

Dunmore Care Ltd

# SureCare (St Albans & The Dacorum)

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Inadequate



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

This inspection was carried out on 25, 26 and 30 June 2015 and was announced.

Surecare (St Albans and Dacorum) is registered to provide personal care to people living in their own homes. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 22 July 2014, we found them to be meeting the required standards. At this inspection we found that they were not meeting the standards.

# Summary of findings

People who used the service were not protected from the risks associated with poor recruitment practices. Pre-employment checks were not always carried out. References were not validated; gaps in employment histories were not challenged or explored. There were signatures in care records of people who had delivered care, who the manager told us they were not aware of and who there was no record of employment checks for.

People who used the service told us their needs was not always met by the provider. Care was provided around the availability of staff and not the assessed needs of people using the service. Their personal care needs, assistance with medicines, assistance with the provision of food and drink was not delivered at the agreed times leaving people at risk of neglect.

Medicines were not always managed safely. Although staff had received training, the process of assessing staff competency was irregular and ineffective.

We saw certificates showing that staff had attended various training courses. However other documentation seen suggested that staff were delivering care at the times they were attending training. Training was not managed effectively and staff training needs had not been assessed.

Care plans did not contain sufficient details to inform care staff of the type of support people required and there was little information about people's medical conditions, religious, spiritual or cultural needs. People's food and hydration needs were not always met and there was little monitoring in this regard.

There were insufficient processes in place for managing staff, monitoring the delivery of service, keeping accurate records or following policies which were available but not in use. Although a quality monitoring survey had been completed it had not been evaluated or an action plan put in place to address shortfalls.

At this inspection we found the service to be in breach of regulations 9, 10, 12, 13, 16, 17, 18 of the Health and Social care Act 2008 (Regulated activities) Regulations 2014, and regulation 18 of the Registration regulations 2009.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe."

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate



The service was not safe.

Recruitment processes and checks were inadequate.

People were not supported in a timely way to ensure their needs were met safely.

There were not sufficient numbers of suitable staff to keep people safe and meet their needs

People's medicines were not managed safely.

### Is the service effective?

Inadequate



The service was not effective.

People did not receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities.

Staff did not receive training relevant to their roles and did not have their competency assessed.

People were not consistently supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Consent to care and treatment not always sought in line with legislation and guidance, and was not reviewed.

### Is the service caring?

Inadequate



The service was not caring.

People were treated with kindness but their privacy and dignity was not promoted.

People who used the service and their relatives were not consistently involved in the planning and reviewing of their care.

The service did not support people to express their views and actively involved in making decisions about their care, treatment and support.

### Is the service responsive?

Inadequate



The service was not responsive.

People who used the service and their relatives had raised concerns. But these were not investigated and responded to appropriately.

People did not always receive care that met their individual needs and care plans were not designed to reflect their needs and preferences.

### Is the service well-led?

Inadequate



The service was not well led.

# Summary of findings

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There were no systems in place to monitor, identify and manage the quality of the care provided.

Governance was inadequate the issues found on our inspection, had not been identified or addressed by the management.

The manager had not ensured the service met the fundamental standards.

The service did not promote a positive culture that was person-centred, open, inclusive and empowering.

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# SureCare (St Albans & The Dacorum)

## Detailed findings

### Background to this inspection

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

This visit took place on 25, 26 and 30 June 2015 and was carried out by an inspection team of two inspectors. The visit was announced, and the provider and registered

manager was given 48 hours- notice of the inspection. This was to make sure that the manager was available. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

As part of the inspection we spoke with six people who used the service, three relatives, three members of staff, and the registered manager. We received feedback from health and social care professionals. We viewed five people's support plans and four staff files.

# Is the service safe?

## Our findings

People were not always protected from risks of unsafe care, and did not always receive appropriate care that met their individual needs. We found that visits were provided around the availability of staff and not at the times people had been assessed as needing their care. This included assistance with giving people their medication which they needed at specific times.

We found that care plans did not reflect people's current health needs or give sufficient detail about the level and type of support that people required. As a result, people were at risk of not having their personal care needs met effectively or safely.

We found that where a person was identified as being at risk, assessments were completed; however these did not give staff information about how to manage or prevent the identified risks. Risk assessments were not individualized for the person, were not reviewed on a regular basis and did not contain sufficient information to enable staff to manage risks to people safely. For example, one person had been assessed as being at high risk of developing pressure ulcers and had poor mobility. There was no guidance for staff about how to support the person in relation to these areas. We also saw examples, where accidents had occurred and no risk assessment or evaluation had been completed. For example one person had been recorded as having a fall, they had a body map completed which showed five different injuries. However there was no assessment completed to assess the risk of falls and no evaluation to see what could be done to reduce the risk of the person falling again. We also found that although review dates were documented there was no record of the details of the reviews or any updated information to show the review had taken place.

