Kent Social Care Professionals Limited

Surrey SCP

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 SCP is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of this inspection 76 people were using the service.

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
People and their relatives were complimentary about the service and said the care and support met they or their loved one's needs. People were supported by staff that were kind, caring, respectful and maintained their privacy and dignity. People's needs were assessed and regularly reviewed to ensure the service was suitable and care and support planned to meet their needs. Staff supported people's diverse needs in a caring way and without discrimination. People were involved in making decisions about their care and support needs and where possible, people were encouraged to do things they could for themselves to promote their independence.

People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and there were appropriate measures in place to manage risks safely. Where accidents and incidents had occurred, these were reported, recorded and any lessons learnt were used to improve the quality of the service. Staff knew their responsibility to protect people from the risk of abuse. People were supported to take their medicines as prescribed by healthcare professionals. People were protected from the risk of infection because staff followed appropriate infection control procedures to prevent the spread of diseases.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were supported with induction, training and supervision to ensure they had the knowledge and skills to perform their roles. People were supported to eat and drink for their health and wellbeing and to access to healthcare service.

People's communication needs had been assessed and met. People and their relatives said they knew how to make a complaints and the service had effective ways of handling complaints. People had been consulted about how they would like to be supported at the end of their lives to ensure their wishes were met and respected.
The service worked in partnership with key organisations to achieve best outcomes for people. The service was charitable and proactive in supporting people within their local community including those in hospital and care homes. The service enabled people to be active members of their local community and supported people to celebrate important events or occasions in their lives.

The service had systems in place to assess and monitor the quality and safety of the service and to continuously learn to drive improvements. People, their relatives and staff views were sought to improve on the quality of the service. The provider had incentives in place to retain and reward staff performance and to promote consistent and quality care.

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 good (published 26 January 2017).

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? The service was safe. Details are in our safe findings below.	Good
Is the service effective? The service was effective. Details are in our effective findings below.	Good
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 exceptionally well-led. Details are in our well-Led findings below.	Good

Surrey SCP

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
Surrey SCP is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 service a short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since our last inspection, including records of events the provider was required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met and spoke with two people that used the service at the providers office to seek their views about the service. We spoke with six members of staff including the registered manager, an administrative officer, and four care workers. We reviewed a range of records. This included eight people's care and medicines records. We looked at four staff files in relation to recruitment and supervision. We also reviewed records used in the management of the service including policies and procedures, complaints, surveys, accident and incident records and minutes of meetings.

After the inspection
We spoke with two people and eight relatives on the telephone to gather their views about the service. We contacted health and social care professionals for their views about the service and we received feedback from three health and social care professional.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, "I do feel very safe with the staff who support me." A relative commented, "[My loved one] is safe and all the staff who support them are very good and understand their needs."
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse that could occur. They told us they would report any concerns of abuse to the manager. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
- The registered manager knew they had to report any concerns of abuse to the local authority. Where there had been concerns of abuse, the registered manager reported this and took appropriate actions to ensure people remained safe.
- Following our inspection, we were informed of an allegation of abuse which the local authority was investigating. We cannot report on the safeguarding investigations at this time. However, the CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risk of avoidable harm. Risks associated with people's health and wellbeing had been identified, assessed and appropriate risk management plans were in place. This included risks related to falls, mobility, personal care, medicines, nutrition, skin conditions and the risk in the home environment.
- For each potential risk identified, such as a fall, there were appropriate risk management plans in place for staff on how to reduce or prevent the risk occurring.
- Staff understood people's needs and any potential risks associated with them, they knew of the level off support to provide to ensure people remained safe.
- Accidents and incidents were reported and recorded appropriately. These were monitored and analysed to identify trends, any lessons learnt were shared with staff to improve on the quality of the service.

Staffing and recruitment

- There was enough staff available and they were effectively deployed to ensure people's needs were met. People and their relatives told us they had regular team of staff who arrived on time and stayed the full length of the visit. A relative said, "It tends to be between three regular carers who come in, they have always stayed for the full time and we have no issues at all."
- Staff said there was enough staff available and they had adequate travel time in-between care visits to ensure they arrived on time; they did not feel rushed.

