

Mid Surrey Care Services Ltd

SureCare Mid Surrey

Inspection report

Alma House
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Tel: 01737847304

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06 April 2023

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11 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Surecare Mid Surrey is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection 4 people were using the service, 2 of those using 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

Improvements were required in how staff supported people with medicines. Medicine records meant incidents could not always be identified immediately. Incidents and accidents which had been identified had been recorded and responded to appropriately. The registered manager was aware of improvements to be made and had an action plan in place to respond to the risk. People and relatives felt the service was keeping people safe.

Where there was reason to believe someone might not have the mental capacity to make decisions, assessments were not always clear and decision specific. Decisions had been made with people's legal representatives in their best interests but these were not always formally documented. People told us they were involved and felt they were able to have choice and control in their decision making.

The registered manager provided all care to the people but the quality of their care was not monitored or supervised. The registered manager lacked support and time constraints resulted in an impact on making improvements. They were prioritising recruitment to address this.

People told us they felt safe and that their needs and preferences were understood and supported by the service. People and relatives felt involved. People felt respected and encouraged to be as independent as possible. The registered manager worked with other professionals and relatives to support people's health needs.

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 11 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

SureCare Mid Surrey

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

The inspection was completed by 1 inspector.

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 48 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 6 April 2023 and ended on 17 April 2023. We visited the location's office on 6 April 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from 1

person and 1 relative who used the service. 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 used all this information to plan our inspection.

During the inspection

The registered manager was the only member of staff working for the service. We spoke with the registered manager and reviewed 2 care plans, a number of records relating to medicines, policies and procedures, training compliance and various quality assurance documents. We spoke to 2 relatives and 1 person who received a service.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines records did not always accurately reflect the administration of medicines. Medicine administration records (MAR) were held electronically and informal carers supporting with medicines could not record their administration of medicines. The registered manager was assured that informal carers had supported people with their medicines by liaising with them, but this was not always recorded.
- The registered manager presented an action plan during the inspection of how they would address the recording of medicines. This included paper records being kept in people's homes for informal carers to use.
- People and their relatives did not have a concern for medicine safety. One relative told us, "[Carer] is safer than me to be honest." Another relative told us, "I'm not aware of any issues with medication."

Assessing risk, safety monitoring and management

- The registered manager maintained detailed daily care notes to monitor people's safety and took action to mitigate any identified risks. Where the registered manager had noted changes in a person's condition, they monitored and recorded updates at each visit. Relatives worked with staff to manage risk using robust communication. One relative told us, "Visit reports are always very detailed."
- Risks were assessed to ensure people were safe. There were assessments for all identified risks including bathing, medication, falls and nutrition. One person told us, "[Carer] is aware that I'm not wanting to fall." One relative told us, "[Carer] is very good and is aware of the risks."

Staffing and recruitment

- The service had enough staff for people to receive their care and support how and when they wanted. The registered manager had not missed any care visits and had contacted people or relatives if they were going to be later than expected. One person told us, "I have no knowledge of [carer] ever be late or not coming." One relative told us, "[Carer] phoned to reassure she was on her way."
- The registered manager was the only member of staff for the service. However, preparation had been made to ensure correct recruitment procedures would be followed in the event of the company increasing in size. The registered manager had contingency plans in place with an agency should they be unable to attend visits themselves.
- The registered manager was in the process of recruiting staff, following a clear process. This included completing reference requests and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe. People told us the registered manager always wore personal protection equipment (PPE) when necessary and in line with government guidance. One relative told us, "[Registered manager] is always wearing gloves, apron and mask."
- The service had an infection control policy in place. This was to offer guidance and best practice to any staff of the service.

Learning lessons when things go wrong

- The registered manager had a policy in place to record accidents and incidents. They had responded to some recent incidents by adapting recording requirements. The registered manager told us, "To fix that I have added a task in the system."
- The provider was not using any systems which would identify trends in incidents and accidents in order to learn from them. They told us they felt they had a good working knowledge of the people they supported. The registered manager had plans to implement systems as the service grew.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "Absolutely totally comfortable and no incidents."
- The registered manager had up to date training in safeguarding and had experience of reporting safeguarding concerns appropriately. They told us, "I noticed bruising, recorded it, called the safeguarding board and social workers got involved."
- Safeguarding concerns had been notified to the local authority and to the CQC. Incidents were fully investigated and recorded.

