

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 ●

Summary of findings

Overall summary

Surround Care Bedford provides personal care and support to people in their own homes. At the time of our inspection the service was providing care and support to 23 people.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

People were kept safe from avoidable harm and abuse. Staff had been provided with training to enable them to recognise signs and symptoms of abuse; and felt confident in how to report them. Risk assessments were in place to promote people's safety and they were regularly reviewed. The service's recruitment process ensured that sufficient and suitable staff were employed to care for people safely. There were systems in place to ensure people's medicines were managed safely.

Staff were provided with suitable support and training to care for people appropriately. People's consent was gained before assisting them with care and support. If needed, people were supported to maintain a balanced diet and to access healthcare facilities.

People were made to feel that they mattered and positive and caring relationships had been developed between them and staff. People were able to express their views and make decisions about their care and support needs. Staff ensured that people's privacy, dignity and independence was respected and promoted.

People's needs were assessed prior to them receiving care and support. This ensured that the care provided met their needs. Complaints were managed appropriately in line with the provider's complaints policy.

The management and leadership at the service demonstrated that the culture was transparent, positive and inclusive. A variety of audits were undertaken and used to drive improvement.

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 remains safe.

Is the service effective?

Good ●

The service remains Effective

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

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 checked 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

This comprehensive inspection took place on 31 January and 1 February 2017 and was announced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in February 2015.

We spoke with 12 people who used the service, six support workers, one supervisor, the care co-ordinator and the registered manager. We reviewed four people's care records, four medication records, four staff files, and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One person said, "I feel safe, they [meaning staff] never give me any concerns to worry about." Staff told us and records showed, they had received appropriate training in safeguarding and how to protect people from harm and abuse. One staff member said, "If I suspect or witness abuse I won't hesitate to report it to the manager or supervisor."

Individualised risk management plans were in place to promote people's safety and to maintain their independence. One staff member said, "If we have to hoist a client there are always two of us. We also have to check that the slings are not frayed and the hoist is working." We saw risk management plans covered areas of needs such as, mobility, moving and handling, medication, environmental and financial. Staff told us and records seen demonstrated that they were reviewed regularly and updated when a person's needs changed.

There were plans in place for responding to any emergencies. People told us they were able to get in touch with the agency out of hours. One staff member said, "There is an out of hour's telephone number that we can call for advice and support in an emergency. The clients are aware of the number as well. I always get a quick response whenever I have had to use it."

There were sufficient numbers of suitable staff employed to meet people's needs. One staff member said, "There is enough of us to meet the current clients' needs but if we were to take on more care packages we would need one or two more staff." The registered manager confirmed that the staffing numbers were adequate. She said, "I keep the staff rota under regular review. The care packages we provide are small in numbers as we want to provide a quality service to the clients. I would not take on care packages unless we have the staff to support the clients." The staff schedule seen showed that the staffing numbers were adequate.

Safe recruitment practices were followed. Staff confirmed they had undergone full pre-employment checks, and references had been obtained. The registered manager told us, "Staff do not take up employment until the Disclosure and Barring Service (DBS) checks are completed." Within the staff files viewed there was evidence that the necessary staff recruitment documentation had been obtained.

People's medicines were managed safely and given at the prescribed times. One person said, "I am on heart tablets and that's the first thing the carers administer when they arrive in the morning." Staff told us that they had been provided with medicine training and their competency was regularly assessed. Training records seen confirmed this. We checked people's medicine administration records (MARS) and found that they had been fully completed.

Is the service effective?

Our findings

People told us they received care from staff who had the knowledge and skills to support them. One person said, "They [meaning staff] know what to do and are very professional

Staff told us they were provided with the appropriate support and training to enable them to carry out their roles. One staff member said, "My induction was thorough, it gave me the confidence to do my job to the best of my ability. We have regular e-learning to update our knowledge and skills." Within the staff files we examined we saw that staff had been provided with induction and ongoing training. Some staff had achieved a nationally recognised qualification at level 2 and 3 or were working towards achieving it.

Staff told us that they were provided with regular supervision and felt supported by the registered manager. One staff member said, "I feel very supported in my job, the manager has an open door you can speak to her at any time if you have a problem." We saw records which showed staff received regular supervision and observation of their practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for this in domiciliary care is called Court of Protection. The registered manager told us that at the time of the inspection there was no one being supported whose liberty was being deprived. She said, "If a client did not have capacity to make decisions, we would involve their family and social worker to ensure any decisions made would be in their best interests in line with the MCA.

Staff gained consent from people before providing care and support. One person said, "They always explain what they are going to do." Staff spoken with confirmed that people's consent was gained before providing care and support. One staff member said, "I always explain to the client what I am going to do, before providing them with any support." We saw evidence that people had signed written agreements to be supported.