● The registered manager informed us, they had enough staff available to meet people needs including cover for any staff absences. They said they had a very good team of care workers who were flexible and worked together to ensure people's needs were met. They said office staff also supported people where this was required.
● The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service. These checks included two references, health declarations, proof of identity, right to work in the United Kingdom and criminal records checks.

Using medicines safely
● People were receiving their medicines as prescribed by healthcare professionals. A relative informed us, "Care workers support [my loved ones] with all medication and it is fantastic care."
● Where people were supported with their medicines, staff completed a medicines administration record (MAR) to document the support they had provided.
● The MARs included a list of medicines, dosage, frequency, route, and instructions on how people should be supported such as 'take with water', 'swallow whole' or 'do not take with milk' to ensure people were supported safely with their medicines. The MARs we reviewed were completed appropriately and without any gaps.
● Where people were prescribed 'as required' medicines (PRN) such as pain-relief, there was a PRN protocol in place for staff on when they could administer these medicines.
● Staff had completed medicines training and their competency had been assessed. Staff told us they felt confident in supporting people to manage their medicines.

Preventing and controlling infection
● People were protected from the risk of infection. A relative said, "Care workers do wear gloves and aprons when appropriate and are very cleanliness conscious."
● The provider had policies and procedures on infection control and prevention which provided staff guidance on how to prevent and minimise the spread of infections.
● Staff had completed infection control and food hygiene training and told us they washed their hands and used personal protective equipment such as gloves and aprons to reduce the spread of infectious diseases.

Good

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.

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

- People's needs were assessed to ensure they could be met. Before people began using the service, their needs were assessed to ensure the service was suitable and could meet their needs. Where possible people were supported by their relatives to ensure appropriate information was provided and to assess the service would meet their loved ones needs.
- Needs assessments covered areas including personal care, nutrition, medicines, mobility and skin integrity. Information acquired at these assessments along with referral information from health and social care agencies were used to develop people's care and support plans.
- The service used nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] to assess nutritional risk and manage them appropriately.
- The service involved health and social care professionals such as occupational therapists (OTs), speech and language therapists (SALT)and social workers in these assessments to ensure people's needs were safely met.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision to ensure they perform their role effectively. A relative told us, "Every single one of them [staff] is very good and they all seem well trained."
- All new staff completed an induction programme including the care certificate which is the benchmark set for the induction standard for new care workers. They also shadowed experienced colleagues until they had been assessed and found competent for the role.
- Staff were supported through mandatory training in areas including safeguarding adults, medicines, health and safety, food hygiene, infection control, basic first aid, moving and handling and fire safety. Staff also completed training relevant to individual needs including diabetes awareness, Parkinson's diseases, continence management, dementia, and stroke awareness. This ensured that staff had the knowledge and skills to deliver care and support that met people's needs.
- Staff were supported through regular supervision and an annual appraisal in the line with the provider's requirements. Supervision sessions were also used to update staff knowledge in areas including record keeping. Staff said they found supervision sessions "good" and "useful".

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

- Where required, people were supported to maintain a balanced diet for their health and wellbeing. One relative commented, "They help my loved one with her grocery shopping, so they do keep an eye on their nutrition. My loved one have always had a sweet tooth and they will live on that if care workers let them, but no, care workers keep an eye on it all."

● People's nutritional needs were assessed to ensure they could be met. Care plans included information on people's dietary needs, their likes and dislikes and the level of support staff should provide.
● Staff knew the level of support each person required to eat and drink safely. They told us that if they had any concerns about a person's nutrition or hydrational needs they would inform their relatives, report to the office or to a healthcare professional.
● Where people were found at risk of malnutrition and dehydration, food and fluid chats were completed to monitor their intake. Support was requested from appropriate healthcare professionals where required to help people maintain good health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and their relatives were responsible for booking and attending health care appointments. However, where needed staff support this was provided. Staff also visited people who had been admitted into hospital to ensure they were okay.
● The service worked in partnership with healthcare professionals such as GPs, pharmacists, OTs, SALT, district nurses and hospital teams to ensure people received safe care and treatment.
● Care plans included important information about people's healthcare needs including their GP's, allergies, communication and likes and dislikes to ensure information was readily available to emergency and hospital teams to provide safe care and treatment where required.

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.