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who may lack the capacity to make decisions for themselves did not always have full mental capacity assessments in place for each decision. The provider had liaised with people's representatives where it was felt people lacked mental capacity. One next of kin told us, "If [person] cannot make a decision [registered manager] phones me. You can see when [person] cannot make decisions. We are deciding together."
- The provider had not always recorded decisions made in people's best interests with their representative. When asked if they had been involved in documentation of a best interest decision, one relative told us, "Not that I'm aware of, no."
- There were documents recording people's consent to care but these were not always signed by the person receiving care when there was no formal assessment indicating their lack of capacity to do so. People told us that their consent was always obtained before care was given. One person told us, "I can't recall any incident where I haven't been given a choice."

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

- The registered manager had not always captured people's protected characteristics. Assessments did not

include people's sexual orientation. The registered manager told us, "It's not something covered in initial assessment". The registered manager obtained this information after the inspection and updated forms to capture the information in the future.

- People and their relatives felt their needs were assessed thoroughly. One relative told us, "[Registered manager] asked what does [person] need and made suggestions." One person told us, "I never have to ask for what I need. She is always ahead of the game."
- Assessments included details of life histories. This ensured if new staff were to start working for the service, they would know details about the people prior to supporting them.

Staff support: induction, training, skills and experience

- People told us the registered manager had the skills to provide care. One person told us, "She does things how they should be done in my opinion."
- The registered manager was the only member of staff. There was a thorough training programme for current and future staff. This included specialist training to support the people that used the service, such as dementia and diabetes awareness.
- The provider did not always work with others to benefit from wider experience and skills. The registered manager recognised the value in working with other providers and sharing experience but had not done this recently. The registered manager told us, "I used to network with other branches when I had time."

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

- People told us they were supported to eat and drink enough. One person told us, "She always offers me water or tea or whatever is appropriate...she doesn't stand over to make sure I drink but she knows what's happening." One relative told us, "[Registered manager] gives [person] more to drink before the physio session."
- We saw care notes which detailed if people were not eating and drinking enough. Modified diet details were recorded for a person who was not supported with their eating and drinking in case this support was unexpectedly needed.

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

- The registered manager worked with professionals who were involved in people's care. People and relatives were confident that the provider worked with health professionals. One relative told us, "[Registered manager] communicates with the physiotherapist who is there four times a week." The registered manager told us, "There is a book there with all the details. I always give [other provider] information within a handover process."
- The registered manager had identified health needs with people and developed a health improvement plan with them. The registered manager had been innovative in ways to encourage a person to be more active.
- Health updates from medical professionals had been recorded in people's care plans. The registered manager told us, "If they receive instructions from their GP, I take a picture of the letter and keep them on people's records."

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 felt they were being treated well. One person told us, "[Registered manager] treats me extremely well and with respect. She doesn't dictate or tell me what to do." One relative told us, "[Registered manager] really goes above and beyond for her clients. It's like it's her own family. She is so caring."
- The registered manager ensured people had equal access to support according to their needs and commitments by being flexible in how and when care was provided. The registered manager told us, "I changed calls so I can be there to support at those appointments."
- There was an equality and diversity policy in place to ensure any new staff would continue the same level of care the registered manager was delivering.

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

- The registered manager supported people to make decisions around their care. One person told us, "[Registered manager] always asks what I would choose." One relative said, "[Registered manager] accepts [persons] decisions." The registered manager told us, "If [person] said no, I do not want to walk, I don't want to go out. I will say ok you don't have to go out, I will explore other options with them."
- The registered manager supported people with sensory impairments to receive information and communicate their decisions. The registered manager told us, "I make sure they have their hearing aids on. Make sure [person] has her glasses."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us, "[Registered manager] encourages me to be independent but not in a way that she isn't doing her job." One relative told us, "[Person] wants to stay independent and [registered manager] allows her to be, even when it is difficult."
- The registered manager supported people's privacy. They told us, "[Person] sometimes chooses to walk unclothed. I encourage [them] to come to the side of the bed away from the window."

