

# Surbiton Home Care Management Limited

# Surbiton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Surbiton is a domiciliary care agency. It provides personal care to older people living in their own houses and flats in the community. At the time of the inspection, there were seven people receiving the regulated activity personal care.

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

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

People did not always receive medicines in line with good practice. Medicine administration records were not always completed appropriately. The deployment of staff did not always ensure staff had adequate time off.

Records were not always completed appropriately and there were instances of the wrong name being recorded in people's documents. Audits did not always identify the issues found during this inspection.

Systems were in place to protect people from abuse. Pre-employment checks were carried out prior to staff commencing to ensure they were suitable for the role. Accidents and incidents were monitored, and action taken to minimise repeat incidents. Infection prevention and control (IPC) measures were in place.

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

People were supported to access healthcare services when appropriate. People received care and support from staff who underwent training to enhance their knowledge. Staff were supported to undertake an induction on commencing their role and had their competencies assessed. Where agreed in people's care package, people were supported to access food and drink that met their dietary requirements and preferences.

People continued to be supported by staff that treated them with respect and encouraged their independence where safe to do so. People's diverse needs were embraced. Relatives confirmed they were involved in the decision-making process and pre-admission assessments were robust.

There had been a significant change in the management of the service with the recruitment of a care consultant, which had made a positive impact on the running of the service. People's relatives spoke positively about the new changes and confirmed they were happy with the level of care provided. Records confirmed the provider worked in partnership with stake holders. The provider sought to continuously

improve.

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

#### Rating at last inspection

The last rating for this service was inadequate (published 15 June 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Surbiton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe medicines management and records management.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures:

The overall rating for this service is 'Requires improvement'. However, the service have been placed in special measures since 13 November 2019 and will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of

inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Surbiton

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because the office staff often deliver the care and we needed to be sure someone was available to speak with us.

Inspection activity started on 4 March 2021 and ended on 10 March 2021. We visited the office location on 4 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since their last inspection. We sought feedback from healthcare professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives and four staff members, including the registered manager and care consultant. We reviewed a range of records including staff records, three care plans, medicines records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals to gather their views of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Whilst some improvements had been made, not enough improvements had been made and the provider was still in breach of regulation 12.

- Medicines Administration Records (MAR) did not always contain sufficient information to ensure people received their medicines as prescribed and some medicines risk assessments contained people's incorrect initials. For example, one person's MAR did not include the dose, route or frequency of when their medicine was to be administered. Another person's MAR did not give sufficient guidance for staff as to when the medicine could be administered. For example, it did not indicate this was a PRN (as and when) medicine, only to be administered when the person was in pain.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medication competencies were carried out to ensure staff remained competent in the safe management of medicines. The medicines competency covered, obtaining people's consent, the safe handling of medicines, support people required to receive their medicines and the provider's medicines policy.

### Staffing and recruitment

At our last inspection the provider had failed to ensure robust recruitment practices. This was breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection the provider had failed to ensure the effective deployment of staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 18 and 19. However, we have made a recommendation about the deployment of staff.

- Some staff were scheduled to work for long periods without a day off to rest. For example, we identified one staff member had worked 22 consecutive days between 7 February 2021 and 28 February 2021. We recommend the provider considers current guidance in relation to staff rest breaks and take action to update their practices accordingly.

- The registered manager had made improvements to the pre-employment checks carried out of potential staff. For example, records showed completed application forms, photographic identification, proof of address and two satisfactory references were on file. Disclosure and Barring Services (DBS) checks were also in place. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- The registered manager had made improvements in their management of risk assessments.
- Risk assessments detailed the identified risk, any significant hazards, contributing factors, who was at risk, the severity, likelihood and measures required to control the risk.
- Risk assessments covered, for example, medicines, falls, diabetes, COVID-19 and moving and handling. Records confirmed, risk assessments were regularly reviewed to reflect people's changing needs.

