

# Rosemary Business Services Ltd

# SureCare Newham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

SureCare Newham is a domiciliary care service providing personal care to adults. 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. At the time of this inspection there was one person receiving a personal care service.

### People's experience of using this service

There was no registered manager at the service.

People using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff knew what actions to take if they suspected somebody was being abused. People were protected from the risks associated with the spread of infection. The provider had a system to record accidents and incidents.

The provider had systems in place to support staff in their role including training, supervision and appraisals. People's care needs were assessed before they began to use the service so the provider could be sure they could meet their care 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. The provider and staff understood the need to obtain consent before delivering care.

Staff demonstrated how they got to know people and their care needs. The service involved people and their relatives in choices and decisions about their care. Staff understood how to provide a fair service to everyone. People's privacy, dignity and independence were promoted.

Care plans were detailed and personalised. Staff understood how to provide a person-centred service. People's communication needs were met. The provider had a system to deal with complaints appropriately. The service had a policy in place to provide people with end of life care if required.

Staff and a relative spoke positively about the leadership in the service. The provider had systems to capture feedback from people about the quality of the care provided. The provider carried out various quality checks to identify areas for improvement.

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

The service was registered with us on 12 November 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration. We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# SureCare Newham

## Detailed findings

### Background to this inspection

#### The 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

Our inspection was completed 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 did not have a manager registered with the Care Quality Commission. The registered manager for this service had recently left employment. The provider is therefore 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection. Inspection site visit activity took place on 4 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service. 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 the administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual for this service was also the provider and was managing the service until a new manager was recruited. We reviewed a range of records including one person's care record including risk assessments and two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection

The provider sent us documentation we requested. We spoke with a relative and a care staff member.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of being harmed or abused. A relative confirmed they and their relative felt safe with staff.
- Staff received training in recognising and responding to the signs of somebody being abused.
- Staff demonstrated they knew how to safeguard people from the risks of harm or abuse. A staff member told us, "If you see there is some malpractice, bullying or discrimination going on you report it."
- The provider was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. Example of risks covered included environmental, pressure care, mobility and moving and handling.
- One person's risk assessment for moving and handling noted the person was not able to weight bear, needed two people to assist with transfers and listed the equipment used.
- The provider had a policy for managing people's finances in order to keep them safe from the risk of financial abuse. The system required staff to record details of each transaction and give receipts of the expenditure to the person.

Staffing and recruitment

- The provider used an electronic system for staff to record their arrival and departure at visits using a code and a telephone application. This enabled missed or late visits to be monitored and responded to.
- Records showed there were enough staff employed to cover all visits and staff absences.
- A relative confirmed that staff had never missed a visit and always came on time for visits.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with people. This included criminal record checks for new staff and regular updates to confirm continued suitability of staff.
- Relevant checks were carried out before someone began employment including staff providing written references, proof of identification and right to work in the UK.

Using medicines safely

- The service was currently not supporting anybody with their medicines.
- The provider had a comprehensive medicines policy and staff had received training in the administration of medicines so they could offer this support should anyone need it.
- People had a medicines risk assessment which listed prescribed medicines and what each item was for.

The risk assessments also indicated if the person required support with taking their medicines or obtaining supplies from the pharmacy.

#### Preventing and controlling infection

- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Supplies of personal protective equipment such as anti-bacterial gel, gloves and aprons were available for staff to collect from the office. A staff member confirmed this was the case and said, "And I was given sanitizer which was a bonus."
- Staff had received training on controlling the spread of infection.

#### Learning lessons when things go wrong

- The provider had a system to record lessons learnt from accidents and incidents. There had been no recorded incidents or accidents since the provider became operational. The nominated individual told us they would investigate incidents or accidents if they occurred and would update the care plan if needed.
- The nominated individual told us any lessons learnt from accidents or incidents would be shared with the staff team in team meetings.



# 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 of 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.

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

- People had an assessment of their care needs before they began to use the service which included the reason the person needed care and support, relationship status, preferred form of address and basic history.
- Assessments included details of the support the person needed with personal care, meal preparation, financial management, shopping, health needs and leisure activities.