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's rights were protected because staff sought their consent before supporting them. A relative told us, "Care workers do ask if it is okay with my loved one before they assist them."
● The service worked within the principles of MCA and staff understood the importance of working within the requirement of the legislation.
● The registered manager said, everyone using the service could make day-to-day decisions for themselves; therefore, they had not been a need to carry out MCA assessments or best interest decisions. However, if they had any concerns regarding a person unable to make a specific decision for themselves, they would apply the principles of MCA carry out a mental capacity assessment and best interest decisions.
● All care plans we reviewed were signed by people who used the service which demonstrated people had given their consent to care and support in place.

Good

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 were supported by staff that were kind, caring and respectful of them. One person said, "I find the staff who help me are kind, caring and good at the job." Another person said, "I do have a caring team. Nothing is ever too much trouble for any of them." A relative commented, "It makes me feel comfortable and I can sleep at night knowing that my loved ones are in safe hands and being extremely well looked after."
- People were supported by staff that were attentive to their needs. A relative informed us, "They change things sometimes. Like instead of a two-hour visit, they broke it down into four half hourly visits which has suited my loved one a lot better. They are always good with things like that."
- We found that staff were empathetic towards the people they supported. For example, we found that one care worker kept in their car boot a supply of long-life food to support people with their nutrition and jigsaw puzzles to help stimulate people's brains.
- The service worked within the principles of the Equality Act and staff supported people's diverse needs in a caring way and without any discrimination. For example, people's visits times were planned to ensure they could practice their faith. People were supported by staff from similar backgrounds to help understand and meet their needs.

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

- People and their relatives were consulted about the care and support needs and were involved in planning the care and support in place.
- Care records included people's preferences and how they would like to be supported so staff knew the level of support to provide.
- People were supported to make day-to-day decisions for themselves and were provided with choices and staff we spoke with told us they respected people's choices.
- People were provided with appropriate information about the service including a service user guide to ensure they knew the level of support to expect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative informed us, "Staff are very good with my loved one's privacy and dignity. I do hear them ask for consent."
- Staff said they promoted privacy and dignity by seeking people's permission and communicating with them. A care worker said, "I cover people up as much as I can during personal care, I keep the doors closed and try and keep them as dignified as possible."
- Information about people was kept confidential; records were kept in lockable cabinets in the provider's

office and computer and digital screens were password protected. Staff said information about people was shared on a need to know basis only.

● People's independence was promoted, as people were encouraged to do things they could do for themselves. One person told us, "Staff treat me well and engage me to do the things I could do, and it makes me feel I am actually doing something which is really nice."

Good

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 received care and support that met their needs. One person informed us, "I have a care plan. Staff do update it if I want it updating or if my needs change in any way. I have been with the service for quite a long time now and I've never had to make a complaint about anything."
- Each person had a care and support plan in place which provided staff guidance on how their needs should be met and the level of support required. Care plans included people's physical, mental and social care needs; including their personal care, communication, nutrition, skin conditions, medicines and mobility.
- Care plans also included people's health conditions, allergies and their likes and dislikes. People's life history was included in their care plans to help staff build a relationship with them.
- Staff knew people well and supported them in line with their wishes. Care plans were kept under review and updated when required. Daily care notes show the care provided was in line with the care planned for.

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's communication needs had been assessed and met. Care plans included information on people's communication and understanding; including hearing, sight, and speech.
- Each care plan included guidance for staff on how people's communication needs should be met. For example, one person's care plan stated, "I have cataracts that impair my vision. Ensure I have my glasses and that they are clean."
- The registered manager told us that where required, information could be presented in formats such as large prints to ensure people's communication needs were met. For example, to promote effective communication, one person used an online application on their computer which reads out content for them, because of this the service sent them emails instead of letters to ensure they received information in their preferred mode.

Improving care quality in response to complaints or concerns

- There were systems in place to handle complaints. People told us they knew how to make a complaint if they were unhappy with the service but there had not been a need to. One person informed us, "I haven't actually complained. I may have occasionally mentioned about something that I disagreed with, but they are very good at changing things that I want them to."
- The service had a complaints policy and procedure which provided information on actions the service

would take when a complaint was received including the timescales for responding.
● The service maintained a complaint log and had received four complaints in 2019. This included complaints for example about the care quality. Records showed that all complaints had been dealt with satisfactorily.

