

Surrey CC Community based services (HBC) Nov 23 for Reedsfield Care Ltd



GOOD

Involvement and Information

Respecting and Involving Service Users

Standard Rating

Good



The assessment was verified by the Quality Assurance Officer who visited the agency on the 4/03/2025.

QA met with the Registered Manager/ Nominated Individual. The Care Coordinator and an Administrator, who is responsible for recruitment, were also in the office at the time of the visit. QA was informed by the Registered Manager that Office staff also work from home.

On the visit information was gathered about policies , processes and quality assurance systems. QA also looked at a sample service users care plans funded by Surrey County Council and contacted 5 service users to gather feedback about their care provision.

Overall, the agency appeared well managed with good systems in place to monitor care provision. However , QA did make some improvement recommendations regarding Mental Capacity Assessments , PRN protocols and processes . Feedback from Service users was very positive.

A01 The care plan should be individually tailored, person centred, include appropriate information on the service users' preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered. Risks to health and wellbeing have been taken into account through the assessment process. This is confirmed via the pre-admission, daily records & across care plans

Good



What The Provider Said

Care plans are person centred and are tailored to the unique needs,preferences and aspirations of each service user.Care plans are clearly detailed outlining service user's choices and preference on how tasks should be supported for each service user.

Care plans evidence non-discriminatory practices where service users inform of their religion,sexual orientation,marital status,Disability.

Care plans provide a wide range of information on how to support a service user,what they would like to achieve,the risk associated.The care plans for each service user are tailored to their unique needs,preferences.

Care plans reviews are done every 6 weeks after start, then every 6 months and whenever there is change in a service users routine.

Staff can access service user care plans on the birdie care APP.

Areas to improve

In order to improve in Section A,standard 1

-Care plans are being reviewed to clearly document the involvement in decision making.

Daily Record

-Carer refresher training is being held to discuss detailed documentation of what transpired during the visit.

What We Found

An initial assessment is completed by the Care coordinator or Registered Manager prior to care commencing and the ongoing care plan is then developed with the service user (or family member if appropriate).

QA looked at a sample of care plans for service users funded by Surrey County Council. QA found the care plans to be person centred. Care plans are detailed and include services users' preferences, likes and dislikes. Care plans contain a life history section. There is evidence that service users and family members (where appropriate) are involved in the assessment and care planning process.

The agency identifies risks during the assessment and completes a risk assessment to mitigate any identified risk.

QA observed a falls and a moving and handling risk assessment which contained guidance for staff on how to mitigate any identified risks. QA found the risk assessments to be well written and person centred.

Care plans contain service users' medical history and their support networks.

Care plans are reviewed after the first 6 weeks then 6 monthly going forward , unless there is a change in need. The agency has a tracker in place which alerts them when the review is due.

B01 Through observation of staff interaction and discussion with service users there is evidence that service users are not discriminated against, are treated as individuals and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. Service users are treated with kindness, compassion, and empathy. Service users are given adequate information to enable them to make informed decisions about their support Care workers are seen to support service users' choices and preferences in regards the way their care and support is delivered.

Good
★★★★★

What The Provider Said

Section B ,standard 1

- Routine Staff observations are carried out by the care coordinators to ensure service users are treated fairly in a non discriminatory way,service users are supported while maintaining their privacy and dignity and provide a clear explanation of the care and support they are providing.
- During the assessment,the service users communicate to us their diversity needs that require attention and these are well outlined to the carers.
- Service users are spoken with during telephone audits to ensure the carers are kind and polite.

What We Found

Feedback from the annual survey, completed by service users, indicated that they are happy with their care workers and the support provided. There is evidence that care workers respect service users' dignity and treat them with respect.

Comments from service users and their relatives that QA spoke to, included :-

"My care workers are lovely I feel I have choice and control over my life in the way my care is delivered. They always ask me what I would like to eat and drink they never presume".

"My wife's care workers are always polite. They always treat her with dignity and respect".

