

Surrey Quality Care Limited

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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

Surrey Quality Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service for older people, some who were living with the experience of dementia, and younger adults with disabilities. At the time of our inspection in August 2019 31 people were using the service.

The agency operated in the Surrey towns of Dorking, Redhill, Reigate and Horley. The service was the only location for the provider, who were a private organisation.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe due to the care and support given by Surrey Quality Care. Hazards to people's health and safety had been assessed by staff, and plans were in place to minimise the risk of people coming to harm. Staff understood their roles and responsibilities for keeping people safe from abuse. Staff were recruited in a safe way, and the deployment of staff had improved to ensure that carers being late to calls were kept to a minimum. People were supported to have their medicines when they needed them, and staff followed safe practice with regards to infection control.

People's needs were assessed before they began to use the service. Staff training and supervision was effective at ensuring staff had the skills and experience to meet people's needs. Where required staff supported people to have the food and drinks they enjoyed, and guidance was in place to ensure people had enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the staff were kind and caring and spent time to get to know them as individuals. Staff involved people in day to day choices about their care and support, and treated people with dignity and respect. People's equality and diversity needs were understood and respected by the staff that supported them.

Care plans contained information and guidance for staff in how to provide care and support in the way people wanted. Where complaints had been received these had been investigated and addressed to the satisfaction of the people who raised them. Where people may be being supported at the end of their lives, the preferences and wishes had been clearly documented, and were understood by the staff that cared for

them.

There was a new manager in post, who had begun their registration process with the CQC. They had made a number of positive changes which were reflected in the positive feedback we received when we spoke with people who use the service. The positive and open approach by the manager was reflected in staff telling us they felt more supported and were happy in their roles. Quality assurance processes driven by the manager's focus on continuous improvement were now effective at identifying and addressing issues where positive change was needed.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 August 2018). At this inspection we found improvements had been made to address the recommendations made at the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

Surrey Quality Care Limited

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 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.

Service and service type

This service 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 the inspection. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was undergoing the CQC registration process at the time of the inspection.

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 manager would be in the office to support the inspection.

What we did before the inspection

Before visiting the service, we looked at information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We sought feedback from the local authority and professionals who work with 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 carried out telephone interviews with seven people who used the service and eight relatives about their experience of the care provided. We spoke with three members of staff including the provider and registered manager.

We reviewed a range of records. This included four people's care records and associated medication records. We looked at three 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 carried out telephone interviews with six care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider consider the deployment of staff to improve people's experience of care visits being on time. The provider had made improvements.

- People's feedback about staff's timekeeping and staying the full length of time for care calls had improved since our last inspection. One person said, "Timekeeping is fine now but previously there were lots of issues with carers turning up late. It has been good for about 8 months." Another person said, "(Staff timekeeping) is very good, which is important due to my medication." A relative, when asked about staff timekeeping, said it was, "very, very good. There may be an occasional glitch due to sickness, but the regular carer will ring if running late."
- The routes staff needed to take when traveling to different people and the order that people were visited had been reviewed to increase efficiency. The manager explained that the care calls staff needed to do had been reviewed to give people the support at the times agreed as much as possible. As a result, staff now supported people who lived in their local areas, and the staff did the calls in order of distance which minimised the risk of calls being very late due to traffic.
- There was a programme for ongoing recruitment of staff at the time of the inspection. Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People were safe because staff followed procedures for the safe administration and storage of medicines. Care records described the support people required with medicines and medicine administration records (MARs) were regularly audited to ensure they were given as prescribed. Although there was still the occasional gap in these MARs, the providers quality assurance processes had identified the issues and acted to prevent a reoccurrence.
- Staff understood peoples medicine support needs because care plans contained important information to guide them. This included safe medicine storage instructions , use of body maps to record where creams should be applied on a person's body, and how to safely give 'as required' medicines. At the time of the inspection the use of transdermal patches had not been incorporated into these body maps. This was

resolved by the manager who introduced this, shortly after the inspection took place.

- Only staff that had completed the agencies medicine training were able to administer medicines to people. The training included staff being observed to give medicine to make sure they were competent and followed the procedures in a safe way.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using this service. One person said, "I like the feeling that someone is checking on me twice per day." Another person said, "They've made me feel safe (in my home) again."
- People were protected from the risk of abuse because staff understood the signs to look for and what to do if it was suspected. One staff member said, "I have to report it to the management immediately, they'll take it from there, although I can contact the police or social services myself if I need to."
- Where potential or suspected abuse had been identified the staff and management had reported the concern to the local authority safeguarding team. Staff had received training in protecting people from abuse and the providers policies and procedures reflected the local safeguarding authorities' guidelines.

