

SureCare Bromley 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

SureCare Bromley Limited is a domiciliary care agency. It provides personal care and support to people in their own homes. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the provider was providing 'personal care' to 13 people.

This inspection took place on the 28th November 2018. We gave the provider two days' notice of the inspection as we needed to make sure the manager would be available. This was our first inspection of the service.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager had managed the service since the 15th of October 2018. At the time of this inspection they had applied to the CQC to become the registered manager for the service.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's needs. Risks to people were assessed to ensure their needs were safely met. There were systems in place for monitoring, investigating and learning from incidents and accidents. People were receiving their medicines as prescribed by health care professionals. Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

People's care needs were assessed before they started using the service. Staff received supervision and training relevant to people's needs. People were supported with eating and drinking when required. People had access to a GP and other health care professionals when they needed them. 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.

People told us staff were kind and caring, their privacy and dignity was respected, and they received personalised care that met their needs. They and their relatives had been consulted about their care and support needs. They knew how to complain if they needed to. People could understand written information provided to them however information was available in different formats when it was required. Staff had received training on equality and diversity and they supported people according to their diverse needs. No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

The manager and the provider monitored the quality of service that people received. They used feedback

from people following satisfaction surveys and spot checks to evaluate and make improvements at the service. The manager, the provider and staff worked closely with health and social care professionals to ensure people received good quality care. Staff said they enjoyed working at the service and they received good support from the manager and the provider. There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

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.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

There was enough staff available to meet people's needs.

Risks to people were assessed to ensure their needs were safely met.

There were systems in place for monitoring, investigating and learning from incidents and accidents.

People's medicines were safely managed, and people were receiving their medicines as prescribed by health care professionals.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed before they started using the service.

Staff received supervision and training relevant to people's needs.

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.

People were supported with eating and drinking when required.

People had access to a GP and other health care professionals when they needed them.

Staff worked in partnership with health and social care profession, when required, to provide joined up care.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and their privacy and dignity was respected.

People and their relatives, where appropriate, had been consulted about their care and support needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff had received training on equality and diversity and they supported people according to their diverse needs.

People could understand written information provided to them however information was available in different formats when it was required.

People knew how to complain if they need to.

No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

Is the service well-led?

Good ●

The service was well led.

The service did not have a registered manager in post. At the time of this inspection the current manager had applied to the CQC to become the registered manager for the service.

The manager and the provider monitored the quality of service that people received. They used feedback from people following

satisfaction surveys and spot checks to evaluate and make improvements at the service.

Staff said they enjoyed working at the service and they received good support from the manager and the provider.

There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The manager, the provider and staff worked closely with health and social care professionals to ensure people received good quality care.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 28 November 2018. One inspector carried out the inspection. We gave the provider two days' notice of the inspection as we needed to make sure the manager would be available during the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from the local authority that commissions services from the provider. We used this information to help inform our inspection planning.

During the inspection we spoke with two people using the service and three relatives to gain their views about receiving care. We spoke with the manager, the provider and two care staff about how the service was being run and what it was like to work there. We looked at four people's care records, three staff recruitment records and records relating to the management of the service such as medicines, staff training, supervision, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe with the staff. They wear a uniform and identification, but I know them all anyway." Another person commented, "Oh, yes I feel safe. The staff are reliable and kind."

The service had procedures in place for safeguarding people from abuse. The manager and staff we spoke with demonstrated a clear understanding of safeguarding and reporting procedures. Staff understood the types of abuse that could occur, the signs they would look for and who they needed to report any concerns to. One member of staff told us, "I would report any safeguarding concerns I had to the manager or provider. If I thought they had not taken any action I would inform the local authority safeguarding team or the CQC." Training records confirmed that all staff had completed training on safeguarding adults and children from abuse.

The provider told us how they had learned lessons and acted following a previous safeguarding concern. As a result of the concern and investigation they had improved how they monitored people with pressure sores, the team communicated more effectively with district nurses and made sure that regular reviews were carried out.

