

Surecare Slough Ltd

Surecare (Slough)

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 Slough is a domiciliary care service. They are registered to provide personal care to people in their own homes. It provides service to older people and people who may have dementia, mental health needs, physical disability and sensory impairment. At the time of our inspection there were 90 people using the service.

People's experience of using this service:

- People felt safe while supported by the staff team who made them feel reassured and relatives agreed with this.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately.
- The service assessed risks to the health and wellbeing of people who use the service and staff. Where risks were identified action was taken to reduce the risk where possible.
- People received care that was designed to meet their individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Recruitment processes were in place to make sure, as far as possible, people were protected from staff being employed who were not suitable.
- Medicines were handled safely by staff who had been assessed as competent to do so.
- The staff monitored people's health and wellbeing and took appropriate action when required to address concerns.
- The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge and skills to support people. Staff had ongoing support, supervision and appraisals. They felt supported by the registered manager and senior staff.
- People were treated with respect, and their privacy and dignity were promoted. People felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.
- Staff felt the registered manager and senior staff were approachable and considerate. They had good communication, worked well together and supported each other. The registered manager praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.
- People's right to confidentiality was protected and their diversity needs were identified and incorporated into their support plans where applicable.
- The registered manager reviewed, assessed and monitored the quality of service provided. They encouraged feedback from people and families, which they used to make improvements to the service. The provider was taking steps proactively to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Rating at last inspection:

At the last inspection the service was rated Good in the domains of safe, effective, caring and responsive. The service was rated Requires Improvement in the domain of well-led. Overall the service was rated Good (Report was published 27 October 2016).

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

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 (Slough)

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and was announced. An expert by experience made telephone calls to interview people or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Bank inspector made calls to staff members.

Service and service type:

SureCare Slough is a domiciliary care service. They are registered to provide personal care to people in their own homes. It provides service to older people and people who may have dementia, mental health, physical disability and sensory impairment.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the registered manager 48 hours' prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We visited the office location on 25 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

- We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.
- We also contacted two community professionals for feedback but received no response.
- During the inspection we spoke with seven people who use the service and six relatives. In addition, we spoke with the registered manager, office staff and 15 members of the staff team.
- We looked at records relating to the management of the service for example:
 - four people's care plans and associated records
 - three recruitment records
 - staff training records
 - supervision, spot checks and observations
 - incident and accident records
 - quality assurance records
 - the compliments and complaints
 - policies relating to the running of the service
- Following the inspection, we asked the provider for some further information which we received. This included follow up information on survey analysis, meeting minutes and policies relating to the running of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.
- Two people said they were not sure who to contact if they felt unsafe. We passed this to the registered manager and they immediately took action to address this.
- The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were able to explain what actions to take if they felt people were at risk including to contact the outside organisations.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- The registered manager and senior staff assessed the risks to people's personal safety and put plans in place to minimise these risks.
- Risk management plans had guidance to ensure risk mitigation so that people continued to receive safe and effective support.
- People's support plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required.
- The service carried out an environment risk assessment of the person's home to ensure the person, and staff were safe while carrying on the regulated activity.
- The service had business continuity plans to ensure the service could continue in the event of an emergency.
- There was an on-call system in place for staff should they need help and advice and staff confirmed this.

Staffing and recruitment

- The registered manager had recruitment procedures in place to ensure suitable staff were employed. Additionally, value-based interviews were designed to establish if candidates had the appropriate attitude and principles.
- The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers.
- The registered manager allocated the same staff to the same people as much as possible to ensure there was a continuity in meeting people's needs.
- The registered manager oversaw the weekly rota using an online system that helped identify unallocated visits.

- A few people and relatives said they were not always informed if a visit would be late. We passed this to the registered manager and he put a plan in place immediately to ensure this did not reoccur.
- The staff confirmed they had time to visit and support people and helped each other to cover absences. People and relatives confirmed staff took time to support and care for them appropriately without rushing.