"I feel lucky with my care workers; they are very nice. They encourage me to do all my exercises. They have made my life so much better".

"My mums care workers are fabulous. The support they give my mum is fantastic".

B05 Service users spoken with confirm that they are supported to maintain relationships and enjoy a variety of activities and social opportunities, and these are based on their preferences and strengths and form part of everyday life.

Good
★★★★★

What The Provider Said

Section B,standard1 (B05)

- Service users spoken with during telephone audits confirm that they feel supported to maintain other relationships.
- Service users usually contact the office if they require support for example early visit,preparing them to go out with family,hospital appointments.

What We Found

The agency supports service users to access the community. One service user has long calls to enable her to access the community in her wheelchair.

Involvement and Information

Consent

Standard Rating

Requires Improvement



A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Requires Improvement
★★★☆☆

What The Provider Said

Section A,standard 2

1.Consent forms

We have consent forms signed during assessments.The consent forms for example consent to care and share information,Consent to medicate.The consent forms are signed by the service user or other Parties(Next of Kin,Family,Neighbour) if unable to sign.

Areas to improve

All consent forms signed under best interest will clearly show signed under Best interest Name,Signature and date.

2.Under Best interest decisions

We have communications for any decision made under best interest for example medication locked away under best interest by the GP.

3.POA -We find out from the service user if they have POA during the assessment and clearly document on the Birdie care system under future planning.

Areas to Improve

Going forward we shall request to view the physical copy of the LPA and record the serial numbers.

What We Found

The care plan has a section entitled "Future Planning" where the agency record the service user's capacity to consent to make decision regarding their Health and Wellbeing. The agency informed QA they do not complete formal capacity assessments. QA discussed with the agency that capacity is decision specific, and a best interest decision should be completed for each decision.

QA recommends that staff who complete the assessment of new service users complete Mental Capacity Act Training to have a good understanding of the Act and how it underpins the care the agency provide to service users.

For service users who have a Lasting Power of Attorney in place , this is recorded on the care plan and on the electronic monitoring system.

If the service user has a DNAR or a RESPECT from in situ this is recorded on the care plan.

QA recommend that conversations about how the service users would like to be supported when near end of life be recorded in an advanced end of life plan. If the service user did not want to discuss this then it could be documented. QA provided a sample of end-of-life care plan to the agency for them to consider and adapt for their use.

B06 There is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent

Good
★★★★★

What The Provider Said

Section B,standard 2

-During the staff observation ,staff are observed if they seek consent before performing any tasks.

-Since our service users have more of regular carers,in some instances implied consent is applied since they are well versed with the tasks and how to perform or support.

Areas to improve

Going forward care plans shall clearly outline which service users require implied consent and those that require direct consent before performing any task.

What We Found

Daily care notes evidence that staff are gaining consent during the care calls. There is also evidence that consent is gained on spot check forms.

A service user QA spoke to said "the carers are always very polite and always ask if I would like a shower or a wash before they support me with my personal care".

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good
★★★★★

A06 There is evidence that service users have been given information about how to make contact with the care provider

Good
★★★★★

What The Provider Said

Section A,standard 3 (A06)

-The service user folder in each service user's house has an emergency contact form, and What we do with complaints form clearly stating our contacts,email address, and address.

-During our telephone audits,the service users are asked if they know how to contact the office in case of any emergencies.

What We Found

The agency gives service users a folder to keep at their home. This contains the agencies policies and procedures and contact numbers for the agency, NHS services, emergency service number, Surrey County Council and the email address for the MASH.

A11 Evidence that the care planning and support is designed to maximise the service users independence and quality of life and that service users are supported in setting goals to maximise their independence and quality of life.

Good
★★★★★

What The Provider Said

Secton A,standard 3(A11)

During the assessment ,service users communicate the different tasks that they would require to be supported with to maintain their daily living and how they would want to be supported for each task.

The care plan outlines the tasks and the outcomes of each in order to support the service users to attain the quality of life they want.