There was enough staff available to meet people's needs. One person told us, "The staff are always on time. Very occasionally they might be a few minutes late because of the traffic but they call me and let me know." Another person said, "I have never had a missed call or a late call. The staff are always on time." A relative commented, "The staff are very reliable. They have never failed to turn up." A member of staff told us, "We always have plenty of time between calls. I have never missed a call. I am rarely ever late but if I was going to be I would tell the office to let the person know I was on my way." The provider used a computer system to allocate staff to support people using the service. Staff logged in using a telephone application when they commenced and finished providing care to a person. We saw that this was constantly monitored by the manager and provider during our inspection. The computer system alerted them if there was a late or missed call. If a call was late the manager told us they would contact the member of staff, enquire on their whereabouts and let the person know when the carer would arrive. The provider told us they had never had a missed call and the system helped them to ensure people received care at the right time.

Appropriate recruitment checks took place before staff started work. We looked at the files of three staff members. We saw completed application forms that included a full employment history, references to their previous health and social care work experience, their qualifications, health declarations, employment references, proof of identification and evidence that criminal record checks had been carried out. These procedures ensured applicants were suitable to be employed in a social care environment.

Action was taken to assess any risks to people using the service. We saw that individual risk assessments had been carried out for example on falls, medicines, pressure areas and moving and handling. One person told us, "I have a pendant that I can use to call for help if I have a fall." We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. Risk assessments included

information for staff about the actions they should take to minimise the chance of risks occurring.

There were systems in place for monitoring, investigating and learning from incidents and accidents. The manager showed us an incidents and accidents folder and told us these were monitored to identify any trends. A member of staff told us, "If there are any accidents or incidents we record them on a form and let the manager know. We talk about these at our supervisions and at staff meetings to see if we can learn from them." We saw the minutes from team meetings which confirmed that incidents and accidents were discussed with staff.

People were supported where required to take their medicines as prescribed by health care professionals. The manager told us that some people looked after their own medicines, some were supported by family members and some people required support from staff to take medicines. Where people required support to take their medicines we saw that this was recorded in their support plans. One person told us, "I need staff to help me with my medicines, I couldn't do that for myself, I would forget to take them." A medicine record showed a list of medicines people had been prescribed; when the medicines were to be taken and any side effects they might have. A medicines administration record [MAR] was completed where staff had administered medicines to people. The management team monitored the MARs to make sure people were receiving their medicines when they should. Training records confirmed that all staff had received training on the administration of medicines and their competence had been assessed to ensure they had the necessary skills to safely administer medicines.

The provider had an infection control policy in place. The manager told us and showed us that personal protective equipment (PPE) was always available for staff. They said the service provided gloves, aprons and hand gel as required. Staff told us they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "Oh yes, the staff are well trained. I am very confident that they know what they are doing. When I had other staff that I didn't know I found they were very good too." Another person said, "The staff know what they are doing. When they have new staff, they come along to meet me, and they train them up too."

Assessments of people's care and support needs were carried out before they started using the service. The assessments covered areas such as the support they required with medicines, personal care, eating and drinking and mobility. They also included information from family members and in some cases health care professionals. Assessments were used to draw up individual support plans, risk assessments and guidelines for staff to follow.

Staff had the knowledge and skills required to meet people's needs. Staff we spoke with said they had completed an induction when they started work, they had shadowed experienced staff to get to know the people they were supporting, and they were up to date with their training. We looked at the certificated training records of staff and we found that they all had completed the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Records showed that staff had completed training on topics such as administering medicines, infection control, basic life support, food hygiene, moving and handling, health and safety, dementia awareness, safeguarding adults. The provider had a system in place which monitored training and alerted the manager when refresher training was due or required updating. We saw records confirming that staff were receiving regular formal supervision with the manager.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The manager had a good understanding of the MCA. They told us that the people they supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make specific decisions for themselves, they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken and 'best interests' decisions would be made in line with the MCA.