#### Learning lessons when things go wrong

- The provider had made improvements to evidence how lessons had been learned when things went wrong. Do we have an example?

#### Systems and processes to safeguard people from the risk of abuse

- Staff continued to be aware of how to identify, respond to and escalate suspected abuse. For example, one staff member told us, "[If there was a safeguarding issue] I would pass information on in a safe way. If the manager didn't do anything, I would go higher than them."
- The provider had a safeguarding policy in place and records confirmed staff received on-going safeguarding training to keep people safe.
- At the time of the inspection, there were no open safeguarding referrals.

#### Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy in place and records confirmed staff received training in this.
- Staff confirmed they had access to adequate supplies of Personal Protective Equipment (PPE) in line with good practice. For example, one staff member commented, "We have masks, gloves, aprons and shoe covers. If we run out, we can go to the office and get more. I have had training in infection control."
- People's care plans contained information about people who were at risk of serious illness should they contract COVID-19. Care plans detailed any underlying health conditions, additional risk factors and as to whether they were shielding.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately inducted, supervised and trained. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received a wide range of training to increase their knowledge of their role. Training included for example, manual handling, medicines management, end of life, fire safety, food handling and safeguarding. One relative told us, "I do feel that the staff are skilled, they do seem to know what they are doing and what to do when they come here."
- Staff supervisions were now recorded and covered, for example, roles and responsibilities, people's updates, attendance and communication. One staff member said, "Yes, I do have a supervision. We talk about what I would do in certain circumstances etc. what action would I take. Whilst we are discussing things, they will point me in the right direction if my response was incorrect. They would then say, perhaps I need to go on more training."
- Newly employed staff underwent an induction programme to familiarise themselves with people who use the service and their role and responsibilities. The registered manager carried out spot checks were to ensure staff continued to be competent to carry out their role.

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

- Improvements had been made to people's care plans which detailed people's food preferences and dietary needs and requirements. Care plans detailed the support people required with preparing food and eating and drinking; and if there were any concerns with nutritional intake and who to report this to. One relative told us, "The staff give [my relative] the food, they generally make things that she likes."

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

- The provider had made improvements to the overall management of the pre-admission assessments. These were now comprehensive and covered all aspects of the care and support people required.

Staff working with other agencies to provide consistent, effective, timely care; and Supporting people to live healthier lives, access healthcare services and support

- Where required, people were supported to make healthcare appointments to maintain and monitor their health and well-being. One relative told us, "They [the staff] will let me know if they are worried about something, I will then contact the G.P." A staff member said, "If my client isn't well, then I would talk to the office and seek advice, unless it was urgent and I would call 999. I would record all the information in their logbook."
- The registered manager had liaised with healthcare professionals when concerns had been identified about people's health and well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People's consent to care and treatment was sought prior to being delivered.
- One relative told us, "They [staff members] communicate with my relative and ask his permission to do things, they ask for him to make a decision about what he wants to do."
- Staff had an adequate understanding of their responsibilities in line with legislation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be supported by staff that treated them with kindness, dignity and respect. Comments included, '[The staff members]' are very approachable and friendly. When they come here, they act as though there is nothing more important than my relative and that's lovely'. And, 'I would say the [staff member] I have met is compassionate.'
- Staff we spoke with spoke about the people they supported with respect and fondness. Comments included, 'I try to be as respectful as possible [towards the people I support] and you get to know how they would like to be spoken to.'
- People's cultural and faith needs, and preferences were clearly recorded in their care plan, to ensure their diversity was respected and promoted.

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

- People's relatives confirmed they were involved in the planning of their relative's care. People's preferences and decisions were clearly documented in their care plan and reviewed regularly to reflect people's changing needs.
- Staff were aware of the importance of supporting people to make a decision and ensure their needs were met. For example, one staff member said, "I try to ask them as much as possible about what they would like to do."

