SureCare Barnet Ltd

SureCare Barnet

Inspection report

Central House
1 Ballards Lane
London
N3 1LQ

Tel: 02080904748

Date of inspection visit:
26 September 2017

Date of publication:
10 November 2017

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

The inspection was announced and took place on 26 September 2017. This service has not yet been rated and this is the first inspection to take place at this service.

Surecare Barnet provides personal care and support to people in their own homes and the wider community. At the time of the inspection it was supporting 17 people with a range of needs from learning disabilities to palliative care. It provides a range of support covering varied amounts of support hours, helping some people with a few hours a week to maintain independence, up to one person having a live-in carer to support them to live at home and have their complex health care needs met.

There was a registered manager in post at the time of our inspection that had been registered with the service since it first started in 2016. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe with care staff and there were enough staff to meet their needs. There was a safeguarding process in place and staff knew what abuse looked like and how to report it. There had been no safeguarding incidents in the year leading up to the inspection. Risks regarding care delivery were assessed and included action for staff to take to support each person to mitigate risks. Safe recruitment processes were followed. Medicines were managed safely but we did feedback that one person's Medicine Administration Record was not clear and this was amended promptly. Infection control equipment was used.

The service was acting within the principles of the Mental Capacity Act 2005 and consent was sought for care provision and recorded in files. Staff understood consent and had attended training in this area. Staff were supported through regular supervisions, yearly appraisals and provided with training in areas required to meet the needs of people effectively.

People were supported to eat and drink where required and this was recorded appropriately. Positive health choices were encouraged and care staff supported people to link in with GPs and other health care professionals when needed.

People said the service was caring and they felt well looked after. People were treated with dignity and respect and care staff gave examples of how they could respect people whilst providing personal care. Cultural and religious preferences were recorded and observed during care provision.

People were involved in their care planning and reviews and there were regular checks on the quality of care. Feedback was sought from people and relatives, and was acted on. The complaints procedure was followed and complaints were appropriately recorded and acted upon.

Care staff fed back the service was well led and they felt supported by the registered manager. Audits to check the quality of care were robust and recorded where action was taken. The service worked in partnership with key health professionals to provide effective thoughtful care.

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. There was a safeguarding process in place and staff knew how to report issues.

Risks were assessed and reviewed and staff were able to identify which risks people faced and how to support with them.

Medicines were managed safely. We made some suggestions for improvement with one person's MAR chart which the service acted on quickly.

There were enough staff to meet people's needs. People and relatives told us they felt safe with care staff and the service being provided.

Is the service effective?

Good

The service was effective. Consent was sought from people for care to be provided and people were offered choice.

Staff were supported by regular supervision. Records showed they had a robust induction and training to meet the needs of people effectively.

People were supported according to their wishes with food and drink. People were supported to put on weight where they needed it and with accessing health services.

Is the service caring?

Good

The service was caring. People said care staff were caring and kind.

People were treated with dignity and respect. People and their families were involved in care planning and reviews.

The service provided end of life care with thought, and care staff were being trained further to ensure people's needs were being met in this area.

Is the service responsive?

Good

The service was responsive. Care files were person centred. People fed back the care was focussed on them as individuals.

People's needs were reviewed regularly with spot-checks on the quality of care, visits from the leadership team and telephone calls.

Complaints were recorded, people knew how to complain and there was a clear procedure in place.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who staff found supportive and caring.

People and relatives all knew who the registered manager was, and said the leadership was visible and they could approach the service with any feedback or concerns.

Audit and quality processes were robust and prompt action was taken on issues identified with care practise.

SureCare Barnet

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 checked 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.

The inspection took place on 26 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection the expert by experience had cared for people who were older with dementia care needs. Their role in the inspection was to talk to people and relatives on the telephone to gather their views.

Before the inspection we gathered information from notifications sent in by the provider informing us of important events, and feedback from key stakeholders such as the local authority quality team.

We used a range of methods in our inspection including talking to six people who used the service and three of their relatives, and gathered feedback from ten care staff. We also interviewed the registered manager and spoke with one of the directors, a team leader and a care co-ordinator.

