

AHM Care LTD

# SureCare Lambeth

## Inspection report

36-37  
Albert Embankment  
London  
SE1 7TL

Tel: 02039680431  
Website: [www.surecare.co.uk](http://www.surecare.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

SureCare Lambeth is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were three people receiving personal care support.

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 and their relatives felt they were safe from the risk of poor care. They were supported to take their medicines in a safe manner. Risk assessments were completed when people first began to use the service so that staff could support them safely. Recruitment procedures were robust.

Care workers received appropriate training and regular supervision. People received adequate support in relation to their nutrition and their general healthcare needs.

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 and their relatives told us that care workers were kind and caring. People were supported to maintain their independence and were involved in the delivery of the care which met their needs.

Individual care plans were in place and these reflected people's needs and preferences. Complaints were investigated and recorded appropriately. There were no records in relation to end of life care, we will follow this up at our next planned inspection.

People and their relatives were happy with the way the service was managed. The manager carried out checks to ensure the quality of care being delivered was good.

### Rating at last inspection

This service was registered with us on 24 October 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered with us.

### Follow up

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

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# SureCare Lambeth

## 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 conducted by one inspector.

#### Service and service type

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

The service had a manager who was applying to become registered with the Care Quality Commission at the time of the inspection. 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 48 hours' 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. Inspection activity started on 29 August 2019 and ended on 02 September 2019. We visited the office location on 29 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our 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.

During the inspection

We spoke with two staff, the manager and the business development manager.

We reviewed a range of records. This included two care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We also spoke with one care worker.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff employed to meet the size of the service and people's needs. Comments from people and relatives included, "They always turn up on time" and "No problem with timekeeping."
- Staff recruitment was robust. Staff files included application forms with details of employment history, evidence of ID and a Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

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

- People and relatives we spoke with told us they felt safe, comments included "They take personal pride in doing a good job and making sure I feel safe" and "I'm satisfied that [family member] is safe."
- Training records showed that staff had received safeguarding training when they first joined the service. Staff understood their responsibilities if they had concerns about people's safety. They said, "Safeguarding is protecting yourself and clients from abuse and harm. There are different types of abuse. If they tell me then I have to explain the next steps to them and I would have to report it."
- There were no current safeguarding concerns with the service.

### Assessing risk, safety monitoring and management

- Risks to people were assessed when they first started to use the service.
- Risk assessments were comprehensive in scope and covered areas relating to people's care and support needs. These included assessing the risks for pressure sores, falls, mobility and any environmental risks in people's homes.
- Where areas of high risk had been identified, these were managed through effective risk reducing which meant that people could continue to live their lives in a safe manner.

### Using medicines safely

- People told us they received their medicines on time and in safe manner.
- Where people requested support to take medicines, the provider carried out an assessment of their needs.
- We reviewed people's medicines administration record (MAR) charts and saw these were completed by staff appropriately.
- We did see one example where the dose of a medicine on the MAR chart did not match the dose that was stated on the medicines assessment form and the time the medicines had been administered was not clearly recorded. We raised this with the manager at the end of the inspection. After the inspection, the manager confirmed the steps they would take to ensure this would not occur in future. We will check this at

the next inspection.

#### Learning lessons when things go wrong

- No incidents or accidents had taken place since the service had first registered with us.
- Incident forms and policies in relation to incident reporting were in place which included details of the action to be taken and how escalation and reporting procedures should any incidents or accidents take place in future.

#### Preventing and controlling infection

- Personal protective equipment was made available to care workers in order to support people during personal care.
- Training records showed that staff received training in infection control.
- People and their relatives did not raise any concerns around infection control practice.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed to us, and training records showed they received an induction to the service and an introduction to the Care Certificate when they were recruited. This is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.
- Care workers received supervision with the manager, this meant they were able to discuss any work practice issues and performance issues.

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

- Care records included an initial assessment during which people's support needs and any associated risk were identified.
- The manager told us, "I take all the relevant documents and give people information about our company. We carry out the assessment together and put in place a start date if they are happy to go ahead. They get a copy of the full assessment after I complete it, they have a chance to read through it and sign where required."
- People and their relatives confirmed to us they were involved in the assessment process and care was delivered in line with their wishes.