Assessing risk, safety monitoring and management

- Where hazards to people's health and safety had been identified, action had been taken to minimise the risk of them coming to harm. Risk assessments gave guidance to staff on how to support people at risk of harm from falls, choking, and infections. One staff member said, "We have policies and procedures we have to follow, which are in the care files. If I have any doubt about what to do, I can also ring the office for advice."
- The risk to people from environmental hazards had also been considered by the staff to keep them safe. To help people stay safe in their homes staff had carried out assessments for areas such as the risk of fire and slips, trips and falls. Additionally, the management carried out lone worker risk assessments to help protect staff and minimise the risk of staff not being able to attend care calls.
- To minimise the impact to people's care and support, the provider had developed contingency plans for events such as adverse weather conditions and road closures. These had been tested in the past and the provider was able to evidence that they worked with families to make sure people using the service were safe and had their care needs met.

Preventing and controlling infection

- People told us that staff always wore personal protective equipment (PPE) such as gloves and aprons when they gave personal care. Gloves, hand gel, and disposable aprons were supplied to all members of staff. Stocks of these items were at the office so staff could drop in for replacements when needed.
- Staff received training around infection control on an ongoing basis, as well as being part of the induction process for new staff. Staff understood the importance of hand washing when providing personal care, and doing this frequently, especially between care calls.

Learning lessons when things go wrong

- People were kept safe because accidents and incidents were reviewed by the manager to try to prevent a recurrence. The manager said, "I am a firm believer that when mistakes get made we have to learn, or they can happen again. Communication of the issues around the accident is top of the list to prevent this happening again."
- Actions taken by the manager to keep people safe from repeat accidents included refresher training of staff; spot checks and observations to ensure staff remained compliant; and holding a meeting around the issue to ensure staff were aware of the issues.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training to enable them to meet people's needs. However, the training that staff had undertaken had not always been clearly documented, and some reliance was placed on staff knowledge prior to them joining Surrey Quality Care. For example, at the time of the inspection there had been no training record for staff that supported people with their catheters or stomas. The staff who did this explained to us that they had received the training prior to joining the agency, and people they supported told us they were positive about staff competence in these areas.

We recommend that the provider reviews the provision of training for staff, to ensure that it covers all aspects of care and support that people need and is considered as part of the initial assessment prior to taking on new packages of care.

- People were positive about how well trained they thought the staff were. One person said, "I'm quite shocked (in a good way) how well trained they (carers) are." Another person said, "Yes, without any question (they are well trained). They know how to empty my catheter and stoma bag, and one specific carer points out any issue with the area around the stoma or problems with my feet."
- Staff received regular meetings with their manager, to discuss their performance and training needs. Staff said the new manager was making positive changes to ensure staff were well supported. One staff member said, "The new manager is really good, I've learnt loads from her."

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

- People all said they had received an assessment of their needs and preferences when they initially joined the service. They confirmed that the care they received met their needs. One person said, "I am fussy and have changed care companies till I found one (Surrey Quality Care) that suited me."
- People's support needs were assessed before they were accepted into the service to ensure the service could meet those needs. This assessment also gave the opportunity to check if any special action was required to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people or meeting the requirements of the Equalities Act.
- Needs assessments were detail and contained information such as the person's life history, preferred gender of staff, foods, and religion. The provider was in the process of reviewing the form they used to ensure it covered all aspects of the Equalities Act, such as a person's sexual identity if they wanted to share that information during the initial assessment. Wherever possible staff were then matched to people's choices and preferences.

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

- People said staff supported them to eat and drink when they needed it. They were also happy about the choice they were offered. One person said, "They prepare all my meals. Generally, I have microwave meals, but if I run out the carers will cook something from scratch. All are happy to do that."
- People's dietary needs and preferences were recorded on care plan documents. Daily notes completed by the care staff showed that people were supported to have the food they liked. Guidance for staff for supporting people on modified diets was up to date with current best practice. For example, the way thickened fluids were measured and classified had been changed in people's care plans in accordance with recent guidance from the International Dysphagia Diet Standardisation Initiative.

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

- People were given advice and guidance by staff to help them maintain their independence at home. This included contact with the local fire services to advise people about fire safety in their homes, and social service teams for accessing mobility equipment.
- Staff had been effective at working with other agencies to ensure people's needs were met. One relative described how the carers had made them aware that their family member was not eating and not getting up from bed. As a result, the doctor and district nurse were called in and the person was prescribed high protein drinks. The relative was happy with the way carers handled the situation.
- The use of communication tools within the staff team ensured people's changing needs were known by relevant staff. The service used a computer system accessible on care staff telephones. Staff were able to pass on messages about people's changing needs or preferences to colleagues that may be providing support at later calls.