People were supported with eating and drinking when required. Staff told us they cooked meals for people they supported where this had been planned for in line with their support needs. One person told us, "The staff cook good meals for me. The food is good and always hot, just as I like it." Another person said, "The staff make my breakfast, usually cornflakes, toast and coffee. I have lunch time meals delivered and the staff

heat them up for me. They make sure I get plenty to drink."

Staff worked in partnership with health and social care professionals, when required, to provide joined up care. People had access to health care professionals when they needed them. One person told us, "My family sort all my appointments out for me. The district nurse comes to see me regularly." Whilst visiting a person at their home, we saw a member of staff speaking with a district nurse about the person's health care needs. Another member of staff told us, "If I had any concerns about a person's health I would contact the manager and let them know. I would let healthcare professionals know too if there were any issues. For example, I had a discussion this morning with a district nurse about a person's skin care." A relative told us, "I am very happy with the care my [loved one] receives. The staff always keep me informed if there are any health issues."

Is the service caring?

Our findings

People spoke positively about the care and support they received. One person told us, "My carers are very good. They do everything they are supposed to do for me, and they do it well. I wouldn't want anyone else." Another person said, "My carers are brilliant because they know what I want before I even get a chance to ask. I am very, very happy with them." A relative told us, "The staff are great, they look after my [loved one] very well and my [loved one] really likes them." Another relative commented, "The staff are approachable and caring. They have developed a very good relationship with my [loved one]." A third relative told us, "The staff sometimes go over and above what is expected of them. For example, they make my [loved ones] bed and pop to the on-site shop to pick a few things up for them."

People and their relatives told us they had been consulted about their care and support needs. One person said, "When I started using the service they asked me what I needed. We talked about the food I liked, how I liked to be cared for and they involved my family members." This person's relative commented, "We went through everything that needed to be done for our [loved one] even down to a discussion about the cat. The cat is very important part of our [loved one's] life." Another person told us, "In the beginning we had a good talk about what I wanted them to do and they are doing everything I asked for." Another relative told us, "I am totally involved in the planning of my [loved one's] care. I am involved in all of the reviews."

When we visited people at their homes we observed staff speaking with and treating them in a respectful and dignified manner. One person told us, "My privacy and dignity is always respected." Another person said, "The carers take their time with me and they don't rush things. They make sure everything is kept private. If my family come to visit me they are asked to wait in the other room until the carer finishes helping me." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I make sure the tasks I carry out are done in private. I close the door and draw the curtains. I cover people up with a towel when I provide personal care so that their dignity is maintained. It's important that I tell them what I am doing as I am completing each task as it makes them feel more comfortable. If family members are around I ask them to leave the room before I start providing any personal care."

People were provided with appropriate information about the service in the form of a service users guide. The manager and the provider told us this was given to people when they started using the service. This included details of the services they provided, making complaints and ensured people were aware of the standard of care they should expect. People and their relatives confirmed with us that they had been provided with a copy of the service users guide when they started using the service.

Is the service responsive?

Our findings

People and their relatives told us the service met their care and support needs. One person said, "My carers are very efficient. They know what I need, and I get all of the care and support I need." A relative told us, "I am happy and my [loved one] is happy with the service. It has been more of a success than I expected it to be."

People received personalised care that met their needs. One person told us, "All my needs are being met. If I need anything else I just tell the staff and we sort things out." The provider used a computer system for planning people's care and support needs. We saw that the system included needs assessments, individual support plans and guidance for staff for supporting people with the different types of care they required for example medicines, personal care, diet and nutrition, pressure areas and moving and handling. We saw paper copies of the support plans and risk assessments in the homes of the people we visited. The care plans included call times, duration of calls and the care and support to be undertaken by staff. A member of staff told us, "I read people's support plans on my telephone application. They are continually updated. The system is easy to use and understand." A relative told us they could access the provider's online system to look at their loved one's support plan. They said if they thought something needed changing in the support plan they would review the plan with the manager or the provider.

People and their relatives told us they knew about the provider's complaints procedure and they would tell the manager or provider if they wanted to make a complaint. One person said, "I know how to complain if I need to." A relative commented, "I would talk with the manager and I am certain that anything I complained about would be sorted out." The manager showed us a complaints log that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The log showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.