Staff support: induction, training, skills and experience

- We asked a relative if staff had the skills to provide care. They responded, "Yes they do."
- New staff received a two week induction which included shadowing experienced staff and being observed to ensure the staff member is practising safely. Staff confirmed they had received an induction.
- Staff were required to complete the Care Certificate. The Care Certificate is training in an identified set of standards of care which care staff are recommended to receive.
- Training records showed staff received training in mandatory subjects including fire safety, health and safety, moving and handling and food safety. Records also showed staff could undertake training specific to their role such as dementia awareness.
- The provider had a system of carrying out supervisions with staff. This included discussions about the staff member's performance and any improvements needed and any concerns or changes regarding the people they supported.
- The provider had a system in place to carry out annual appraisals of staff performance. The nominated individual told us these would take place when staff had been working with people for a year.

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

- At the time of this inspection, people did not require support with food shopping, meal preparation or eating.
- The nominated individual told us they were able to offer support with nutrition and hydration if this was required.
- Records showed staff received training in fluid and nutrition so they would be able to provide support with this if required.

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

- Care plans showed the service liaised with health professionals as required. For example, we saw one person had weekly sessions with a physiotherapist and speech therapist.
- Care records contained details of individual and people's specific health needs.

- Care records noted if a person had any allergies and if they needed support with oral care.

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, 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.

- At the time of this inspection, the service was not working with anybody who needed their liberty restricted.
- People had signed consent forms to agree to their care plan and to agree to receiving care from SureCare Newham.
- Staff understood the need to obtain consent before delivering care. A staff member told us, "You get consent at every opportunity so everything you are going to do you have to always check if they [people who used the service] are happy with you doing that."

# 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 of 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

- A relative told us staff were kind and caring. They said, "We are very happy with the staff. Very helpful and supportive."
- A staff member described how they got to know people using the service and their support needs. They told us, "Initially you would read the care plan. Sometimes it's best to speak with the [person], general chit chat, to find out what you can."
- Staff demonstrated awareness of providing an equitable service. A staff member told us, "Try to be neutral, non-judgemental, compassionate and also to try to find out what they want from the service."
- The nominated individual told us, "Personality, character and identity, needs to be respected. Culture is to be respected. We encourage [people] to be themselves."
- Staff told us how they would support any person if they identified as being lesbian, gay, bisexual or transsexual. A staff member said they would treat the person, "No different to anyone else."
- The nominated individual told us, "You have to be non-discriminatory. At the end of the day my responsibility is not to judge. My responsibility is to offer care and support."

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

- A relative confirmed they and their relative were involved in planning the care.
- A staff member told us people and their relatives were involved in their care planning. They said, "They state their wishes and what they want. The company feed that back to you. After that it's trying to keep the lines of communication open because things can change day by day."
- The nominated individual told us how they involved people and their relatives in care decisions. They said, "I ask how I can help or is there anything I can do."
- The nominated individual gave an example of how they involved people in care decisions. The nominated individual explained they supported a person to complete forms when necessary.
- Staff told us how they promoted people's choices and preferences. A staff member said, "Always give them options." The staff member gave an example of how you would not just give porridge to someone for breakfast just because it was winter because they might not want that so you would give them a choice.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. A staff member told us, "If you are involved in intimate care always making sure there's nobody around they [the person] don't want to be around. Making sure their modesty is covered and being respectful with them."
- Staff understood about confidentiality. A staff member told us, "It is making sure [people's] personal details are kept secure. Asking for consent and permission before sharing them."

- Staff understood how to promote people's independence. A staff member told us, "Leave [person] to get on with it. If they ask for your help, then you help them. Be there to support them just in case [they need it]."

# 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 of 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 meet people's needs, preferences, interests and give them choice and control

- A relative told us staff gave care in accordance with their relative's preferences.
- Staff demonstrated they understood how to deliver a personalised care service. A staff member told us, "It is to do things to support the [person's] wishes, that will make them feel valued and what will make them feel respected."
- Care plans were detailed and person-centred and contained people's likes and dislikes. One person's care plan stated, "Likes to listen to radio news and read a magazine after being taken to living room in the morning."
- People's outcomes they wished to achieve were documented in their care plans. For example, one person's care plan stated their goal was, "Eventually being able to conduct activities independently."
- The provider reviewed people's care plans regularly to ensure their care needs continued to be met.