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

- Staff's experience and training enabled them to identify changes in people's health and help them access appropriate care. One person said, "They really do their best." People's care records contained details of relevant healthcare professionals that could be contacted if they became unwell.
- Where staff had identified issues with people's health, daily care records showed how they had contacted professionals, such as the doctor, chiropodist or district nurse to help. One person said, "The carers noticed a cyst on my back and made my relative aware. I am now seeing the doctor about it."

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 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.

- People we spoke with confirmed that staff asked their permission before carrying out any care or support with them. Staff could describe their roles under the Act, such as not assuming someone cannot make a decision for themselves, and the process required if a decision was needed in someone's best interest.
- People's capacity to make specific decisions were recorded in their care plans. These were reviewed annually, or if a change was noted in a person's health, to ensure they reflected people's current capacity.

- Where people were not able to make specific decisions, such as agreeing to receive care from Surrey Quality Care, the service ensured that those who made the decision had the legal authority to do so. The manager was reviewing the records to ensure relatives power of attorney, or court of protection status was up to date at the time of our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 gave us positive feedback about the care staff that supported them and told us that they were well treated. One person said, "They are absolutely fantastic, they're my friends. Even my dog loves them." Another person said, "They are very caring and very soft (gentle with them)." A relative said, "They are caring and kind and have built up a relationship with my family member. They always ask permission from my family member before helping."
- Care staff had a positive attitude to the people they supported. One staff member said, "I get to do the job I love, which is helping the elderly." Another staff member said, "I love making peoples day, and getting to talk to them."
- People told us that staff respected their equality and diversity.

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

- People were involved in decisions about their care. One relative explained how their family member was involved in their day to day care and support. They said, "They always ask permission, such as - what would you like done?" People's involvement in the day to day decisions about the care they received were detailed in their care plans and daily care records, as well as annual reviews where the person and their family were involved.
- Staff understood the importance of involving people in their care and support. One staff member said, "We have to speak to them and ask them, the clients know what they want. We have to listen to their choice and their way of doing things."

Respecting and promoting people's privacy, dignity and independence

- People were positive about the caring nature of the staff, and that their privacy and dignity were maintained. One person said, "They are very understanding, they talk to me and make me laugh. Yes, they make sure I keep my dignity." A relative said, "They are compassionate, kind and caring. They take their job seriously but in a friendly, relaxed way." Another relative said, "I have total confidence in them and that they will look after [my family member]. The carers are a credit to the business."
- Everyone we spoke with was satisfied that their dignity and privacy were respected, and that staff supported them to retain their independence. One staff member said, "If they can do something for themselves then we encourage them, such as cleaning parts of their body themselves if they can." Staff gave examples of how they would support someone to maintain their dignity, for example, keeping people covered during personal care, closing curtains and gaining people's consent before they gave personal care.
- Staff understood the need to keep information about people confidential. One staff member said, "We

protect people's confidentiality by not talking about them in front of others; and making sure that any paperwork we have about them is kept safe in their home, or in our office."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were positive about staff's ability to give care that met their needs. One person said, "The carers are lovely." A relative said, "I couldn't cope without them, I cannot fault the carers."
- People said they had been involved in the development and review of their care plans. This ensured it reflected their needs and choices. One relative said, "When we first set up the care package Surrey Quality Care (SQC) said, 'we know we are dealing with human beings here, we try to be flexible,' and I have found they have been true to their word."
- The service was flexible and responded to changes in people's support needs. Call times and durations were altered to meet people's needs and support them if additional help was needed. One relative said, "Visits have been increased to twice per day to ensure my family member is drinking the high protein drinks. SQC have been flexible, they increased the calls the next day after request." Another relative said, "On occasions we have asked the office if two respite calls can be put together; if we give notice the office can accommodate, they try to be flexible."
- People had a personalised care plan in place which detailed their daily routine and the support needed at each care call time slot. Care plans gave instructions to staff on people's preferences and how they wanted their care to be provided. Daily care records recorded how these specific needs had been met.
- Staff took time to talk to people while they gave care and support. This enabled them to build a relationship and get to know each other. One person said, "I have built a relationship with my carer and I look forward to seeing them." A relative said, "They are all very chatty, lovely girls."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard 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 were supported to access information in a way that was suitable for them. The manager said, "We can have documents in other formats, such as large print and easy read if needed."