Areas to improve

Going forward,we shall ensure that care plans capture clearly what the service user can support themselves with in order to promote independence.

Carer records refresher training is being carried out so that the carers can clearly record what the service user was able to support themselves with during the visit and always inform the office if there is any change in the tasks so that the care plan is updated.

What We Found

There is evidence that care and support plans promote independence. QA observed that tasks that service users can do for themselves are recorded in the care and support plan. Tasks staff need to do to enable service users to maximise their independence are also included in the care and support plan.

Service Users QA spoke to, confirmed that the care workers encouraged them to do the tasks they can for themselves.

A10 Evidence that daily records are maintained with up-to-date information to reflect the current needs of the individual.

Good
★★★★★

What The Provider Said

Section A ,standard 3 (A10)

-Care plan reviews are carried out whenever there is change in service user's routine,every after six weeks after starting the POC and then after six months.The review outcomes are clearly communicated to the carers and the birdie care plan updated.

-Staff record notes for every visit being attended to on the birdie care App.

Areas to improve

Record keeping refresher training is currently being done for all staff to ensure that detailed recording is done by the care worker during every visit.Recording to entail involvement of the service user,promote independence,consent.

What We Found

Care records are recorded electronically. QA looked at a selection of daily records and found them to be well written, precise and appear to reflect the needs of the individual. The notes QA looked at were person centred.

Recordings are a mixture of tick boxes to acknowledge a task has been completed and there is a free text box for staff record their observations.

Personalised Care and Support

Standard Rating

Meeting Nutritional Needs

Good
★★★★★

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes. Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required. The details of any support from specialist services is clearly recorded and detailed.

Good
★★★★★

What The Provider Said

Section A ,standard 4

-During assessments,service users communicate their dietary likes and dislikes and choices.

-The carers observe and inform the office when the service user is at risk of malnutrition and food and fluid chart is put in place for the carers to fill.

-When there is loss of appetite,risk of malnutrition, the GP is informed by the office.

-Where there are supplements ,these are given as prescribed by the GP and the MAR updated.

Areas to improve

Going forward,dietary restrictions will be updated on the care plan

What We Found

Care and support plans looked at by QA , include dietary likes and dislikes. There is also a section where any food allergies are recorded. Instructions around food / drink preferences are also recorded on the support plan.

There is a nutrition and hydration section where any support with eating or drinking is recorded and includes guidance from health professionals when appropriate.

Personalised Care and Support

Co-operating with other Providers

Standard Rating

Good



A15 Where the individual attends another setting or is in receipt of services from an external source the care and support plans clearly evidence this co-operation and the different responsibilities. This could include attending day opportunities, regular hospital appointments or admissions, involvement from other health care / mental health professionals, voluntary services and education services

Good



What The Provider Said

Section A,standard 5

- During assessment ,service users communicate their social requirements and they are clearly outlined on the tasks on the birdie such as "prepare for day centre"
- There is flexibility in the roster to account for any emergencies such as carers attending earlier than usual when a service user is to attend to a hospital appointment.
- There is evidence in care plans for tasks as checking if the service user's care alarm, phone is left within their reach.
- We liaise with other providers to support service users such as District nurses,Meals on wheels,day centers.

What We Found

Pharmacy details are recorded on care plans where the agency is ordering medication and service users GP details are recorded. QA recommends that any involvement and guidance from professionals is also recorded in the support plan.

QA observed a care plan where they agency supported a service user to attend a day centre.

Safeguarding and Safety

Safeguarding People who use the Service from Abuse

Standard Rating

Requires Improvement



C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good



What The Provider Said

Section C,section 6(C04)

- Staff are aware of the company safeguarding and whistle blowing policy and all have read and understood it and sign.
- Staff are required to do refresher mandatory training on safeguarding Adults.
- Staff always raise concerns to the manager or raise it with the anonymous link if observed.
- Staff provide care with dignity and respect and are aware of how to identify abuse.
- During staff observation supervisions,staff are asked if they know how to raise a safeguarding
- Staff always raise concerns on their birdie care App if any and these are reviewed and acted upon.

