Staff understood their roles and responsibilities. The provider communicated these via handovers, supervisions, observations, and appraisals. Staff kept in touch with each other using secure social media. The provider used effective communication methods to keep staff informed about people's needs and changing conditions.
- The registered manager understood their regulatory responsibilities. They notified us in a timely manner when certain events occurred as required by regulation. They accessed assorted resources to keep their knowledge and practice up to date, including CQC information and Skills for Care networks.

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; Continuous learning and improving care

- The provider understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. There was one incident which met the duty of candour threshold. We saw how the provider visited the person's home to apologise and also wrote a letter of apology with a full account of measures put in place to minimise a recurrence.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.
- The provider was committed to continuous learning and development of the service so as to provide high quality care consistently, this was supported by an improvement strategy.
- Staff said the registered manager welcomed their suggestions and ideas for improvement. Family members told us they could not think of anything the agency could improve upon. One said, "We are highly satisfied with them and have no complaints or things to suggest for improvement."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families in a meaningful way. There were regular care plan reviews in which people and their relatives participated. The registered manager supplemented these by personal contact with people.
- They contacted people at least monthly to ask for their views on the service provided. Records of this contact showed people were asked about the approach of care staff and their punctuality, if they were included in decisions about their care and if they had any suggestions for improvements. People had provided consistently positive feedback.
- The provider regularly engaged with staff via supervisions and welfare checks. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care.
- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. This helped people to receive joined-up care to meet their needs. A family member told us, "They (staff) manage any health concerns straightaway and monitor it all the time and if ever concerned they sort it and let me know which is very reassuring."