Respecting and promoting people's privacy, dignity and independence

- People continued to receive care from staff that treated them with dignity and promoted their independence. One relative told us, "I think the staff do encourage [my relative] to be independent."
- Care plans gave clear details on the level of support people required to meet their needs. For example, if they required two staff members to support them with mobilising.
- A staff member told us, "One client I have likes staff to do everything for them, but I try to encourage her to do things for herself, mainly by giving her options."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

### End of life care and support

At our last inspection the provider had failed to ensure effective and person centred end of life care . This was a breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Do not attempt to resuscitate (DNACPR) documentation was in place and was completed in line with good practice. These documents were in date and the appropriate healthcare professionals had been consulted.
- Staff had received end of life training. One staff member told us, "I don't have anyone on end of life care that I'm supporting. I do have someone who has a DNAR in place."

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

- The provider had made improvements to how people's preferences were documented in their care plans.
- Care plans were personalised and gave staff a clear insight into the people they were supporting. Care plans covered people's preferences, how they would like to be supported, emotional needs, what they like to eat and when and what level of support they required. A relative told us, "We recently went through the care plan, it was with [the care consultant], and she was very thorough and went through things with a fine toothcomb."
- Care plans had a section titled, 'what's important to me'. This gave staff further information on the people they supported, detailing their preferences and how they feel emotionally.
- Staff were aware of the importance of sharing any changes to people's presentation or needs with the office, to ensure the care plans were updated swiftly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plans. For example, it detailed people's preferred method of communication, what staff should do if they were unable to understand someone and how people required staff to speak with them. For example, loudly, and clearly.

- Staff were aware of how to effectively communicate with people in a way they understood. One staff member told us, "There is one care plan that is helpful that says speak slower, take your time and explain things."

#### Improving care quality in response to complaints or concerns

- Improvements had been made to how the provider communicated their complaints procedure. People and their relatives were confident in raising concerns and that these would be dealt with in a timely manner.
- One relative told us, "Yes, I can raise a complaint and I do know how to. I'm usually pleased so don't need to make a complaint."
- Staff were aware of the provider's complaints procedure and confirmed they would report and document any concerns raised immediately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centered care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centered care.

Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust governance systems to support the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Whilst some improvements had been made, not enough improvements had been made and the provider was still in breach of regulation 12.

- There continued to be issues in relation to staff deployment and the safe management of medicines.
- Auditing systems were in place, however, did not always identify the issues we found during the inspection. For example, MARs were not always completed correctly and we identified instances of the dose, route, frequency and reason for the medicine being prescribed, had not been recorded. Nor had the audits identified staff members were working 22 consecutive days without a day off.

- Some people were referred to by the wrong name and gender throughout their care plans. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns with the provider who addressed some of our concerns swiftly and confirmed they would be reviewing all paperwork to ensure these issues was rectified.

- The provider had taken action to learn from some of the issues identified at our last inspection. For example, care plans were now person-centered, staff received on-going training and audits were more thorough.

- The provider had employed a care consultant to drive improvements at the service . Feedback from relatives and staff about the management of the service was positive. Comments included, 'I think [the registered manager] does very much try.' 'I have seen some improvements since the last inspection. I have found management to be quicker in actioning things and being responsive' and '[The registered manager's] very friendly and approachable and she likes my relative, she's very caring. I have no complaints.'

- The registered manager was aware of their role and responsibility in line with the Duty of Candour. The

Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. This was confirmed by a relative who told us, "[The registered manager] will apologise when things go wrong."

- The registered manager shared an example of when a medicines error had been identified and they reviewed the staff's competency and provided additional training to the staff member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; and Working in partnership with others

- The provider was in regular contact with people's relatives about the care and support their relative received. Relatives told us the provider was approachable and available to answer any of their questions.
- Telephone monitoring was taking place, to gather people's feedback of the service. Staff also confirmed the provider positively sought their views and opinions through supervisions and discussions.
- The provider worked in partnership with stakeholders to drive improvements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.</p> <p>The provider failed to ensure safe care and treatment.</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 12(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. 17(2)(a)(c)</p>