What We Found

The agency has a safeguarding policy and a whistleblowing policy in place which staff sign to say they have read.

All staff complete safeguarding training as part of their induction and yearly refresher training is completed. Staff learning and competencies are tested during observational supervision.

QA looked at the safeguarding policy and the whistleblowing policy. These policies are written by the agency and are very clear and precise in the information given and they provide the telephone numbers of external agencies to contact i.e. CQC, the Local Authority.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Requires Improvement
★ ★ ★ ★ ★

What The Provider Said

Section F, standard 6 (F12)

- Incidents are always logged and actions undertaken, learning outcomes are discussed with the team during Staff meetings
- Staff are aware of the company safeguarding, health and safety policies
- Allegations of abuse are appropriately referred to the locality teams
- Appropriate notifications are made to CQC and recorded.

What We Found

The Registered Manager takes the lead on safeguarding. The agency has a safeguarding file in which individual safeguarding and the actions taken is recorded. QA spoke to the Registered Manager about the importance of recording any identified learning outcomes and discussing this with staff in team meetings and supervision sessions.

QA recommended that the agency have a safeguarding log which records the date, action, CQC notification, outcome and learning from each safeguarding.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★ ★ ★ ★ ★

B14 There is evidence that staff follow good practice in relation to cleanliness & infection control.

Good
★ ★ ★ ★ ★

What The Provider Said

Section B, standard 7

Cleanliness

- Staff observations are usually carried out to ensure that areas being used are always left clean. The care coordinator checks areas like the bathroom, bedroom, kitchen, Bins to ensure they are kept clean.
- During our telephone audits, service users are usually asked if the carer workers are clean and leave the environment clean and neat.

Infection control

- During staff observations, staff are observed to ensure they know how to properly wear PPE, check for any damages on PPE before using it, and if they are aware of how to safely dispose of used PPE.
- Training under infection control is mandatory for all staff.
- Checks are done in the fridge during staff observation while at work to ensure food safety techniques are practised.
- Carers are contacted weekly to check their PPE supply

What We Found

All staff complete infection control training as part of their mandatory training. Spot checks are completed regarding correct use of PPE and infection control practices.

PPE is kept in the office and the Administrators will order PPE when stocks run low. Care co-ordinators give out PPE to care staff. Service Users who have a live in care workers have a stock of PPE in their homes.

Safeguarding and Safety

Standard Rating

Management of Medicines

Requires Improvement
★ ★ ★ ★ ★

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications. There is evidence of service user involvement where capacity is retained.

Requires Improvement
★ ★ ★ ★ ★

What The Provider Said

Section F, standard F(F01)

- Where we support with medication administration, consent to medication form is signed by service user or under best interest.
- Medication risk assessments are carried out at the start of Package of care during the assessments clearly stating who orders, collects, medication pathway, storage.
- Medication Administration Record(MAR) are in place at the service users houses clearly having information of the service user such as Name, D.O.B, Allergies, GP

name,dosage and frequency of medication.

-Medication Administration Record are regularly reviewed and audited and concerns are identified and acted upon.

-All staff are aware of the medication policy and have read and understood it.

-Medication competence supervisions and spot checks are regularly completed for staff.

-Communications are made to health professionals when there are concerns about observed medication miss management by service user and Best interest decisions are made.

-Communication is sent to GPs of different service users who we support with medication administration for review of medications.

What We Found

All care staff receive initial face to face medication training and complete an online refresher yearly.

QA looked at a blank medication competency form and found it to be thorough with a set of questions and additional free text boxes at the end for comments and further discussions with the care worker. Any actions, identified during the competency assessment are recorded.

QA looked at the medication policy and found it to be comprehensive. The policy covers PRN medication, but the agency does not have PRN protocols in place. QA has provided the agency with a sample PRN protocol form to adapt to their requirements and has recommended the agency include the non-verbal signs a service users may present with when requiring the medication.