Staff were knowledgeable about people's needs with regards to their disabilities, race, religion and sexual orientation. Staff had received training on equality and diversity as part of the care certificate. One member of staff told us, "We are trained to understand and support people with their diverse needs." Another member of staff said, "Everyone is different. It is a priority that we respect diversity. I have had training on equality and diversity which was helpful. I would do whatever it takes to help people live the way they want to."

Information was available for people in accessible formats in line with the Accessible Information Standards. The manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure. They told us that people's initial assessments included their communication needs. Where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs for example different written languages.

The manager and provider told us that no one currently using the service required support with end of life care however they would liaise with the person, their relatives and health care professionals to provide people with this type of care and support if this was required. They told us a care plan for end of life would be developed when assessing or reassessing people's care needs.

Is the service well-led?

Our findings

People and their relatives told us the service was well run. One person said, "I think it's a great service. I never have any problems at all." A relative commented, "Communication with the manager and provider is very good. Everything runs smoothly and any issues we have are always resolved quickly." Another relative told us, "They have a new manager and she appears to be 'on the ball', she's very good at sorting things out."

The service did not have a registered manager in post. The current manager had managed the service since the 15th of October 2018. At the time of this inspection they had applied to the CQC to become the registered manager for the service. Although they were new in post they demonstrated good knowledge of people's needs and the needs of the staffing team. They also appeared to be knowledgeable about the requirements of a registered manager and their responsibilities regarding the Health and Social Care Act 2014. Notifications were being submitted to the CQC as required.

There were effective systems in place to regularly assess and monitor the quality of service that people received. We saw regular audits were carried out on medicine administration records and these records were held in people's care files. We also saw incident and accident, safeguarding and complaints logs were being maintained and monitored. The provider used a computer system for planning staff rotas, training, supervision, support plan reviews and spot checks. The system also recorded people's care needs, medicines administration and health care appointments. They were monitored by the manager and provider. The system alerted the manager and provider when for example, there was a late or missed call, spot checks were due or when support plans and risk assessments were due to be reviewed.

We saw records from spot checks carried out by the manager on staff working within people's homes. These included competency assessments on staff relating to the administration of medicines, moving and handling and infection control. The manager told us they carried out these checks to make sure staff wore their uniforms and identification badges, that staff carried out tasks correctly and they completed all the tasks recorded in people's support plans. A member of staff told us, "We don't know when the manager is coming. I think the spot checks are a good thing to do. The manager observes what I am doing, they have a chat with the person I am supporting, and they will feed back to me if there are any issues."

The provider took people's views into account through annual satisfaction surveys. The manager showed us a report from a satisfaction survey carried out by the provider in October 2018. The feedback from people and their relatives recorded in the survey was positive. Where there were issues that people felt the service could be improved the manager had put an action plan in place to make these improvements. For example, staff were reminded that if they were running late they needed to inform the office immediately.

Staff told us they liked working for the service and they received good support from the manager and provider. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff told us, "I really enjoy working for the agency. We have a brilliant team. We all support each other, and our team work is great. The

manager and the provider are always there, always helpful, supportive and accommodating." Another member of staff said, "I think the new manager is very good. I can call her if I have any problems and I think she listens to what the staff have to say." We saw that regular monthly staff meetings were held. A member of staff said, "I attend all of the staff meetings. It gives me an opportunity to meet other staff and the manager. We talk about people's needs and any problems staff are having."

The manager and the provider told us they had regular contact with health and social care professionals such as GP's, pharmacists, district nurses, occupational therapists, social workers and they welcomed their views on service delivery. We saw evidence in people's care records confirming that the manager, the provider and staff worked closely with these professionals in assessing people's needs and planning for their care. We also received feedback from the local authority that commissions services from the provider following a recent quality monitoring visit to the providers office. They had identified two areas which needed improvement. These related to accident and incident reporting and call times and durations. An officer from the local authority told us these areas are being monitored by the management of the service. The manager showed us an action plan and evidence that these areas were being addressed with staff.