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

- People told us care workers prepared their choice of meals. Comments included, "Sometimes they will heat up food from the fridge and cut up salad and fruit for me" and "They help [family member] to prepare their meals."
- Assessment and support plans were in place for nutrition and hydration. These included people's preferences and the type of support they needed.

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

- Care records included details of health and other professionals involved in supporting people, such as their GP, social worker and therapists.
- Care workers told us they could not recall having to contact other professionals when supporting people but were aware of where to find the contact details if they ever needed to make any referrals in future.
- Care records included details of medical conditions that people had and care workers were aware of these.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us they were involved in the assessment process and their views were considered. Records showed their consent was taken when agreeing to their assessment and support plans.
- Staff were aware of the importance of seeking consent from people. They gave us examples of how they did this when supporting them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives were happy with the care they received and told us the care workers were very caring. Comments included, "Extremely happy. They are delightful, very professional and very heartfelt and well intentioned", "They go beyond, they are terrific", "The carers are really lovely" and "They are great."
- Care workers were able to tell us about people's individual needs and told us they treated people equally and with respect. Care records included any cultural or religious needs and details of their history and interests.

Respecting and promoting people's privacy, dignity and independence

- People told us that care workers helped them to maintain their independence. One person said, "Just today the carer was saying I'm sure I could walk alone, they really support me to be as strong as I can be." A relative said, "yes, they support [my family member] to be as independent as possible. They support her in the right way."
- Support plans were written in a way that promoted people's independence. For example, they included people's personal care preferences and the level of support needed. A care worker told us, "[Person] is quite independent, they need minimal support with meals but does need more help getting dressed."
- People's privacy and dignity were respected by staff. Care workers told us they were always careful when supporting people with personal care.

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

- People told us they were in control of their care and care workers supported them according to their preferences and wishes. A relative told us, "They kept me informed throughout."
- Support plans were completed with the help and input of people and relatives, where appropriate.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- The service worked with people and their relatives to develop support plans that reflected their needs.
- Support plans were based around promoting people's life and daily living skills. Care plans were based around achieving seven different outcomes and what people wanted to achieve. These outcomes were improved health and wellbeing, improved quality of life, making a positive contribution, increased choice/control, freedom from discrimination/harassment, economic wellbeing and maintaining personal dignity and respect. Support plans were all based around achieving one or more of these outcomes.
- Care workers were aware of the importance of delivering personalised care to people and understood they had individual needs. They told us they read people's care plans to improve their understanding of their support needs and also delivered care in line with people's wishes.

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.

- Assessments were completed for people's communication needs which showed that the provider had taken steps to comply with the AIS. These considered any support needs with regards to people's sight, hearing and speech and the ways in which care workers could support them in these areas.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were happy with the service. Comments included, "Nothing to improve" and "I have no complaints whatsoever." They said they would speak with the manager if they were not happy.
- Records showed there had been one complaint made. This had been resolved through a telephone call to the satisfaction of the complainant. The record included an overview, investigation plan, and the final conclusions.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- There were no records to indicate discussions around end of life care preferences had taken place. We spoke with the manager about this who said this was not something they had considered as no one was receiving end of life care. We will follow this up at the next inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture within the service. People and their relatives told us the manager was approachable and always available to speak with. Comments included, "[Manager] is always available for any question or query" and "She is always calm and collected."
- The manager was aware of her responsibilities under the Duty of Candour. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was in the process of applying to become registered with CQC. She displayed an understanding of the responsibilities of the role.
- Due to the size of the service and the short period it had been registered, the manager took full responsibility to carry out assessments, develop care plans and carry out quality assurance checks herself without the need to delegate to other staff.
- The provider completed regular audits to ensure they provided a good quality of service. These included checking medicines records and visit notes on a monthly basis.
- Spot checks were also completed in people's homes whilst care was being delivered which helped to ensure care workers were working to required standards.
- The manager told us she was well supported by the director and from the franchise. She said, "If there is anything I am unsure of I can always ask. We communicate and share knowledge and ideas with other managers."

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

- Although no formal quality assurance surveys had been completed to gather feedback, records showed the provider took steps to engage with people. People's views were sought during spot check visits. People told us they had a good relationship with the manager and were able to call her at any time.
- Individual supervision sessions were held, giving care workers an opportunity to express their views.