We were told by the manager that the office was open Monday- Friday from 9.30am to 5pm and that there was a contact number for out of hour's support for people who used the service. For example, if care staff had not turned up, they could contact the office. We found during the inspection process that on at least six occasions we tried to contact the office and were unable to do so, our calls were directed to a voicemail service. We had left messages for

someone to get back to us. Our calls were answered in between one and two hours. This meant that people would not have been able to contact the office in an emergency or if their care staff did not arrive.

Risks were not always assessed, reviewed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We requested a list of staff who worked at the service. The registered manager told us there were four staff employed at the service which included the manager and the nominated individual who also provided care. The manager could not demonstrate that they employed enough staff to meet people's needs. The schedule of visits needed to meet people's needs at the times they had been assessed as requiring visits could not be met by the four staff that the manager told us were employed by the agency. Safe recruitment processes were not followed by the provider. We found gaps in the employment histories for staff. The manager told us all references were requested in writing, but none of the files contained written references. We found that all the references had been obtained by telephone and had not been validated by the manager. We found one reference which was sent to the registered manager and was also signed by the same registered manager indicating she was both requesting the reference and was the person receiving the reference on behalf of another company.

We found initials on care records of three people who the manager told us were not employed by the service. Following the inspection we requested an explanation as to who the initials were in people's progress notes in their homes. The manager was unable to provide an explanation. Feedback from people using the service and their relatives also identified names of people who were providing care who we were told were not employed by the agency. There was no evidence that these people had the required pre recruitment checks. There were no application forms, no references and no disclosure and barring (DBS) checks for these people. There were no training records and therefore no way of knowing the competency, skills or abilities of the staff that were providing a service to people. The lack of appropriate pre-employment checks placed people at risk of harm by staff who had not been recruited or trained to an appropriate standard.

## Is the service safe?

The lack of pre-recruitment checks was a breach of Regulation 19 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always managed safely. We visited a person to request feedback about the service they received. We found that the medicine chart (MAR) had been completed and medicines signed to say they had been given for the following day. The person's medical condition required them to have medicines regularly to control the symptoms of their illness. We brought the error to the manager's attention however we were told "it is ok, I have rectified it" with no further explanation. Further concerns were raised in relation to this incident as we saw that the person completing the medicines chart had identified competency issues which had not been assessed in relation to the administration and recording of medicines.

Although records seen showed that staff had received training in the administration of medicines, there was no evidence of staff competency being checked on a regular basis or that the training had been effective.

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

We saw that there was a safeguarding policy in place and saw that there were certificates to say staff had attended safeguarding training. However there were anomalies with the dates and times the training provided with staff having to provide care to people at the same time as they were attending training. We were unable to speak to staff to assess their understanding of safeguarding due to them not responding to requests to contact members of the inspection team to provide feedback and information.

During our inspection we found a number of concerns that we reported to the safeguarding team which had not been identified and reported by the staff or manager. For example unexplained bruising, and an allegation of theft and an injury to a person which were not investigated. During our inspection we did not see any evidence of safeguarding material or contact details to assist staff with reporting any safeguarding concerns.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

People gave us mixed feedback about the care they received. When asked about the skills and abilities of staff, people said that it varied between staff, some knew more than others. For example, a Relative told us about an incident when their relative had become unwell but the response from Surecare was not effective because the person initially providing the care was the provider's relative and not employed by the service. They did not know the person they were providing care to and there was a delay in seeking medical attention and the person was left food and drink which they were unable to consume, and they did not have their medicines administered.

We reviewed the care plan for another person and found that the care plan did not detail the person's diagnosis or the fact that the person had a cognitive impairment and could be confused at times. This meant that staff did not have the knowledge or access to relevant information to ensure the care provided was effective and met the person's needs. There was no evidence of any processes or learning around good practice and staff did not demonstrate or mention 'good practice' when we spoke with them.

We saw that the latest visit was at 8pm and asked the manager if people wanted later visits could these be provided in accordance with people's choice. The manager told us that this would not be accommodated by the service due to long working hours and people would have to find another provider if they want later calls. We already work a long day, if they want later visits we would refuse to take on the care package and they could go to another provider.

We asked the manager how they seek people's preferences. For example, do people have a preference for a male or female member of staff to assist them with personal care. The manager told us that people's preferences were sought and documented on the file in the people's home. People who used the service could not remember being asked if they had any preferences for how their care was given. We found no evidence in the three files we checked in people's home that they had been asked about their preference.