End of life care and support
● Where required, the service supported people to ensure their end of life care needs were met. Where people had been assessed and placed on end of life care, the registered manager informed us, they worked in partnership with the person, their relatives and appropriate healthcare professionals to ensure their end of life care needs and wishes were met.
● People had been consulted about advanced care planning and how they would like to be supported at the end of their lives. This information was included in their care plan to ensure their end of life wishes were met.
● Staff had completed training in areas including death and dying, end of life care and advanced decisions and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) to ensure they had the knowledge and skills to support people where required.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- The service worked in partnership with key organisations to build seamless experience for people. The service worked in partnership with the local authority, the local CCG and local hospitals to plan and deliver an effective service for people. Health and social care professionals informed us the service was proactive in communicating with them, raised any concerns promptly, were open to suggestions and ideas and were available to carry out joint reviews to ensure people's needs were safely met.
- The service worked in partnership with a local charity. We found that the charity donated bundles of toiletries to the service on regular basis. The service repackaged these toiletries into individual bags which they redistributed to people who used the service every month. The service also donated incontinence pads to a local hospital, and toiletries to a care home also owned by the provider to help maintain older people's dignity and independence.
- The service worked in partnership with a local primary school to drive an initiative to support people with presents at Christmas time. Pupils from the school created the hashtag 'itsinthebag' to make up individual gift bags with various items including toiletries and sweets and with a hand-written Christmas card for each person. At our inspection we saw some of the bags that were yet to be collected and photographs of some people showing off their bags or the contents of it.
- The service had good links with other resources and organisations in the local community to support people's needs. For example, they organised an Irish dancing event for people using the service with the aim to provide entertainment and prevent social isolation. People were also treated to cups of tea and Irish themed cupcakes. They also organised coffee mornings at their office and had raised funds for McMillan Cancer Support.

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

- The registered manager demonstrated a commitment to provide meaningful, person-centred, high-quality care by engaging with everyone using the service and stakeholders. We observed that the manager knew people on personal basis and addressed them by their preferred names and interacted with them appropriately as they visited the provider's office.
- The service was proactive and embraced occasions or events that were important to people. For example, people were supported to celebrate their birthdays, and each person received a Christmas present from the service. We saw some people picking up their presents during our inspection visit.
- The service enabled people to be active members of their community. For example, each month the service invited one person out for lunch. The person was supported by their care worker to attend the lunch

meal. On one occasion, the service invited one person who used to be in the women's royal naval service (Wrens) to a café at the at the Surrey aerodrome where they enjoyed lunch on the runway and watched the aeroplanes and helicopters take off.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 a registered manager in post who knew of their responsibility to work within the requirements of the Health and Social Care Act 2014 and had notified CQC of significant events at the service and had displayed on their website the last CQC inspection rating.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values and told us they upheld these values when supporting people. Staff also felt supported by their managers and were happy working at the service.
- There were systems in place to assess and monitor the quality of the service including unannounced staff checks, home visits and telephone monitoring checks. Information gathered during these checks were analysed and used to improve the quality of the service. The service also carried out checks on care files, MARs and staff files to ensure they were up to date.
- The provider had an out-of-hours system, which people, their relatives and staff used to contact the management team in the event of an emergency.
- The registered manager understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- People's and their relatives' views were sought through annual survey to improve the quality of the service. The results of an annual survey we saw for 2019 was positive. People said their privacy and dignity was maintained, they were involved in making decisions, they felt safe and cared for and were supported by staff that were consistent and courteous.
- The provider had incentives in place to retain staff and to recognise their performance, contribution and the impact they had in people's lives. The provider had an annual awards ceremony to recognise the dedication and contribution of their staff teams. People were given opportunities to nominate staff who supported them for the awards. The service had two finalist care workers out of 1,200 care workers within the organisation. One care worker was among the finalists of the 'changing lives' category where they were recognised for impacting on a person's physical and mental wellbeing. Whilst another care worker achieved first place in the 'above and beyond' category for their act of generosity and kindness to people.
- Team meetings were held to update and gather staff views about the service. Minutes of meetings showed topics discussed included staff rotas, records management and care worker duties. Staff informed us they found these meetings useful as it gave them opportunities to discuss issues that mattered in their role.
- The provider produced regular newsletter for people and staff to keep them up-to-date with any changes, news or guidelines in keeping safe.