We reviewed five people's care files in detail including risk assessments, care plans, daily records and medicines records. We also examined records for complaints, audit and training records and three staff personnel files. We looked at procedures around safeguarding, medicines, and equality and diversity.

Good

Is the service safe?

Our findings

People said they felt "very safe and the care I receive is very good" and "I feel very safe, no doubts there." A relative we spoke with said "I feel safe using them for her and she hasn't said otherwise either. She seems comfortable with them being there assisting her."

There was a robust safeguarding policy in place and staff said they knew how to spot and report abuse. They were able to give examples of what abuse might look like and we saw evidence that safeguarding was discussed in a recent team meeting and in supervisions. The service had not needed to raise any safeguarding alerts since it opened in 2016 but the registered manager demonstrated they were able to act appropriately in discussions about future cases.

We saw risk assessments in place for all the files we looked at, covering individual risk areas such as falls, choking, pressure ulcers and the care environment. All risk assessments were quality checked by the registered manager. Staff told us of the risks people faced and how to support them to remain safe. However, for one person who was at risk of choking due to swallowing difficulties; there was no guidance from a speech and language therapist (SALT) in their file. The risk assessment did not cover all the detail needed to fully assess and mitigate the risk of the person choking. When we followed this up with the registered manager we found the SALT guidelines were in the person's home and being used by care staff but a copy had not been taken for the office file. Following our visit the registered manager sent us a revised risk assessment with more specific information on how care staff could support them to reduce the risk of the person choking.

We saw how the service managed risks around recruitment with application and interview documents in place to check values and competence of prospective care staff. Each staff member had a criminal records bureau check before they started working for the service to check they were safe to work with vulnerable adults.

Incidents and accidents were clearly recorded and appropriate action was taken to prevent recurrence. For example, for one person when family informed the service the person slipped off of their bed the service sent a referral for them to be assessed by an occupational therapist and the suitability of bed rails. The registered manager and directors were aware of wider risks in the event of an emergency and had a continuity plan in place to address any emergencies. The service further mitigated risks by providing continuity of care to people by using the same regular care staff where possible.

People said "There is always the correct staff and usually at the right time. I have no complaints. They have been late a few times but I always get a call and they are flexible if I have appointments and can't be there when they come" and "My carer always turns up on time and if she is away I get a call in advance and introduced to a new temporary carer." Two relatives told us how there was a period where there was more lateness to visits but the registered manager had worked pro-actively with the care staff and families to reduce this. We looked at the staffing rota and saw that people on the rota for the day of inspection were working on that day and each person who required two care staff to meet their needs had two care staff

rota'd on. We asked care staff if there were enough staff and they all said there were enough. One staff member said "I have never supported someone on a double shift alone, there has always been a carer with me to support me and to make sure everything is done to the client's taste and needs." We asked the registered manager what happened when staff were unwell or unable to make a visit, they said "We are 24/7 on call, if care staff can't make it they call us; we have a team leader who covers care calls and people know them, have a business continuity plan and also emergency carers on call."

We checked to see if medicines were administered safely. Staff had medicines training and their competency was checked and recorded to ensure they knew how to administer medicines safely. Medicine administration records (MAR) were completed on the whole but for one person with a complicated medicines routine there were some gaps on the MAR where there was not a signature to say the medicine had been administered. We also found for this person where they had three types of medicine on rotation it was not clear at any one time which medicine they were taking. This could have placed the person at risk of being given the incorrect medicine. The registered manager explained and we saw evidence to suggest the care staff knew which medicines the person needed to take but the MAR did not reflect this clearly. The registered manager also explained that family members sometimes administered medicines and this sometimes resulted in confusion in recording. The MAR for this person had been audited and showed the issues had been picked up but there was not another MAR since the audit to show that an improvement had been made. After the inspection the registered manager gave us further information to assure us that this person was being given correct medicines and that recording was improving. They put a plan in place to get a pharmacist to review the MAR chart and to visit the person weekly to review their MAR chart until they were satisfied the recording had improved sufficiently.