Improving care quality in response to complaints or concerns

- People knew about the complaints procedure and felt confident any issues would be addressed by the management. One person said, "'I've not needed to, but the office has explained how to.'" Another person said, "I had to complain about a specific carer, and they don't come anymore." A relative said, "I haven't needed to complain, but would be happy to do so if necessary."

- Complaints had been recorded and reviewed by the manager, although no formal complaints had been received since the new manager had joined the service. As reflected in people's feedback complaints, when made, had been appropriately dealt with. As a result, improvements had been made to the care and support they received.
- Compliments were passed to the care team via the use of a newsletter, to congratulate staff and celebrate where they had made a positive impact to people's lives.

End of life care and support

- Where people were supported at the end of their life their preferences and choices for care and support had been identified and recorded. This would enable staff to provide care and support should the need arise. Where people had a 'do not resuscitate' directive, this was clearly recorded in the care plan.
- The manager explained how team working with local hospices would take place when people were supported at the end of their lives. Records of care, such as correspondence between the service and healthcare professionals showed this had taken place when needed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider consider current guidance on supporting staff and act to update their practice. The provider had made improvements.

- Staff achievements in helping and supporting people were recognised by the management. This was through the introduction of a 'carer of the month' award which rewarded staff who had really demonstrated the company's vision of giving positive, balanced and holistic care to people. One staff member said, "We are really encouraged to give person centred care by the manager. Its not about rushing in and out, its about being with the person for the duration of each call."
- People told us they felt the service was well managed. One person said, "Surrey Quality Care, in comparison with our previous care agency, is brilliant." Another person said, "A couple of months ago there was a change of management. The new manager is very good. The service has improved since the new management, because there was a lack of communication before."
- Staff were positive about the changes in management, and now felt supported. One staff member said, "The new manager is fantastic. She listens, and everything I have gone to her with, she has acted on." Another staff member said, "The new manager has been brilliant, she has given us extra training when we asked, and has helped me by being flexible with my work."

Continuous learning and improving care

At our last inspection we recommended the provider consider the effectiveness of their quality assurance processes, as it had not identified omissions in care records, or the dissatisfaction people had felt with late care calls. The provider had made improvements.

- The manager and provider had a commitment to making improvements to the service they provided for people. They sought feedback from people and staff and reviewed practices to make sure improvements were made. This was evident in the action and improvement plans they collated in response to audits, incidents, complaints and other feedback received.

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 law requires providers to follow a duty of candour. This means that following an unexpected or

unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The manager understood their responsibilities in respect of this.

- The duty of candour was demonstrated by the way the information from our last inspection report was shared with people who used the service and the public. The organisations website had a clear link on its front page to our last inspection report and displayed the rating, so people could make informed decisions about the service. People told us the manager and staff were open and honest with them.

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

- The provider, the manager and the staff all had a clear understanding of their roles and how they each contributed to the care people received. Staff told us their moral was good and they all really enjoyed working for Surrey Quality Care. One told us, "We really needed the new manager. Now she has joined we get regular meetings and newsletters; I love my job now."
- Throughout the inspection, it was evident the manager was passionate about their role and ensured improvements were continually made to the quality and safety of the care provided. The management completed quality audits on a monthly, weekly and daily basis and actions were identified and addressed to bring about improvements to the service people received. People's daily care notes and medication records were returned to the office at the end of each month. These were checked by the manager to ensure care had been delivered and records were up to date and accurate.
- Clear organisational policies and procedures were in place to ensure staff understood what was expected of them when supporting people. Staff had access to these and they were knowledgeable about key policies, for example confidentiality, dignity and safeguarding people from abuse.

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

- The manager and staff were actively involved in supporting people to achieve their goals and ambitions. They were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the delivery of their care. These outcomes for people were clearly detailed in individual care plans so as goals were achieved this could be recorded.
- Everyone we spoke with said they felt involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had. One relative said, "People in the office are always helpful on the phone." Another person said, "The office phone roughly every six months to ensure that I am happy with service. Once per year someone from the office visits my flat to ensure that I am safe."
- Regular staff meetings took place to give them an opportunity to discuss any changes and raise any suggestions. Staff were also given opportunities to undertake additional training to expand their skills and knowledge. An 'on call' system was in place to ensure staff had access to management in the event of any emergencies or to provide advice and guidance if necessary.

Working in partnership with others

- The manager encouraged working in partnership with other professionals and agencies. They and their staff team ensured people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs such as district nurses, the local GPs, as well as the safeguarding and social work teams.
- The provider and manager attended provider forums on a regular basis. This enabled them to keep up to date on what was going on within the local area and share ideas.