There is evidence in the care and support plan that the service users (or their family if appropriate) are involved in decisions regarding their medication. It is recorded if the service user self-medicates, or a family member holds responsibility for managing the medication.

Safeguarding and Safety

Safety and Suitability of Premises

Standard Rating

Good



E03 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good



What The Provider Said

Section E, standard 9 (E03)

-Environmental risk assessment is completed at the service users' before starting the package of care.

-Carers have visual checks to check the environment is safe for the service user for example leaving the service users home not cluttered to avoid hazards as they mobilize

What We Found

An environmental risk assessment is completed in the home prior to care provision commencing. QA observed at an environmental risk assessment and found it to be detailed and highlighted identified risks.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

Good



E04 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good



What The Provider Said

Section E,standard 10,(E04)

-Equipment are listed and an equipment matrix in place

-Carers always communicate to the office when there is need for technical intervention for a service user's equipment.

-Carers have visual checks to check the environment is safe for the service user for example leaving the service users home not cluttered to avoid hazards as they mobilize

-Carers always seek consent,promote dignity and respect of the service user when using the equipment

-Carers are trained on how to use the different equipment in the homes.

Areas to improve

-To regularly review the equipment matrix

What We Found

The equipment provided and service date are recorded during the initial assessment. The office keeps a tracker of equipment serial numbers,

service dates and information regarding any current repairs.

Staff complete moving and handling competencies during observational supervision.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

Good



D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good



What The Provider Said

Section D, standard 11(D01)

The recruitment process checks are done before any contact with vulnerable adults and these include:

- An application form with full history
- Interview Questions and Responses
- Employee verification Records
- Reference checks
- DBS checks are done to assess risk
- Right to work checks of staff subject to immigration

The DBS checks are done and there is evidence of the UKHCA Disclosure Application Form on every staff file.
The DBS matrix is reviewed regularly to check that DBS checks are still in date.

What We Found

The agency uses the website Indeed to recruit staff. The agency has a large number of overseas workers employed via the government sponsorship scheme. Overseas workers do online interviews, and the agency sends recruitment documents via email for reading and signing.

The agency has an HR Manager who takes responsibility for recruitment and ensures that all the necessary recruitment checks are completed before the care worker begins work. The Registered Manager audits staff files every 3 months to ensure all documentation is recorded and in date. QA observed a recruitment checklist and found it to contain all relevant checks.

QA also observed a blank interview form and job description which was comprehensive.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

Good



F02 Rotas and records show that there are sufficient staff with the right knowledge, experience, qualifications and skills available to provide effective care and ensure that visits are undertaken in a timely manner.

Good



What The Provider Said

Section F, standard 12 (F02)

- The Rota is covered with calls allocated to staff.
- Travel time is put into account for the staff from one service user to another on the rota.
- The Rota is live and monitored all the time to ensure carers arrive on time, all visits are attended to, allotted duration are being met.

Areas to improve

Meeting the working time regulations and ensuring the service users receive regular care workers in line with their contracts

What We Found

The agency has a Nominated Individual who is also the Registered Manager. He oversees the day to day running of the agency and takes responsibility for the company finances and growth.

There are 3 Care Coordinators who take responsibility for completing the rotas, payroll, training, care worker supervision, spot checks, medication competencies, reviews, home visits, and initial assessments.

The agency employs 3 Administrators, who take responsibility for all the agencies audits, recruitment, medication orders, PPE orders and transport.

The manager informed QA to retain staff they offer them holiday and sick pay as part of the employment contract. They also have a loan scheme

for care workers to enable them to buy a car. They pay a monetary amount to care staff if they have a family bereavement, and they have a care worker of the month scheme in place whereby the successful staff member receives a gift.

Staff are encouraged to progress within the agency and are supported to do so.