We looked at the medicines records for another person who was previously on a complex routine of medicines but the medicines had since stopped. We asked the provider to include in the care files why the medicines had stopped as it was not clear why the person no longer needed them. We also fed back that a pain protocol for this person if they became more unwell was insufficient as it cited one paracetamol for the relief of pain which was not sufficient in the event of end of life care being needed. We asked for the registered manager to liaise with the GP or local hospice to devise a pain protocol so that care staff would know what to do in the event of the person becoming more unwell and needing pain relief to make them more comfortable.

As part of their induction staff had basic infection control training and staff we spoke with said there were enough gloves at people's homes to use.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found that it was. On each file it was recorded whether the person had capacity to make decisions about their care and treatment, at the time of the inspection every person was recorded as having capacity. We also saw records of consent given by people for aspects of their care such as confidentiality, key safe access so care staff could access their homes, care provision and the administration of medicines. The registered manager spoke confidently about the MCA and how it applied to the people using the service and said "We don't treat people as incapable of making decisions." Staff were able to demonstrate how they encouraged people to have choice and control in their decisions about their care. Records showed that all staff had training in the MCA as part of their induction and the registered manager told us further training in the MCA was being arranged.

Training records showed every staff member had completed training in first aid, equality and diversity, fire safety, food safety, health and safety, and assisting, handling and hoisting. The registered manager told us they preferred classroom style training so they could check competence and understanding throughout training and discuss issues and questions as they arose. The service supported several people with complex health needs and where specialist advice was needed it was sought from palliative care teams, dieticians or SALT. Staff who supported people with their Percutaneous Endoscopic Gastronomy (PEG –where a tube is passed through the wall of a person's stomach to support them to eat, drink and take medicines when they cannot do so orally) had received training from a qualified nurse. A relative said "The lead carers are very well trained and very professional in a kind way. They support the assistant carers and it is evident the carers are learning from the lead."

Staff were supported through supervision every quarter and all staff reported recent supervision which they found helpful. One staff member said "[We] meet every few months and it is very good. Managers are very caring for us. I start small but they help me grow. I am very happy in the company" and another said the service "was like a family." Supervision records showed how supervisors challenged care staff on their knowledge of key policies and discussed how to improve care provision.

New staff had an induction which included office based learning, reading service policies and shadowing more experienced staff whilst they were delivering personal care. The registered manager said new staff have to use a hoist and show they understand infection control before they can be signed off as competent by a team leader. Care staff said "My induction was very helpful. It enabled me to understand my role as a carer, the client's needs and their safety" and "My induction was very informative and well led by the managers. They informed me of the care that would need to be given to the service users and how I would

need to abide by the policies and procedures."
We asked the registered manager how they supported people with complex needs and people who might have behaviour that poses a challenge to the service. The registered manager said "We tend to keep the same carer all the time, regular reviews, [and] support from social workers. You have to be very very patient and can't force people to do things if they don't want to." We learned of one person who had behaviour that had posed a challenge to other services and since Surecare Barnet had supported them they had worked hard with the person to try and increase their positive behaviours. An outcome of their approach was that after a period of stable support the person was using the toilet for the first time.

We saw evidence of referrals to health services such as occupational therapists and GPs. The registered manager told us how they had supported one person to gain weight through providing a higher calorie diet and consistent care, and said they monitored weight and food intake for people who were underweight. One person said "I am getting everything I need and it is helping me to keep healthy." A relative said "Her health needs are definitely met, they really help and are very well trained." Another told us "The carers have called the GP many times and give me excellent feedback if I can't be there. Everything is recorded and explained."

People said they had good support with food and drink. Their comments included "They assist me with meals and make sure I have meals ready for the next few days if they are not coming. They help me with grocery shopping" and "They prepare meals for me and tell me choices in the morning so that I know what I'm having in the evening or even the next day." A relative said "She is supported with food choices and this is good as she wasn't looking after herself or eating properly. I am very reassured."