Using medicines safely

- People's medicines were handled safely. People and relatives confirmed staff supported them with medicine as necessary.
- The training records confirmed staff had received training in handling medicines. Only staff trained and assessed as competent were allowed to administer medicines and staff confirmed this.
- Medicines administration record sheets were up to date and had been completed correctly by the staff administering the medicines.
- Senior staff reviewed medicine records to ensure it was maintained accurately. Any issues found were addressed with staff.

Preventing and controlling infection

- Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- Staff were trained in infection control and followed the provider's policies and procedures on this.

Learning lessons when things go wrong

- The registered manager and staff team recorded accidents and incidents together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents.
- The registered manager took on board the queries and some issues we raised during our inspection, and addressed them promptly. They also provided information that action had been taken already for some of the queries we had.

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

Good: 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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes, preferences and their social interests.
- People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.
- People and relatives spoke positively about staff and told us they were skilled and able to meet their needs.
- We received complimentary comments from people about the support they valued most. They said, "Yes, I think the staff do have the skills to look after me. I have no complaints", "Yes definitely my relative does receive care in a consistent and effective way. Yes, they do have the skills and knowledge to look after my relative".

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles.
- Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The Care Certificate is a set of 15 standards that new health and social care workers need to complete during their induction period.
- Some people mentioned they were not always introduced to a new staff member. we passed this on to the registered manager to address it.
- The service provided training in topics they considered mandatory, such as administration of medication, moving and handling, safeguarding and first aid. All training the provider considered to be mandatory was up to date or dates had been scheduled where the training was due.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff had supervisions (one to one meetings) with their line manager, along with spot checks and observations of staff practice. The registered manager explained they aimed to carry out supervisions four times a year and had a planner for the year to oversee it. Once a year, staff had a formal appraisal of their performance over the previous 12 months.
- Staff felt they could contact the registered manager or other senior staff at any time to discuss various topics or ask for advice.
- The registered manager and staff regularly kept in touch with each other which helped them work well as a

team. They felt their good communication ensured people received good care and support.

- The registered manager took appropriate disciplinary action if they needed to address poor performance.

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

- Some people needed support with eating and drinking as part of their care package. Where someone needed help with eating or encouragement with drinking and having a balanced diet, guidance was provided to staff.
- Where people were not eating well staff would highlight that to the person's relative, the registered manager or a senior member of staff and advice would be sought from a health professional if necessary.

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People were referred to various health professionals in good time to address any health or changing needs issues. We saw the care for people's health and wellbeing was proactive and organised well.

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.

- The registered manager demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support.
- However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do so. The registered manager assured us this matter would be reviewed to ensure and evidence people's consent was sought and recorded in line with the MCA legal framework.
- People and relatives agreed staff respected people's wishes and sought consent before helping them.

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

Good: 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

- The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships.
- The registered manager and senior staff regularly checked people were happy with their support and listened to any issues or questions.
- People felt they were treated with compassion and kindness by the staff team and the registered manager.
- Staff delivered care and support that was caring and person-centred and which had a positive effect on people.
- People and relatives said, "The staff are very, very nice. Yes, they treat me with respect. You can let your hair down and have a laugh and joke with them", "They are caring they make sure I am all right, have had my meal and if I need anything they will get it for me", "Yes the carers are kind and caring, their approach is good and... they get [relative] talking and joking because he can be quite anti-social" and "I find that the staff are very kind and caring".
- Staff understood the importance of treating people respectfully. They said, "We are always taught to treat our elders with respect and care. I feel each client is my family", "I always try to put myself in their place. Show respect" and "I am working with people from different backgrounds and religions. I respect feelings and choice".
- People's care was not rushed, enabling staff to spend quality time with them. People and relatives felt staff took their time to complete all the tasks and provide the support that was needed.