If required, people were supported to eat and drink and to maintain a balanced diet. One person said, "They always make sure I get what I like to eat and provide me with hot and cold drinks." Staff told us if needed, people were supported to maintain a balanced diet. One staff member said, "We offer the clients choices, some people like to have a cooked breakfast daily or toast; however, we always find out from them if they would prefer to have an alternative choice." Within the support plans we examined we saw that a nutritional record was maintained for those people who staff were supporting with their dietary needs.

Staff told us if required people were supported to maintain good health and to access healthcare facilities. One staff member said, "I visited a client this morning and observed they were unwell. I suggested that it would be best if they saw the GP, which they agreed. I contacted the manager and she made an appointment for the GP to visit at lunchtime to coincide with their lunch time call." Support plans seen contained information on people's medical conditions, including their GPs telephone numbers and other health care professionals.

Is the service caring?

Our findings

People told us they had a positive and caring relationship with the staff who visited them regularly. One person said "The staff are absolutely wonderful." One staff member said, "We regularly support the same clients and therefore get to know them and build up a good relationship with them." Staff confirmed that people were treated with kindness and compassion.

People were made to feel that they mattered. One staff member said, "I make the clients feel at ease and come down to their level when speaking with them. I never hurry them." Staff were knowledgeable of people's likes, dislikes and background. Within the support plans we saw there was information on people's preferences and personal histories.

People were involved in making decisions about their care and support needs. One person said, "The staff visit me twice a day, I tell them what I need help with as I am quite capable to do most things myself." Other people made similar comments. Staff told us that they were led by the people they were supporting and always involved them in their care. This was done through discussions and reviewing their care needs on a regular basis. We saw evidence that people were contacted via the telephone or face to face on a quarterly basis to discuss their care needs. Where changes were needed these were reflected in the care plan.

The registered manager told us that people would be supported to access advocacy services should people require them. At the time of our inspection, no one was using the services of an advocate.

People told us that staff promoted their privacy and dignity. One person said, "The staff help me with nearly everything, which includes personal care. They wash me in the bathroom and make sure that my dignity is preserved." Staff told us that they had been trained to ensure that people's privacy and dignity was promoted. We saw training records which confirmed that staff had undertaken training in confidentiality and equality and diversity.

People were supported to be as independent as possible. Staff told us that they encouraged people do things for themselves where possible. One staff member said, "If a client is able to tie their shoe laces I encourage them to do so." Another staff member said, "Some clients offer to wipe the dishes after I have washed up; I accept their offer if I know they are able to assist, as it makes them feel good about themselves and promotes their self-esteem. We saw that people's support plans contained information on what they were able to do for themselves.

Is the service responsive?

Our findings

People told us their needs were assessed before receiving care from the service. One person said, "The manager carried out the assessment and wrote a catalogue of things which are kept under regular review." The registered manager confirmed that prior to a person being provided with a service an assessment of their needs was undertaken. This included an assessment of the environment to ensure that staff would be safe when providing people with their care and support. Within the files we looked at we saw that pre-assessments had been undertaken.

People received care that was tailored to their specific needs. One person said, "I have regular carers who understand my needs and know how to hoist me." Staff told us before supporting people with care they were introduced to them. One staff member said, "We never go in blindly, we are introduced to the clients and get good information about them." We saw that people's care plans contained information on how they wished to be supported, their preferences and background; and were regularly reviewed.

People were aware of how to make a complaint. One person said, "I had the need to raise a concern, not anything of a very serious matter. It was dealt with quite well and professionally." We saw that complaints made had been managed in line with the provider's complaints procedure and to people's satisfaction. The registered manager told us that lessons were learnt from complaints and measures had been put in place to reduce the risk of recurrence.

Is the service well-led?

Our findings

The service had a registered manager. '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.'

There was a positive, open and inclusive culture at the service. One staff member said, "We have regular meetings and are able to contribute and have a say." Another staff member said, "The manager is approachable and has time for you. She supports us in our personal and professional development. We saw minutes from staff meetings held, which included items such as, working practices, staff recruitment and team working.

There was good management and leadership demonstrated at the service. One staff member said, "The manager provides hands on care and leads by example." Another staff member said, "The manager goes above and beyond what is expected from her. She would not ask the carers to do anything that she would not do herself." Staff told us that they were aware of what was expected of them and that they would be held to account if they did not carry out their duties in a responsible manner. They told us they felt valued in their roles and information was regularly communicated to them via emails, text messages, a quarterly newsletter and phone calls.

The service had quality assurance systems in place. For example, monthly audits in relation to the management of medicines, health and safety, and care plans were undertaken. People using the service were given the opportunity to comment on the service delivery by completing questionnaires. We saw questionnaires had been sent to people, relatives and staff; overall people were satisfied with the care provided.