The systems and processes we saw in the service were effective and well monitored by the registered manager to ensure the service ran smoothly. Every person we spoke with said they had a positive experience with care staff and the service met their requirements. People said "My carers know what they're doing and I feel happy with this I feel well supported by them" and "They are good at what they do and they help me with things I can't do."

Good

Is the service caring?

Our findings

People we spoke with said "They are all very kind and have time" and "They seem to care such a lot and make me feel very well looked after but still independent."

Positive professional relationships were built up between people and care staff, with a lead carer being designated to people so they had continuity of care and built up trust with the care staff coming into their homes. Care staff spoke knowingly of people's needs and were able to describe for example how they liked their breakfast and personal care delivered. The registered manager said "We do go above and over for our clients" and gave examples of where the service had gone beyond what was stipulated in the care plan. For example one care staff member stayed late to play scrabble with a person because they both enjoyed it, and when a person's relative was on holiday the person needed continence support in the middle of the night so a staff member went to help them get changed so they would not be left wet.

Every person we spoke with said staff treated them with dignity and respect. They said "I get lots of respect and they treat me like a person and listen to me. I still have my privacy and my dignity and they understand me and my lifestyle" and "They respect my views and privacy in my home." A relative fed back "They show a lot of respect and are very kind. My wife is there all the time caring for her mum too and she says they are caring and know when to give privacy and explain to my mother-in-law what they are going to do and ask her first if they can help her with things like changing her." We asked care staff how they supported people in a respectful way and they were able to describe how they always spoke to people during personal care and asked permission before performing a personal care task, ensuring they covered people up. One care staff said they "give space when asked and always talk with client" and another said "Communication is vital, always talk to them before giving them care and asking what their needs are looking at the care plan. They always have a chance to refuse and consent to what they want." The registered manager and care staff were aware of keeping records confidential and not sharing personal information with third parties where permission was not given.

Records showed people and relatives had involvement in care planning and reviews. One person said "My needs are very well met and I have a say in how I receive them". A relative said "We are very happy that we have a say in the planning of the care received and have regular meetings with [the registered manager] to discuss this in more detail." People were aware of their support plans and care staff said they use care plans to guide the care they give, asking people how they liked their care but also checking the care plan regularly. People said they were given time to make decisions and their choices were listened to. Comments included "Yes I can make my choices in my time and they support me by making suggestions to help me. They listen to me" and "I can choose how I live my life and they support me. If I think I am making a mistake or wrong they gently tell me."

We saw in care files that people's cultural, spiritual and religious preferences were recorded. People said "They respect that I like to have times to pray and don't come in this time which I find very respectful", "My culture is respected and they know when I do not like to be disturbed. Everything is recorded in my care plan" and "They prepare food I like for example curry and other spicy food that I enjoy."

The service supported some people with their end of life care needs. One relative said "They are all very sensitive and discreet." We saw evidence that the registered manager visited one person receiving end of life care out of hours to provide emotional support. Care files showed where advance decisions about end of life care planning had been made and some care staff were being provided with additional training on end of life care shortly after the inspection to further meet the needs of people.

Good

Is the service responsive?

Our findings

There were person-centred care plans in place for each person receiving support from the service. The registered manager told us they met with people to fully assess their needs and ask them how they would like to be supported before looking at referral documents and combining these to write a full assessment of needs.

Care documents recorded people's preferences including what food they liked and how they would like their personal care delivered. Care staff knew what person-centred care was. They said "A person-centred care plan is all about the client's needs and wants. For example, having their creams put on in a specific order" and "Person-centred care is allowing the client choices and wishes to be included in their care plan. For example, they like two slices of toast cut in a specific way with a lot of strawberry jam on top. Or their bed needs to be made up in a specific way; the bed sheet needs to be folded at the end." The registered manager said "We respect all their wishes and what they really want, if they want crunchy peanut butter that's what they want. We do a care plan from their point of view."

People told us the care was focussed on them as individuals. One relative said Surecare Barnet was the third agency they had used and they were staying with the service as it is the most person-centred and is "a breath of fresh air." Another relative said "They listen to exactly what we need and have supported us as a family as well as supporting my mother-in-law with excellent care. [The registered manager] is responsive and proactive and an asset to us and her company." People said "The support is completely focused on me and my needs, I cannot fault it" and "I am so well supported and it is exactly to my needs."