We saw initials on various documents indicating that care was provided by people who were not on the staff list given to us by the manager. There were no details available to show whether these people had completed any training or had any supervision.

Staff supervision records contained the same information for each of the staff members on the staff list given to us by the manager. For example, all the front pages were the same 'no concerns since last supervision'. The supervision document had no discussion about people who used the service, best practice, safeguarding training or development needs or actions agreed. Similarly the annual appraisal was a scoring sheet with no evidence of a discussion or development of the person. One member of staff told us "it is just a tick box exercise". The manager told us the administrator was her supervisor and the nominated Individual (NI) was supervised by the manager and the administrator. However the administrator told us they did not have any knowledge about the care side of the business so would not have the necessary skills to supervise either the NI or the manager.

Staff did not have their skills, abilities and competency assessed or reviewed. This meant that people were receiving care and support by staff who did not have the appropriate knowledge and skills for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the manager about mental capacity act (MCA). We noted that there were no capacity assessments made for people to assess people's capacity or best interest meetings completed for people who used the service. For example, we found that one person's care plan showed they did not have capacity to manage their finances, a family member managed finances for them. There had been no capacity or best interest assessment done. The manager confirmed that capacity and best interests had not been completed for people, but planned to do them in the future.

We asked the manager about staff awareness in relation to consent and around decision making. We saw that some care plans contained signed consent forms in relation to their care plans but these had not been reviewed and in some cases were signed some time ago. People told us the staff does give them choices the majority of times however on occasion did not.



## Is the service effective?

The manager told us that they supported people to eat and drink sufficient amounts. They said they gave people “What they had in their fridge or cupboard because support was provided in people’s own homes”. People who used the service told us “they assist me with getting my food and drinks ready”. Another person said they “can get their own if the care worker does not arrive at the expected time”. Most of the people who used the service had people living with them and supporting people to eat and drink sufficient amounts was not part of their assessed needs.

People told us that the staff assisted them with making GP appointments if necessary. A relative told us their relative required a chiropody appointment but this had not been done. Other people told us “if you ask them to book an appointment, they will do it. We saw that people had access to other healthcare professionals such as consultants at the Hospital, and a list of health related appointments were recorded in people’s care records.

# Is the service caring?

## Our findings

We spoke to the manager about the times of visits and the level of communication with people who used the service. The manager told us if they were running late they let people know by calling them. However we observed that people were not contacted when staff were late for visits.

Furthermore we saw a complaint from a family member saying visits are often late and with no contact or explanation. The manager explained to us that they don't work to a rota and staff decided which visits they are going to do between them. .

We did not see evidence that people were supported to express their views and be actively involved in making decisions about their care, treatment and support. For example we saw a care plan had been completed by the manager in November 2014 and it had been signed by a family member in January 2015 to say they agreed with the content. There was no explanation for the time delay or why the relative was signing the care plan and not the person themselves. We saw another care plan with a time lapse between the assessment and the care plan being signed. People told us they could not remember being involved in their care planning.

We found that communication within the organisation was limited and poor. People were not kept informed about things. One relative told us, "They only tell you what they have to." People who used the service told us, "Communication varies depending on who you have."

We found that Information in people's care notes and files was limited. For example there was no Information about peoples past lives, their likes or dislikes, or anything about their religious, cultural or spiritual needs.

We found that information was not provided to people regarding the service, for example the objectives of the service, statement of purpose, office contact details, or how to make a complaint or the cost of the service. We found that people were provided with excerpts from policy statements such as the organisations policy on consent to care and treatment, continuity of support workers, and cooperating with other providers. These documents were not made available in an accessible format to make them easier for people to understand.

We found that peoples personal preferences, lifestyle and care choices were not respected. We saw that an item had been purchased and put in the service user's home without any consultation with the person or their family. The Family were then invoiced for the item.

We did not see any evidence to suggest that people were supported to access advocacy services. People we spoke with did not know anything about accessing advocacy services.

The provider did not support the autonomy, independence and involvement in the community of the service users, and did not ensure the privacy of the service user. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service responsive?

## Our findings

People did not receive care that was responsive to their needs. People did not always contribute to the assessment or planning of care. Respect for people's views, preferences, wishes, and aspirations were not identified or recorded. Care needs were assessed, reviewed, and recorded inconsistently. Care plans did not contain sufficient detail for staff to be able to meet people's assessed needs or to respect their wishes about how their care was delivered. Staff did not attend visits to people at the times people had been assessed as needing care.