QA looked at the electronic rotas. There is evidence of travel time given between care calls. Calls are colour coded and change colour when the care worker has logged into the call and when the call is completed. If a care worker is running late, they will contact the office who in turn will notify the service user.

Comments from service users spoken to, include: -

"My carers arrive on time, most of the time. They always stay the length of time they are meant to".

"My wife's carers always arrive on time. We have no complaints they are very good and always stay the duration of the call."

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What The Provider Said

Section F, standard 12 (F03)

-The Bright HR system is in place for staff to communicate leaves, sickness, absences, and emergencies and help the rostering team plan ahead.

Areas to improve

We are setting up working partnerships with other providers to ensure business continuity

What We Found

The agency has a Business Continuity Plan in place to ensure service provision always continues with the least disruption to service users.

The agency operates an out of hours on call system. Calls are diverted from the office line to the on-call mobile. The Registered Manager is the on-call person. QA recommends that the Care Coordinators could share the on-call duties.

In the case of sickness or sudden absence the agency will cover the calls by reworking the rota. The agency employs bank staff who can be called upon if required. The Care Coordinators and Registered Manager will support if need be.

Suitability of Staffing

Staff Support

Standard Rating

Requires Improvement



D05 The provider maintains records to evidence that all staff receive an appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★★★★★

What The Provider Said

Section D, standard 13 (D05)

-All staff undertake an induction training in line with the skills for care and are awarded the "Care Certificate" upon completion.

-Induction is carried out with the senior coordinator as introduction to service users, shadowing visits, reading relevant policies and an induction signed off as understood.

-Care certificate modules are assigned to all staff and are mandatory to be completed within 12 weeks of starting work

What We Found

A new staff member's induction period is managed by the care coordinator. There is an induction checklist in the employee's personnel file.

Staff are given a job description for their role and they are given the agency's policies and procedures which they sign after reading. They spend time getting to know the team.

Staff spend the first 2 weeks completing training which is all face to face. Staff are given the care certificate modules to be completed within 12 weeks.

Staff spend a period of 2 weeks shadowing a more experienced care worker and a competency is completed on their practice. The outcome of the competency assessment may lead to ongoing shadowing until the agency feel the care worker is ready to go out into the community alone.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Requires Improvement
★★★☆☆

What The Provider Said

Section D,standard 13(D06)

- Staff development one to one supervision are carried out regularly and are evidenced on file.
- Appraisals are done annually for all staff.

Areas to improve

Regular one to one supervision are being carried out to ensure all staff have staff development supervisions every 3 months.

What We Found

Staff sign a supervision agreement when they start with the agency.

The Care coordinators complete supervision with care workers every 3 months. These are made up of face to face and observational supervision. The care worker also receives a yearly appraisal.

QA looked at a blank supervision form which starts with a self evaluation which covers fulfilling the agencies policies, development, training, working with service users and their families, supporting goal setting for service users, communication with the office, working hours, reporting and recording and personal development. These are then discussed in detail along with any training needs and achievements (achieved and ongoing). There are also additional boxes for any other items discussed.

QA looked at a blank appraisal form which is detailed and had the relevant topics for discussion. The agency has a tracker to highlight when supervision is due.

Unfortunately, the care coordinators and administrators do not currently receive any formal supervision. The Registered Manager advised that he would implement this.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good
★★★★★

What The Provider Said

Section D,standard 13 (D07)

Staff are assigned mandatory training which they attend to before starting work and the training staff certificates must be consistent on the training matrix. These are reviewed regularly.

Refresher training are carried out for staff by management

Areas to Improve

More face to face refresher training will be organised for all staff going forward in order for staff to share their experience and challenges they face.

What We Found

The agency employs an external company to deliver training. Care workers travel to a site in London for their Moving and Handling training.

The agency has a tracker in place to highlight when training is due. Staff complete refresher training yearly.

