

Surecare Redbridge & Epping Forest Limited

Surecare Redbridge & Epping Forest

Inspection report

Room 3, 127 High Road
Loughton
IG10 4LT

Tel: 02031960897
Website: www.surecare.co.uk

Date of inspection visit:
17 June 2019

Date of publication:
05 August 2019

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 Redbridge & Epping Forest is a domiciliary care agency providing personal care to people in their own homes. It is a new service with plans for growth and development. At the time of inspection there were three people using the service.

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

People received care from regular staff who were appropriately trained. People and their relatives told us staff never missed calls and arrived on time. If they were going to be late for any reason, they telephoned. One person told us, "Usually it is the same person who has been scheduled to attend." This provided continuity of care which people and their relatives appreciated.

Staff carried photographic identification badges and wore uniform, so people were confident who was visiting. Safe staff recruitment practices were followed, and staff received appropriate induction training when they joined the service. Continued learning and development, through the provision of on-line training and refresher courses were available to staff. People and their relatives told us, "Staff are skilful" and, "Super care with attention to detail."

People and their relatives knew the provider and were confident in the management of the service. One relative said, "I felt very comfortable with the manager at the initial assessment." Care plans identified person-centred care and medicines were given as prescribed.

People told us that staff followed infection control procedures. Staff had received training in infection control and staff confirmed they had the appropriate personal protective equipment (PPE) such as gloves and aprons, to carry out their work safely.

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.

Staff told us that they felt supported by the manager and were confident that if they had any concerns, the manager would take the necessary action. People and relatives were provided with information on how to make a complaint and systems were in place to respond appropriately.

The manager was hands-on, working alongside staff which provided oversight of the service. Audits were in place to monitor the quality of the care provision.

We have made a recommendation that the manager seeks best practice in the developing, formalising and recording of staff supervisions and meetings.

Why we inspected

This service was registered with us on 13 June 2018 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 Redbridge & Epping Forest

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 Care Act 2014.

Inspection team

The inspection consisted of one inspector.

Service and service type

Surecare Redbridge & Epping Forest is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. The registered provider was in the process of applying to become the registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection site visit started 15 June 2019 and ended on 24 June 2019. We visited the office location on 17 June 2019.

What we did before the inspection

Prior to the inspection, we reviewed the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered provider of the service who was managing the service and is referred to in this report as the manager. We reviewed a range of records. This included three people's care plans and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person and two relatives of people who used the service, three care staff and one professional.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe using the service. "They [staff] keep an eye on [relative]. They [staff] have a good relationship with [relative], I feel my [relative] is safe with them [staff]."
- Staff we spoke with demonstrated an awareness of safeguarding procedures and how to report an allegation of abuse.
- Records showed that staff had received training in adult safeguarding.
- Safeguarding policy included information from the local authorities and showed a clear procedure for reporting an allegation of abuse.

Assessing risk, safety monitoring and management

- People were assessed for their health and social care needs, and guidance for staff on how to meet those needs was in the care plans. People and their relatives were fully involved in discussing any risks to the person's health, wellbeing and safety.
- Risk assessments identified any environmental risks including security and safety, with contact details of utility providers should they be needed in an emergency.

Staffing and recruitment

- There were enough staff to meet the needs of the people using the service.
- Safe staff recruitment processes were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people.
- Staff wore uniform and carried photographic identification badges (ID).
- People told us that staff were usually on time and on occasions they would be late, they would telephone.
- People appreciated the continuity of care from the same care staff who never missed calls. One person told us, "Usually it is the same person that has been scheduled and they arrive near enough on time. They let me know if they are going to be late."

Using medicines safely

- Medication audits were carried out and showed that people had received their medicines as prescribed.
- One care plan showed good practice as it provided instruction for staff to monitor the effectiveness of pain relief medication.
- One person new to the service required a medicines review. With the person's consent, the manager arranged a review of medicines with the GP. Clarification on the current prescription was obtained which ensured the person was receiving the correct medicines.
- Staff received training in the administration of medicines and were observed in practice to ensure competency.
- The manager assisted one person with safe arrangements for ordering, collection and disposal of

medicines.