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.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The nominated individual explained how they ensured people had access to spoken communication if they had a hearing impairment. They said, "If they can read then provide written [information] or communicate in sign language, checking hearing aids."
- The nominated individual described how they ensured people had access to written information if they had a sight impairment. They said, "You can read to them. You can give them their glasses to put on." The nominated individual also explained they could use large print to make it easier for people to see.

Improving care quality in response to complaints or concerns

- A relative told us they were happy with the service provided, had not needed to make a complaint and knew how to complain should the need arise in the future.
- The provider had a complaints policy which gave clear guidance to people on how to make a complaint and how these would be handled.
- A staff member told us if somebody wished to make a complaint, "I would try to make myself as non-judgemental as possible. If it wasn't something I could remedy, I would try to put them through the company's [complaints] policy."

- The nominated individual told us that no complaints had been made since the service became operational.

#### End of life care and support

- Care plans indicated whether or not the person had a "Do Not Resuscitate" agreement in place.
- At the time of this inspection, nobody needed palliative or end of life care.
- The provider had an end of life care policy which gave clear guidance to staff about how to provide this type of care sensitively. This meant staff would be prepared should anybody require end of life care.

# 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 of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had recently left employment at the service. The nominated individual explained they were managing the service in the interim period. However, steps had not been taken to begin recruiting a new manager and timescales for this were unclear.

This was a breach of Section 33 of the Health and Social Care Act 2008(failing to comply with the conditions of your registration).

- The nominated individual described how they ensured staff had their voice heard. They told us, "By promoting open culture, encourage staff to talk about any concerns to me."
- Staff confirmed they were given up to date information before visiting people who used the service.
- The provider had regular meetings for office staff to discuss and find ways to develop the service.
- The nominated individual told us they planned to hold meetings for care staff when the number of people using the service increased.
- Staff confirmed the provider had an open door policy and they felt supported in their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us they were happy with the way the service was managed and they were able to speak to somebody in the office if they needed to. They said, "I have the telephone numbers."
- A staff member gave positive feedback about the leadership in the service and told us, "[Nominated individual] is very attentive and very thorough."
- The nominated individual explained how they empowered people using the service in order to achieve good outcomes for them. They said, "I ask [the person's] views when I assess them and if there is anything they want to be involved in and how we can work together with them."

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 nominated individual understood their legal responsibility under duty of candour. They told us, "It's when something has gone wrong and it's being open and speaking to the [person using the service], relatives and apologising. You have to document it and report to CQC and local authority."
- The nominated individual understood their duty to notify CQC and the local authority about incidents and

safeguarding concerns as required. However, they had not needed to do this since they became operational.

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

- The service kept a record of compliments. One compliment stated, "Care is excellent and comprehensive without being intrusive. My needs are relatively straightforward and [staff member] fulfils them admirably."
- The provider completed telephone surveys with people who used the service to check they were happy with the care they received, the staff provided to give care and to identify areas for improvement.
- A relative confirmed they had received phone calls to check they were happy with the quality of the service provided.
- Staff confirmed staff from different ethnic and religious groups were treated equally. One staff member told us, "Definitely very inclusive."

Continuous learning and improving care

- The provider had various quality systems in place to monitor the quality of the service provided to people and to identify areas for improvement. These included spot visits, quality monitoring checks and care record audits.
- Care notes kept in people's homes were returned to the office monthly and checked to ensure they were completed appropriately, fully and were legible.
- The provider also carried out monthly checks of people's care records to ensure care was being delivered as agreed, reviews had been carried out as planned and all identified risks had been addressed.
- The provider carried out spot visits in order to evaluate the performance of staff. This included assessing the skills the staff member demonstrated in appearance, communication, knowledge and record-keeping.

Working in partnership with others

- The nominated individual told us they worked in partnership with other agencies. They said, "I have attended chamber meetings which involves local businesses and discussions of care topics. We share information with other SureCare franchises."