Concerns and complaints were not encouraged or responded to appropriately. There was no evidence to suggest that management acted on information about the quality of care. Concerns and complaints were not used as an opportunity to learn and improve the service. For example we saw that a complaint made in February 2015 regarding the timing of time critical visits had not been resolved. The person concerned required medicines to be administered at specific times to assist with managing a

medical condition. The manager agreed that this would happen. However a further complaint made at the end of May 2015 said that visits were still being provided at "random times" and was impacting on other aspects of the person's life. We saw another complaint made by a relative. The complaint was not investigated and we saw documents saying that as the person no longer wanted a service from Surecare they were unable to proceed with the investigation.

We saw one complaint that related to the nominated individual and there was no investigation or outcome recorded. Another complaint related to a person being given food which was not suitable for their medical condition and the response was that the person liked that particular food with no further assessment or explanation. There was little evidence to suggest that the manager tried to resolve these complaints to the satisfaction of the customer.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

The service lacked strong leadership and the management practices used were ineffective.

We asked for Information relating to how many people used the service and the breakdown of support hours they provide to people. We were told 108 hours were provided. However we found that a schedule of approximate times and durations of visits which showed they provided approximately 160 hours a week. We found that they provided care to 15 people. They did not know how many hours they provide each week and they did not have time sheets or rotas to show which staff were going to cover which care calls. The manager was unable to demonstrate how the invoices sent to people to pay for their care were correct as they had no system in place that monitored the times of the actual calls. This was a concern as people may have not being correctly charged for services they received.

During our inspection a member of care staff agreed to meet us in the office after they had provided care to people. The care worker never returned to the office and we were concerned for their safety and wellbeing and asked the manager if they had been in contact. The manager told us they were unable to contact the care staff. The manager did not contact the people who the care worker had been to assist to see if they had arrived safely. The lone worker policy was not implemented, and we saw no evidence in staff files of risk assessments having been completed for staff working alone. When we left Surecare's office at the end of the day, we asked to be updated about the whereabouts of the care worker. We did not get an update until we called the office next morning. The manager did not follow any emergency procedure or make any attempt to locate the whereabouts of the care worker.

There was no clear guidance or values demonstrated by the management team. Staff were unclear about what was expected of them. Staff were not aware of what the aims and objectives of the service or how they would be achieved. We found the office to be disorganised and chaotic.

A week after the inspection the manager provided us with a list of people who were employed at the service and in addition to the four people we were told were employed at the service, we noted that there were two additional names on the list which the manager said were in the process of

being employed at the service. These people were not mentioned during the inspection, and there was no documentation relating to their employment, training or supervision. We found evidence that they had been working at the service, providing care to people for almost 3 months. We identified the initials of other people who had been providing care and received feedback from staff and relatives confirming names of people who were not part of the staff team the manager had detailed. The manager was unable to provide any explanation as to who these people were and told us she "did not recognise them". This was not investigated by the manager, and we received no further explanation in respect of this matter.

The manager told us they undertook quality monitoring however there was no evidence of any audits. A survey had been completed but not evaluated or any action put in place to address any of the issues raised. We found the service lacked processes. We found that when we asked for an explanation on how something is done the explanation given was unclear and in many cases untenable. For example, the explanation given for how calls were covered at the times people needed care. Records contradicted what the manager told us actually took place. The systems that were in place were not effective in identifying concerns or improving the service. Additionally the systems to obtain feedback were inadequate.

We saw that when complaints had been received, they had not been investigated in accordance with the provider's policy. In the case of one complaint we saw communication to the person telling them there was only one care worker available to attend to them (who was the subject of their complaint). However the records confirmed that this was not in fact the case.

We reviewed records relating to notifications. A notification is sent to CQC to inform us about important events such as an accident or incidents. The manager told us they did not keep a record of accidents or incidents but recorded individual events in people's files. We found that we had not received notifications about incidents which had occurred. For example, we saw a body map which detailed injuries a person had sustained. The management did not have an overview of the occurrence of incidents and no plans to reduce the risks of a reoccurrence of incidents and accidents.

## Is the service well-led?

Providers must notify CQC without delay of all incidents that affect the health, safety and welfare of people who use services. We had not been notified of two such incidents this was a breach of Regulation 18 of the registration regulations 2009.

The provider did not have any system to carry out any checks to ensure staff were attending visits at the prescribed times. The provider also did not ensure that the service was being delivered in accordance with their statement of purpose. For example, to 'offer a service that fully satisfies the needs and expectations of individuals in their own homes'.

We found that people's privacy and dignity were not maintained and confidential records were left on desks in the office where anyone visiting the office could see them.

There were no systems and processes to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.