Preventing and controlling infection

- Staff received training in infection control and the appropriate use of personal protective equipment (PPE).
- Staff told us they were supplied with enough gloves and aprons to prevent the spread of infection and people confirmed staff wore PPE when carrying out personal care.

Learning lessons when things go wrong

- We reviewed the accident book. One person had a fall which was followed up appropriately. The manager informed us that a Lifeline Alert system was introduced after to provide safety and to enable the person to summon assistance quickly.

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.

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

- A holistic assessment of physical, mental and social needs was carried out by the manager when people first joined the service. People and their relatives told us they were involved in the initial care planning and reviews.
- Care plans were person-centred and written in the first person, for example, "By having your help I want to be able to: remain independent in my own home." Care plans also identified the person's daily routine, which provided staff with specific details on what the person liked and disliked. For example, how they liked their cup of tea made.

Staff support: induction, training, skills and experience

- Newly appointed staff received induction training which consisted of formal and practical teaching and shadowed experienced staff. Staff new to care undertook the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. One staff said, "The training was really comprehensive" and another said, "I enjoyed the classroom training, it was good."
- The service had invested in an on-line training programme that staff could access, which provided a convenient way of learning and a knowledge reference source. Further training was sourced through the local authority training programme.
- Staff were encouraged to undertake accredited qualifications. One staff member told us, "I have started my Quality and Credit Framework (QCF) Level 2 in care and would like to eventually do the level 3 and 5."
- Staff supervision records were seen in staff files, but frequency was inconsistent, however this did not mean staff were not being supervised. Because the service was small, the manager worked alongside staff frequently and so was able to observe practice. Additionally, the manager was often in contact with individual staff members, however those informal meetings were not always documented.

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

- Care plans included a nutritional risk assessment and the manager informed us that if there were any concerns, the person would be referred to the appropriate health professional.
- The care plan identified what type of diet the person required and if they needed assistance. People were encouraged to eat healthily.
- There was a discrepancy around diet and a health diagnosis in one care plan which the manager informed us they were discussing with the person's doctor. The outcome of this appointment was relayed to us after the inspection and the care plan updated.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with healthcare professionals including the GP, pharmacist, district nurse and social worker.
- Staff confirmed that if they needed assistance from other agencies, they would speak with the manager and were confident they would make the necessary referrals. If there were serious health concerns, staff told us they would contact the emergency services.

Supporting people to live healthier lives, access healthcare services and support

- Records showed that the service worked with health professionals and the local community. Staff assisted two people to attend private health services on a regular basis.
- People were supported to attend their religious or spiritual group, which enabled them to continue with areas of their lives which were important to them.
- We spoke to one professional who said the communication between the manager, professional and person using the service was good. This showed effective practice.
- Staff knew what to do in the event a person needed assistance from a health professional.

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 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.

- People's capacity to make decisions about their care was assessed. One care plan identified the person had representatives in place who had responsibility for carrying out or advocating their wishes, such as Lasting Power of Attorney. Advocacy seeks to ensure people have their voice heard on issues that are important to them.
- Care plans showed that consent was sought for care and treatment, risk assessments and medicines administration support.

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.

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 told us they were treated with respect. One person said, "The manager is easy to speak with and I have a good conversation with the staff."
- Relatives had trust in the management of the service. "They are great with my relative, I know they [relative] is safe with them" and another told us, "Can't speak highly enough of the manager, they have a good relationship with my relative."
- People's religious, spiritual, cultural and lifestyle choice were considered, which met with the Equality Act 2010. Care plans referred to care and wellbeing and included freedom from discrimination and harassment.

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

- The manager spoke with compassion when they discussed the people using the service and knew in detail the needs of everyone.
- Care plans reflected that people were involved in their care planning and people and their relatives confirmed this. Relatives told us, "The manager always keeps us in the loop, I am involved in their [relative] care plan" another said, "The registered manager keeps in touch, very professional."
- People were empowered and made decisions about their care and activities at each visit which enabled choice.