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

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted.
- Staff knew people's individual communication skills, abilities and preferences.
- People's records included detailed information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People agreed staff respected their dignity and privacy, and made them feel comfortable at all times.
- People and relatives felt the staff helped people maintain their independence by supporting them with daily tasks as necessary. One person said, "Oh yes they encourage me to be independent as much as possible." Relatives added, "[Relative] only has use of his right arm after his stroke so they are trying to help

him be independent by not doing it for him" and "Yes, they do their best to encourage him to be independent."

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an important aspect of their lives.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.
- Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family members with people's permission.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support they needed which supported their cultural identities and preferences at the time specified in the support plan.
- People continued to have their needs assessed after they started using the service.
- Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support.
- Each person had an individual support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines.
- Staff recorded care and support provided at each visit.
- The information recorded about people helped staff monitor their health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals.
- People and relatives were involved in the care planning process.
- The service was flexible to adjust to people's needs when necessary.
- People's changing needs were monitored and the package of care adjusted to meet those needs if necessary.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service and identify any trends. The registered manager had done analysis of complaints to help him identify areas of improvement.
- The registered manager passed compliments to the staff to let them know their work was appreciated.
- People and their relatives felt they could approach the registered manager or one of the staff if they had any issues.
- The staff felt they could approach the management team with any concerns should they needed to and it would be addressed promptly.

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, if needed, the service was able to assess and set up a care package for someone needing that kind of support.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 8, 9 and 11 September 2016, this key question was rated "requires improvement". We found the quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided but were not always effective. This was because records relating to staff supervisions and appraisals were not always accurate and records used to review people's care needs did not always capture relevant changes in their circumstances.

At this inspection, we found the service had taken steps to improve the way staff support was recorded and ensure people's care and support needs were accurate and up to date. Therefore, the rating for this key question has improved to "good".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the staff team continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security.
- The registered manager and provider had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.
- People received a service from staff who worked in an open and friendly culture.
- Staff said the registered manager and senior staff were accessible and approachable and dealt effectively with any concerns they raised. They said, "Always can talk to [managers] and, get help. They are very good like that and I get all the support I want", "the manager is nice and always understands any problem" and "I can go to them, [they are] on phone any time, and I get good response."
- The registered manager praised their staff team saying, "I have the best team working for me now to run SureCare. All my team are conscientious and thorough in their work. We all work well as a team, supporting each other. I have no qualms about supporting my staff out of hours with advice and assistance. I enjoy working with people who have the same hard-working ethic as myself".

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

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- There was a commitment from the registered manager who encouraged staff to provide people with care and support they wanted.
- The registered manager had carried out an audit of the service provided comparing it against the regulations. It helped them oversee and improve the quality of the service where necessary.

- The management team and staff were interested to ensure people were looked after well and able to live their lives the way they chose. People and relatives said, "I think the service is managed as well as possible. They think of you all the time. ... I would recommend the service to others. The staff enjoy doing the job and [say] it doesn't feel like a job", "I would rate the quality as very good and I would recommend it to others" and "I think the service is very well managed. The quality of the service is excellent."
- The registered manager provided clear direction for the staff to ensure they provided an effective and safe service.
- The registered manager had an open-door policy and welcomed any feedback of how to maintain a good service.
- There was an effective quality assurance system in place including reviews and audits of needs and support plans, telephone reviews, medicines, staff training, staff supervision and other documentation. Where issues were identified, the registered manager took actions to ensure everything met the required standard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager carried out surveys to seek feedback including conducting quality assurance surveys to gain the views of people and relatives. The registered manager had drawn up an action plan to address any issues identified from the survey. The staff survey had just been done and the analysis had not been completed.
- The registered manager held staff team meetings to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics such as any changes in people's needs or care, best practice and other important information related to the service.

Working in partnership with others

- The registered manager worked hard to establish partnership working in the service and with outside organisations. There were examples provided where external health and social care professionals had been consulted or kept up to date with developments.
- The service had positive relationships and regular contact with professionals including the local authority, social services, community nurses and GPs.
- The registered manager encouraged feedback and acted on it to improve the service.