

BhavRon Care Group Ltd

# Surecare Bexley & Dartford

## Inspection report

Suite 4, Floor 3, Roxby House  
20-22 Station Road  
Sidcup  
DA15 7EJ

Tel: 02083062171

Website: [www.surecare.co.uk](http://www.surecare.co.uk)

Date of inspection visit:  
30 April 2019

Date of publication:  
10 June 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Surecare Bexley & Dartford is a domiciliary care agency that provides personal care to older adults and people with physical disability needs living in their own homes. At the time of this inspection, seven people were using the service.

Not everyone using Surecare Bexley and Dartford receives regulated activity; 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.

People's experience of using this service:

People and their relatives were complimentary about the service and told us it was well managed. People received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. Risk to people had been assessed and where specific risks were identified, appropriate management plans were in place to minimise or prevent the risk occurring. People were supported to take their medicines safely and staff followed appropriate infection control procedures to minimise the risk of infections. There were enough staff available to support people's needs.

Before people started using the service, their needs were assessed to ensure they could be met. 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 received care and support from staff that had the knowledge and skills to meet their needs. People were supported to maintain good health; eat healthily and access healthcare services when required.

People were supported by staff that were kind and caring towards them, respected their privacy and dignity and promoted their independence. Staff understood the Equality Act and supported people without discrimination. People's communication needs had been assessed and met. People were supported to participate in activities that interested them and knew how to complain if they were unhappy.

The service had an effective system in place to assess and monitor the quality of the care delivery and had worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views had been sought and their feedback had been used to improve the quality of care and support provided.

Rating at last inspection: This was the first inspection of this service since their registration in May 2018.

Why we inspected: This was a planned inspection based on the date of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 well-led

Details are in our Well-Led findings below.

Good ●

# Surecare Bexley & Dartford

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

#### Inspection team:

This inspection was completed 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. The expert-by-experience spoke on the telephone with people who used the service and their relatives.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

At the time of this inspection there was no registered manager in post. The nominated individual had applied to CQC to become the registered manager.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 30 April 2019. We visited the office location on 30 April 2019 to see the manager, office and care workers; and to review care records, staff files and policies and procedures.

#### What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications 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. Providers are required to send us key information about the service, what the service does well and improvements they plan to make. This information help supports our inspection.

During the inspection we spoke with three people and two relatives to gather their views about the service. We spoke with four members of staff including the nominated individual, a business development manager, a branch manager and a care worker. We reviewed four people's care plans, risk assessments and three medicines records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service including the provider's policies and procedures, accident and incident records, surveys, monitoring checks and minutes of meetings.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they or their loved ones were safe, and they did not have any concerns regarding abuse or discrimination.
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. 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 not hesitate to escalate any concerns of poor practice.
- The manager understood their responsibility to protect people in their care from abuse and to report any concerns to the local authority safeguarding team and CQC. However, there had not been any concerns of abuse since registering with us in May 2018.

Assessing risk, safety monitoring and management

- People were supported to reduce the risk of avoidable harm. Risks to people had been identified, assessed and had appropriate risk management plans in place. Risk assessments covered areas including medicines, manual handling, falls, pressure sores, showering and people's home environment. For each risk identified there was clear guidance for staff on how to mitigate the risk and keep people safe.
- Risks specific to people's health conditions such as diabetes, heart attack, pneumonia and epilepsy had guidance in place for staff on the signs they should look out for and actions they should take including contacting emergency services to minimise the risk and to ensure the person received appropriate care and treatment.
- Staff understood individual risks to people and the level of support they were required to provide to reduce the risk of avoidable harm.

Staffing and recruitment

- People and their relatives told us they had regular staff, who arrived on time and stayed for the agreed duration of the visit. One person told us, "They [staff] turn up every day and on time." Another person said, "I am very happy with them, they are regular and hard working."
- Sufficient numbers of staff were available and deployed to support people's needs. A member of staff told us, "There are enough staff always."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service.

Using medicines safely

- Some people managed their own medicines and some people required support from staff. Where people required support, the provider had systems in place to ensure they received their medicines safely.

- People told us they were supported to take their medicines on time and how they wanted.
- Where people were supported with their medicines, a medicines administration record (MAR) was used to document the support they received. This included a list of medicines, dosage, frequency and any allergies people had. The MARs we reviewed were completed adequately and without gaps. .
- All staff had completed medicines training and their competency had been checked to ensure they supported people safely.

