

Scotgren Limited

# SureCare Services (Wessex)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

SureCare Services (Wessex) is a domiciliary care agency providing personal care to people living in their own houses and flats in the community. 41 people were using the service at the time of this inspection. 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

At our last inspection December 2018, medicines had not been managed safely for people and the provider was in breach of regulation 12. At this inspection the provider had not taken action to address these concerns and remains in breach for a consecutive time.

Risk assessments and incident reporting lacked detail. This was evidenced following incidents where it was unclear if any actions had been taken to minimise the risk of a reoccurrence.

Recruitment practices in the service had not always been undertaken safely. We made a recommendation to the provider in respect of this.

Despite areas of improvement being noted at the last inspection in December 2018, the provider had not taken the necessary action to address these concerns in a timely manner. This was a breach of regulation 17.

There were mixed indicators about the culture of the service. People spoke positively about the care and support they received, and staff were all positive about their role, the staff team and organisation. However multiple entries in care records showed disrespectful and undignified language used when evidencing people's care and support.

People all told us they felt safe with the staff who came to support them and had no concerns.

People all knew who the registered manager was and most had met her in person. People we spoke with praised the staff for their care and kindness shown.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 March 2019).

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

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about the providers response to a safeguarding incident that CQC were made aware of in February 2021. A decision was made for us to inspect and examine those risks.

The inspection was also planned 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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for SureCare Services (Wessex) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) and a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 inspection.

Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### 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.

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# SureCare Services (Wessex)

## 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 one inspector.

#### 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 Care Quality Commission. 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 the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 four people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager and their business partner.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and provider policies. We received feedback from a health and social care professional about 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 Requires Improvement. At this inspection this key question has remained the same. 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; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection December 2018, medicines had not been managed safely for people and the provider was in breach of Regulation 12 Safe care and treatment. At this inspection the provider had not taken action to address the concerns around how people's medicines were recorded and remained in breach for a consecutive time.
- We reviewed people's medicine administration records (MAR) from January to March 2021. We observed there were regular missed signatures amongst these MAR's. Some of these had been picked up on the registered managers review but there was no evidence recorded on the management of these or any actions taken. On other occasions it stated there was no concerns despite gaps appearing on the MAR with no reason recorded. This meant we could not be assured people were safely receiving their medicines as prescribed.
- The provider's policy which had been due an update in March 2021 around managing medicine incidents had not been followed. For example, it stated that if there was an incident in which a person's health could be affected, medical advice should be sought. One medicine error did not record that medical advice had been sought to ensure the person was not at risk of harm. The registered manager said they would have normally called for medical advice but, on this occasion, it had not been done.
- Another person had fallen three times. On one incident form they had gone to hospital but there was no record of what their injury had been in order to ensure care support continued safely.
- One person was having a prescribed topical medicine applied, however there was no MAR to record when this was given or how often. We raised this with the registered manager who confirmed there was not one in place. The care plan for this person stated they did not receive any support with medicines; however, this was incorrect.
- The majority of risks to people had been assessed and plans put in place. However, at times we saw following incidents or for specific medical conditions care plans were not updated or lacked detail.
- One person had a catheter in situ. There was a lack of detail recorded for staff on how to manage this and what any presenting concerns may look like and the action to take.
- One person had experienced some previous falls; however, this had not been part of the review of their falls assessment to consider what could be done to mitigate the risk going forward.
- We reviewed the incidents and accidents that were recorded. We saw four incidents were recorded for 2021. There was a lack of detail documented around actions taken or put in place to prevent a reoccurrence.
- We saw other references to injuries in people's care records, however there was no evidence of these

being raised further or a follow up. This included bruises, a skin tear and a person who was breathless with chest pain. The registered manager told us one of their targets last month had been to start introducing body maps to record and track concerns. However we did not see evidence of this yet being completed at this inspection.

This continues to demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were informed of risks to people and would receive information ahead of visiting them. People had regular staff and most staff had worked within the service for a long period of time and knew people well which meant they could detect any changes quickly.
- Staff we spoke with were able to say what they should do in the event of an incident. This included assessing if medical assistance was needed, reporting to the registered manager and recording the incident.

#### Staffing and recruitment

- Recruitment practices in the service had not always been undertaken safely. For example, identification documents had not been signed and dated in line with Schedule 3 pre employment checks.
- One employee had a gap of five years in their employment history and there was no reason recorded or known about this gap.
- One employee had given two friends and a staff member at their previous employment as references. Despite the previous employment having a manager and an HR department the registered manager had not followed up why the actual employer's contact details had not been provided instead of a colleague.
- This staff member had also not given their last employment as a reference. This had not been followed up by the registered manager to ensure there was no concerns about why this was not given.

We recommend that the provider reviews their recruitment systems to ensure they follow safe practices and are in line with current employment legislation.

- Staff spoke positively about the staffing levels in the service saying, they visited the same people which allowed continuity of care and had enough time during their visit. One staff said, "I think we have enough staff and time to complete our duties without any problems."
- People we spoke with had not experienced any missed or late calls and praised the service for sending staff they were familiar with. One person commented, "No late or missed visits. If they were going to be late, they would phone."