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

- The provider had a good understanding of people's individual preferences. The registered manager had considered people's preferences and personal choice when designing their support plans. Care plans detailed people's likes and dislikes to advise how they liked to be supported.
- People and relatives told us that the registered manager understood people's needs. One person told us, "If she's aware of something I haven't got, she goes the extra mile."

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 registered manager had a good understanding of people's communication needs. One relative told us, "[Person] finds it difficult to read certain fonts and [registered manager] will write out important things on a whiteboard."
- Care plans detailed people's communication needs. This advised staff how to approach people and subjects to support conversation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager supports people with their interests and to recall what they have done. They told us, "The smart watch keeps her informed of the steps she has walked. I take that information and write it in the diary which eases her anxiety about forgetting the walk."
- Care was provided for people around their social commitments. The registered manager was responsive to increasing care if people had cancelled plans and were to be at home. The registered manager was supporting people to consider plans for the near future. They told us, "I said the summer is coming and planning things to do, anything you think of jot it down."

Improving care quality in response to complaints or concerns

- People felt able to approach the registered manager with any concerns. One person told us, "I would have noticed if something was changed, and I would take that up with her but there isn't."
- People and relatives knew how to raise a complaint if they did not want to approach the registered

manager. One relative told us, "I would first speak to her and if not, I would go to the franchisee and they could direct me. There is always CQC too."

- There was a complaints policy in place for staff to follow. This detailed how to address complaints and follow the correct reporting pathways.

End of life care and support

- The service was not supporting anyone with end-of-life care. However, the registered manager was working with people to complete plans for their future wishes. One relative told us, "We will probably do that this week because [registered manager] told me it is very, very important."

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 requires improvement.

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

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

- The registered manager was responsible for all areas of the service and had difficulty balancing their responsibilities. They were focussed on addressing the challenges by prioritising recruitment. The registered manager told us, "Reviews are supposed to be quarterly. [Persons] has ended up annually. I'm too busy to do it more often and I'm trying to put everything into recruitment."
- People and relatives told us that they recognised the pressure the registered manager was under. One relative said, "I've been telling her to get some help. From what I have heard it is difficult for her and she is managing. I have expressed concerns to her about burning out." Another relative told us, "I would want to see her looking after herself more and having a work life balance." One person told us, "Half the time I don't know how she keeps going."
- The registered manager had plans in place if they were unable to meet the oversight of the service. They told us, "I would never be off for more than 10 days but even then, I would be accessible. [Nominated Individual] would step in and oversee the service, I would contact the franchise and they would help with arrangements as well."

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

- The registered manager maintained a positive approach and focussed on achieving good outcomes for people. People and relatives valued the registered manager's approach. One relative told us, "Just her commitment to her service users. How much she puts herself out for them. She doesn't winge or say bad things. She is always smiling and happy. Those kind of people are so rare." One person told us, "[Registered manager] does everything very well and I can't think of anything she could improve in. She does things how they should be done in my opinion."
- The registered manager wanted to recruit staff who shared their values. They told us, "Staffing is my biggest challenge. Finding the right staff as well. What the customers love about me is something I want to retain in my staff."

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

- There was minimal monitoring of the registered managers practice. Where mistakes were made they

responded by making prompt adjustments which resulted in a reactive approach.

- There was a great importance on the registered managers duty of candour as there was not a regular oversight of their practice. The registered manager had notified the CQC in line with their legal requirements.

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

- The registered manager had not gathered feedback in a formal way but had plans to distribute a questionnaire to people and relatives. They told us, "I want to. I have a template to do it."
- People and relatives felt involved in the service. One relative told us, "We are talking, and she is sending me notes every time she is there, and I am always commenting on that."

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified the risks relating to their time management and had identified the need for more staff to relieve pressure on them. One candidate was completing the recruitment process at the time of the inspection.
- The registered manager understood the need to continue to improve care. We saw records were prepared to document any learning if people or relatives raised concerns or complaints. There were also policies to respond to any accidents or incidents.
- The registered manager responded promptly to feedback provided during the inspection and provided action plans for improvement.