#### Preventing and controlling infection

- 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. One person told us, "They [staff] always wear gloves and aprons when necessary."
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate infection control protocols including the use of personal protective equipment and washing of hands to prevent cross contamination and the spread of infectious diseases.

#### Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents.
- Accidents and incident forms were completed appropriately, checked monthly and analysed to identify any trends. Where required the manager had taken appropriate actions to minimise risks and any lessons learnt were discussed with staff and used to improve the standard of the service.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us they could make decisions for themselves and they had not experienced any restrictions or restraints. One person said, "They [staff] do what I want them to do."
- All staff had completed MCA training and were knowledgeable about working within the principles of MCA. They told us people could make decisions for themselves, therefore there had not been any need to carry out mental capacity assessments or best interest decisions.
- People's rights were protected because staff sought their consent before supporting them.
- Care files contained information about people's ability to make decisions for themselves and included reminders for staff to seek people's consent before supporting them.

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

- Before people started using the service, their needs were assessed by the manager and branch manager to ensure they could be met. A relative told us, "An assessment of [my loved one's] needs was made before the care started. They spent over an hour covering areas such as mobility."
- Assessments contained people's physical, mental and social care needs; including personal care, medicines, eating and drinking, continence and pressure care needs. The assessments also covered people's medical conditions, likes and dislikes and their preferred time of visit.
- Information attained at the assessment and referral information from the local authority were used to develop people's care and risk management plans.
- Where required, the provider involved healthcare professionals such as district nurses or occupational therapists in these assessments to ensure staff adhered to best practice.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people's needs. One person said, "They are doing a good job, I wouldn't have them otherwise."

- All new staff completed an induction programme which included the Care Certificate which is the benchmark set for the induction standard of new care workers.
- Staff were supported through mandatory training in areas including health and safety, infection control, safeguarding adults, medicines, MCA and Deprivation of Liberty Safeguards (DoLS), dementia awareness and end of life care.
- Staff competencies had been carried out in areas including hand hygiene, manual handling and medicines to ensure they had the knowledge and skills to support people safely.
- Staff were supported through regular supervision in line with the provider's policy. A staff member told us, "I get one-to-one supervision with my manager and we talk about the support for client, work load and training and development."

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

- People were supported to have a balanced diet, keep hydrated and make choices about the kind of food they enjoyed. One person told us, "They make a cup of tea for me, they don't have to, but they do."
- Care plans included assessments of people's nutritional needs and the level of support required. They also included detailed guidance for staff on how to support each person's dietary needs.
- 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 hydration needs they would report to their managers or to a healthcare professional.

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 confirmed they were supported to access health care services when needed. One person said, "It was helpful when they accompanied me to an appointment at the doctors."
- Staff understood people's health care needs and the support they required to manage them.
- The service worked in partnership with other healthcare professionals such as district nurses to provide joined up care.

# 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

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 told us that staff treated them well, they were kind and caring towards them and upheld their rights. One person told us, "They [staff] are very good." A relative told us, "Staff are caring, they go the extra mile... When my [loved one] was ill with a health condition, they phoned the GP and stayed with them."
- People received care and support from staff that were attentive and understood their individual care needs.
- When talking to staff, we noted they referred to people respectfully and called people by their preferred names or titles.
- Staff understood the principles of the Equality Act and told us where people had diverse needs the service was non-discriminatory, and they supported people in line with their individual preferences. Some people using the service had diverse needs in relation to race, disability, religion, sexuality and cultural backgrounds and they were supported by staff in a caring way.
- Supporting people to express their views and be involved in making decisions about their care
- People and their relatives were involved in planning for their care and support needs. People and their relatives told us they were consulted, and their views were taken into consideration when the care and support was planned.
- Care plans showed people and their relatives had been involved and their preferences were recorded to ensure staff knew the level of support to provide.
- People were supported to make day to day decisions for themselves and were provided with choices. A relative told us, "[My loved one's] preferences are all documented, even tea preferences."
- Staff told us they offered people choices at each visit and respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their right to confidentiality upheld. One person told us, "I get help with washing, showering and tidying up... staff put a towel over me when necessary."
- Staff said they respected people's dignity by ensuring they treated each person as an individual and met their needs in a person-centred manner. A staff member told us, "I make sure the door is locked, and I cover people with a towel and not to expose them."
- Staff told us information about people must be kept confidential and must only be shared on a need to know basis. People's records were kept in lockable cabinets in the provider's office.
- People told us staff promoted their independence and they were encouraged to do the things they had the capability to do such as dressing up and eating independently.