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

- People all told us they felt safe with the staff who came to support them and had no concerns. Comments included, "We have regular staff, we are very comfortable and confident with [staff name]. New staff are always introduced before coming to my house" and "They are absolutely wonderful, no problems or complaints, I would say so if there was."
- Staff we spoke with understood their responsibilities around safeguarding people and raising concerns.

#### Preventing and controlling infection

- The service had good availability of PPE (personal protective equipment) Staff told us they had always had good access to PPE and people said this was worn appropriately on visits.
- All staff had completed a health assessment at the start of the pandemic to ensure the provider was aware of any risks to staff.
- The service had a weekly testing programme in place for staff and all staff had received their first



vaccination.

- All staff had refreshed their infection control training since the pandemic and had watched the Public Health England's presentations on the spread, handwashing and donning and doffing.
- The service had limited the number of people working in the office and the space was set up to allow social distancing.
- A COVID-19 Recovery Plan Policy was in place and where required risk assessments had been undertaken.
- On arrival to the service we were not asked to provide any details for NHS Test and Trace or sign in as a visitor. We raised with the registered manager the importance to ensure visitors details are recorded.

# 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-centred care; supported learning and innovation; and promoted an open, fair culture.

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 service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection a recommendation was made for the provider to ensure quality auditing systems were reviewed so shortfalls could be effectively identified and addressed in a timely manner. This had not been done and the provider is now in breach of regulation 17 Good governance.
- There was a lack of formal quality assurance in place to monitor the service and drive improvement.
- Despite areas of improvement being noted at the last inspection in December 2018, the provider had not taken the necessary action to address these concerns in a timely manner. There had been no improvement plan following this inspection to evidence oversight of these issues or show they were managed appropriately.
- Shortfalls we identified had not all been picked up as part of the provider's quality assurance. For example, in medicines, care plans and incident recording. Where concerns had been identified there was a lack of evidence to show how these had been managed and the actions taken. The registered manager told us, "We just know from feedback that people are happy, and we like to think this is a good point."
- One notification regarding an allegation of abuse from an incident in 2019 had not been reported to CQC. It was reported to the Local Authority by the person concerned and not raised by the provider. The registered manager informed us this was because it had been managed in-house and had not considered it necessary to report at the time.
- There were mixed indicators about the culture of the service. People spoke positively about the care and support they received, and staff were all positive about their role, the staff team and organisation. However multiple entries in care records showed disrespectful and undignified language used when evidencing people's care and support.
- For example, we saw entries recorded of, "toileted but no go!", "Bed soaking wet again like a swimming pool!! Refused to be bathed" and [person's name] in a mess" We raised this with the registered manager who confirmed they were aware of this inappropriate recording and had previously verbally raised it with staff. However, there was no evidence to show this had been picked up during record reviews, or that action had been taken to address this with individual staff and therefore it had continued to be a concern.

The failure to assess, monitor and improve the quality and safety of the service effectively is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that staff had received spot check visits to review their practice and competency in areas including moving and handling and infection prevention control.
- During the inspection nobody raised any concerns to us about the care they received. The language used in care plans had not followed through to be reflective of the care given in practice.
- People all knew who the registered manager was and most had met her in person. People we spoke with praised the staff for their care and kindness with one person commenting, "The girls are all pleasant and I'm quite happy." The registered manager told us, "I am proud of people that come [to the service] through word of mouth, staff can speak to us and so can people. We are personal and person centred, small so we know people."
- Staff we spoke with enjoyed working for this service and told us the manager was approachable and supportive. Comments included, "I enjoy that it is quite a small company so I know all the carers and office staff and I really get on well with them all", "The manager is great and can talk about anything and she will listen" and "They are very good company to work for, they always look after me. I could call on them at any time."

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

- The provider was aware of their responsibilities under the duty of candour.
- People told us they felt comfortable raising concerns and that these would be managed fairly.

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

- Staff were kept informed of events relating to the service through a monthly newsletter and verbal and written updates when required. Staff meetings had been unable to continue during the pandemic and instead staff visited the office for a one to one meeting. The last staff survey was a year ago but due to the lack of responses the registered manager had not undertaken another one. Staff were aware they could request a meeting at any time.
- We reviewed the last feedback survey for people in December 2020 and saw positive responses were received. The registered manager wrote to everyone following this to share the results. Letters were sent to people to keep them updated of what was happening in the service with regards to staff COVID-19 testing and the vaccination programme.

Continuous learning and improving care

- The registered manager spoke about the difficulties they had experienced in auditing and obtaining information from some people in order to fully reflect their needs in documentation.
- People we spoke with could not think of any improvements the service needed commenting, "No improvements, no complaints, staff are very helpful" and "No improvements, it's excellent."

Working in partnership with others

- The management team felt well supported by external professionals.
- One health and social care professional gave positive feedback about their working relationship with the provider commenting, "I have found the service very easy to work with and responsive to any queries or suggestions I have."

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>Medicines were not always managed safely. We observed gaps in medicine records that were not managed appropriately or documented correctly to ensure people received safe support.</p> <p>Following incidents and accidents, there was a lack of evidence around further actions taken or a review of the risks, in order to update care records and prevent a reoccurrence.</p> <p>Regulation 12 (2) (a) (g).</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service. There was a lack of overall governance within the service to ensure it was managed effectively.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f).</p>

### **The enforcement action we took:**

A Warning Notice has been served against the provider.