Respecting and promoting people's privacy, dignity and independence

- Promoting independence was identified in the care plans with reference to supporting people to enable them to stay in their own home.
- The service was flexible to meet the day to day needs of the people. One relative told us, "If I cancel sometimes when they [relative] is coming to our house for dinner, there is never an issue."
- We saw complimentary emails from relatives which showed staff were caring. One read, "The care that was provided was of the highest possible standard. My [relative] was treated with the utmost dignity, respect, love and concern." Another read, "My [relative] is a very proud independent person. The provider is not only professional but actually likes caring for older people."

Is the service responsive?

Our findings

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

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

- The manager identified isolation and loneliness as a concern with people using the service who lived on their own. The manager had arranged a party for one person with their consent, who was celebrating an event, and their family and friends attended. This showed committed personalised care.
- People were encouraged to continue with activities they enjoyed which included walks in the park and shopping.
- The manager told us they were planning more community involvement.
- Through reviewing the person's care plan, the manager was able to respond to changes in care needs. One relative told us, "I really value their [manager] advice. They [manager] suggested things around the environment of my relative's home, and they were absolutely right, the changes have made it easier."

Meeting people's communication needs

The Accessible Information Standard (AIS) was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred method of communication was recognised. This was documented in the care plan, with instructions for staff such as when a person wears hearing aids or staff needed to speak slowly.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns. As a new service, the manager informed us that they had received no complaints. However, the procedure showed a clear process of dealing with complaints appropriately should the service receive a complaint in the future.
- Staff and people were provided with information on how to raise a complaint. People, relatives and staff told us that they would raise a complaint if required, and they were confident that the manager would deal with their concern appropriately.

End of life care and support

- The service was not supporting anyone who was end of life at the time of inspection. However, the manager presented a care plan of someone they had recently carried out palliative care for, which showed good end of life support and care provided in line with the person's expressed wishes.
- The manager informed us that they had provided palliative care for two people and had worked with the palliative care team.
- The manager told us they were reviewing their end of life policies to include guidance on the different cultures, religions and spiritual preferences in relation to the stages of end of life care.

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.

The service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager promoted an open positive culture for people who used the service and for staff. People and relatives spoke positively about the manager. One relative told us, "Can't speak highly enough of the manager. They have a good relationship with my relative and when they [manager] explains anything, they [relative] understands."
- The manager was enthusiastic and committed to continually improve the service.
- Care plans identified that the people using the service were empowered to be as independent as they could, and to be at the heart of the service.

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 provider was fully aware of their responsibility and duty of candour. As a franchise, the service had access to a wider support network which provided information on current legislation and care practices.
- People and their relatives knew the name of the provider and were confident in their management of the service. One relative said, "The manager and their team are good and efficient. The manager has shown me what a good care agency should be."

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

- At the time of inspection, the registered provider was managing the service as there was no registered manager in place. We had already received an application from the registered provider to become the registered manager.
- Staff had received the appropriate training for their roles and were confident in their own ability to provide holistic care. They were aware of the standards set by the manager and told us, "The company is a caring environment, the manager is friendly and approachable, always on hand." Another said, "The manager is very supportive and patient, I wouldn't hesitate to ring them, they are professional."

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

- At the time of the inspection the manager gathered feedback of the service through telephone and face to face conversations with people and their relatives. The manager was producing quality assurance questionnaires which would be sent out to people and relatives.
- There were plans to be more involved in the community. At the time of inspection the service worked

closely with NHS and private healthcare professionals.

Continuous learning and improving care

- The manager was undertaking courses to further their knowledge.
- The manager met with staff frequently, but there was no structured timeframe for formal staff meetings. Any learning from incidents or concerns were related informally on a one-to-one basis.

We recommend the manager seeks best practice in the developing, formalising and recording of staff supervisions and meetings. Supervision, appraisal and staff meetings are used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

Working in partnership with others

- The manager told us they worked with the local authority and health professionals.
- The local authority provided opportunities for providers and registered managers to meet to share good practice ideas. The manager informed us they had received information to join the group and was planning to attend.