# Is the service responsive?

## Our findings

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

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

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

- Each person had a care plan which provided staff with guidance on how their needs should be met. The care plans included people's medical conditions, the level of support required from staff and their preferences. A relative told us, "[My loved one] is just out of hospital and was assessed before the care was provided... a care plan is in place."
- Records showed that people's care was planned and reviewed based on their individual needs. Care records included detailed information about people's preferences, likes and dislikes. A relative told us, "Every now and then the care plan gets updated. For example, recently the need for a [preferred drink] was added to it."
- People's communication needs had been assessed and met. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Two people had a cognitive impairment, their care plans included information on how to enhance their communication and promote their independence. They were provided with assistive technology including a mobile application that read printed documents audibly for them. This was their preferred mode of communication hence staff read to them to ensure their communication needs were met. One person said, "When I have a new medicine they [staff] read out the instructions to me."
- People and their relatives confirmed the care and support in place was what they had agreed on and was meeting their needs.
- Staff we spoke with knew of the level of support each person needed and information they shared with us about the care and support delivered was consistent with information in their care plans.
- Daily care notes written by staff about the care and support people received was consistent with the care and support planned for.
- People were supported to engage in activities that interest them. Activities people preferred to partake in such as playing a computer game, shopping, walking and attending a language class were recorded in their care plans and how staff should support them.
- One person told us, "They [staff] read for me and take me for a walk in the garden." Another person said, "They [staff] take me to the shops if I need them to."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which provided guidance on actions they would take when a complaint was raised including the timescales for responding.
- People and their relatives told us if they were unhappy with the service, they knew how to make a complaint and were confident their concerns would be listened to and acted on.
- The service maintained a complaint log and had received one complaint which had been dealt with

appropriately.

#### End of life care and support

- At the time of this inspection, no one using the service required end of life support. The manager told us where required, they would work with district nurses, doctors and the palliative care team to ensure the person was comfortable and their end of life wishes met.

## Is the service well-led?

### Our findings

high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The management team shared clear set of values including promoting privacy and dignity, independence, choice and showing compassion.
- Managers demonstrated a commitment and willingness to provide meaningful, high quality person-centred service and they had systems in place to monitor this.
- Managers encouraged people to be actively involved in planning their care and to make decisions about their support needs and had acted on people's feedback.
- Managers ensured people's care and support needs were regularly reviewed so their needs would be met.
- Managers understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- There was no registered manager in place as they had resigned from their post in September 2018. The current manager is also the nominated individual. They had applied to CQC to become the registered manager and their application was being assessed at the time of this inspection. The manager knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and had notified CQC of a significant event at their service.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values which included dignity, compassion, choice and independence and told us they upheld these values when performing their role.
- Staff told us they felt supported by their managers and were happy working at the service.
- Regular monitoring checks such as unannounced checks on staff competencies in areas including moving and handling, hand hygiene and medicines were carried out on staff to promote best practice and consistency.
- Various checks were carried out daily, weekly, monthly and quarterly to ensure people were supported as required and information was up to date. A quality monitoring check carried out in January by a business development manager showed where issues were identified, for example gaps in staff employment history, these were acted on promptly to drive improvements. Medicines records were also checked to ensure people were supported with their medicines as prescribed by healthcare professionals.
- The provider had an out-of-hours system which people, their relatives and staff used to contact management team in the event of an emergency.

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

- People's views were sought to develop the service. The service gathered feedback from people and their relatives through home visits and telephone surveys.
- The feedback recorded in four questionnaires we reviewed was all positive. People said they had regular staff who were well trained, respected them and promoted their privacy and dignity.
- The manager told us they had an open-door policy and encouraged staff to share best practice and any concerns they had about the service. A member of staff told us, "The managers are open, transparent and easy to talk to, they listen; it is a nice agency to work for."

Working in partnership with others

- The service worked in partnership with key organisations including health and social care agencies to plan and deliver an effective service. The management team contacted healthcare professionals where they had concerns about people's health to ensure they received care and treatment that met their needs.