The agency encourages their staff to develop and will support staff to complete the QCF training. The agency currently has 4 staff members taking Level 3 training.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating

Good
★★★★★

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good
★★★★★

What The Provider Said

Section F,standard 14(F05)

-The service user folder in their residents have a form "What we do with complaints" with the service provider contact details, email address and location Address, Surrey Council Adult Social Care Contact details, the Local Government and Social Care OMBUDSMAN contact and the Care Quality Commission contacts which is openly available to staff, service users and other individuals who would wish to raise concerns if identified.

-Staff have read the whistle blowing policy and it has the contacts of the CQC, OMBUDSMAN, and the Surrey Council Adult Social Care

-Service Users are regularly contacted through Telephone audits, Home visits, spot checks, Staff Observation to inquire about feedback regarding the service provided.

-Annual staff, service user surveys are carried out for feedback and how to improve service.

What We Found

The agency has mechanisms in place to allow service users, families and staff to raise any concerns they may have about the quality of the service provided.

Service users, their families (if applicable) and staff complete yearly customer survey. The results are then collated and presented in a pie chart formula.

The agency does telephone monitoring and home visits. These are done monthly on a sample of service users. The agency has a matrix in place which tells them who is due for a telephone call / monitoring visit.

Calls and visits are recorded on a spreadsheet and any actions and lessons learnt are recorded.

The agency holds regular staff meetings. An agenda is sent out on the agency's What's App group on a Monday for a Friday meeting, giving staff time to highlight anything they wish to discuss. Staff are offered lunch to encourage them to attend and they are paid for time spend at the meeting.

Staff attendance at meetings is recorded and minutes of the meetings are taken and shared with all attendees. Looking at the minutes, QA did comment that the minutes were lacking an "Any other Business" section. QA recommended that this be added as standard practice.

Feedback from service users spoken to included :-

"Communication with the office is good. when my wife's care started, we had lots of different care workers and I had to keep explaining my wife's needs to them all. I called the office and they sorted it out. We now have a regular team of care worker and things are going well".

"Communication from the office is good. They let me know about any changes and if I have any complaints they deal with it quickly."

"Communication with the office is generally ok but sometimes I do struggle to understand some members of the team as they have strong accents."

Quality of Management

Using Information and Dealing with Complaints

Standard Rating

Good



F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good



What The Provider Said

Section F, standard 15(F06)

-Complaints are appropriately recorded and feedback appreciated.

-Concerns and complaints are shared with the team during team meeting.

-Actions are shared with the complainant and follow up phone calls, home visits made to ensure the concern has been resolved.

What We Found

The agency has a Compliments and Complaints policy in place. A copy of the policy is included in the service users file which is provided to the service user at the start of the provision of care and kept in their home.

Complaints, both written and verbal, are recorded on a tracker in the office. QA observed the tracker and found it to be thorough. Lessons learnt from complaints are discussed at team meetings.

Compliments are passed on to the team but the agency is currently not recording them. QA recommends that a tracker is put in place to record all compliments, verbal and written.

All service users, QA spoke with said that they had a copy of the compliments and complaints policy in their home.

Quality of Management

Records

Standard Rating

Good



F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include timelines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency.

Good



What The Provider Said

Section F, standard 16(F11)

-Concerns are reviewed regularly and action put in place and monthly audits are done with the analysis of action and the outcomes. The audit outcomes are clearly

communicated to staff members. The audits include Medication spotcheck, Medication Competence, Spot Check, Staff Observation, Team Meetings, Complaints, Incidents, Home Visits, Telephone Audits

What We Found

The agencies Administrators lead on audits. Regular reviews (face to face and via the telephone) are completed monthly on a selection of service users. The agency has a tracker in place to identify who requires a visit or a telephone call. The administrators audit these monthly.

MAR charts are audited every month. Staff files are audited every 3 months. Monthly audits are completed on rotas, the training matrix, telephone reviews and daily notes.

The Manager leads on safeguarding audits and lessons learnt are discussed in team meetings and supervision sessions.

Audits QA observed, appeared thorough .

The company is in process of revamping its on-going Business Improvement plan. QA did not observe this document.