People told us care staff sometimes helped them to access activities they enjoyed doing or wider community resources. One person said "They ensure I have things to do when they are not there. They bring me magazines and make sure I have things in reach like the TV remote and drinks. I like to have colouring and they bring my new books when I need them. They make sure I have stocks of water and tissues in my bag for when I go out." Another person said "I love music and they tune my music for me and bring me a newspaper. They help me into my garden when I like to and make sure someone looks after my plants."

We saw evidence that needs were reviewed regularly with people's and relatives' input. The service responded quickly to feedback if a package needed adjusting. For example, the directors paid for night support for one person who they had assessed as needing it despite it not being funded as part of the package. Care packages ranged from a few hours a week to full time live-in care staff with additional relief cover four times a day. Packages were flexible around the needs of people and if they became more unwell or got better, reduced or increased in size accordingly. The service also offered short term support to people after a hospital admission to help them settle back at home.

There was a complaint procedure in place and the service had received three complaints in the last year; the registered manager said "to complain is not a bad thing". Each complaint was recorded and had been responded to in line with the policy and appropriate action taken to address the individual concern. People told us they knew how to complain and for those people who had fed back to the service they had

responded swiftly to resolve any issues. For example if a person did not get on with a care staff member a new staff member was introduced to try and better meet their needs. One person said "Questions and queries are welcomed and dealt with by the agency quickly, they always answer the phone." A relative told us "Questions, queries and complaints are dealt with proactively and quickly by [the registered manager]. She is professional in a kind, approachable way and deals with things to her utmost."

We saw evidence the service received many compliments from people and relatives thanking them for the quality of care. Compliments were shared in the staff newsletter so staff could see who had been praised and what for, to encourage good morale. We also saw evidence that people's views were listened to and the service improved as a result with a questionnaire in place for each person and records of telephone calls to people asking for feedback.

Good

Is the service well-led?

Our findings

Surecare Barnet had a manager in place that was registered with the CQC and was fit to undertake the role. During the inspection they demonstrated a good understanding of quality care and how to support care staff to provide it. Before the inspection we looked at notifications that the service needed to send in to us to tell us of important events. We found that there had been no notifications of safeguarding and serious incidents which corresponded with there not being any occurrences of this kind within the service. The registered manager demonstrated their knowledge of when it was appropriate to send in a notification to us.
People said they knew who the registered manager was and had met them when they visited their home or spoken to them regularly on the telephone. They said "She is very nice and very approachable" and "I like the manager and she deals with things quickly and helps me and advises me if I am concerned about anything." A relative said "I can't begin to tell you how brilliant [the registered manager] is. She is an asset to us and the agency and really does care. She is proactive and discreet."

Staff told us they enjoyed working for the service and found the registered manager caring and responsive. The service encouraged an ethos of sharing positive feedback through newsletters and team meetings. The registered manager told us how they had responded to improvements suggested by people and staff and had implemented change that improved the service as a result. For example some people now received the staff rota and some staff travelled together so they would arrive at a care visit at the same time where a person required the use of a hoist with two staff members.

The processes to monitor the quality of the service were robust and consistently followed. We saw monthly audits for medicines, daily care notes, complaints and compliments and spot checks taking place with clear actions on each showing where learning had taken place. The service had also received a recent visit from the local authority quality team which gave positive feedback and the service had quickly acted to respond to any areas of improvement that were suggested. Head office managers came to the service regularly to check quality and review how the service was doing. The registered manager said they "pick up any issues on communication sheets and speak to care staff and include policies in newsletters. If the same person is doing it more than once [we] arrange a one to one." The focus of the registered manager and directors was to continuously improve and they were positive during the inspection and acted promptly to any feedback given, showing a willingness to learn.

People said they were kept up to date with any changes in care staff or with the service through letters and telephone calls. One relative said "I feel they are inclusive of everyone and work as a team. Feedback is welcome and encouraged. I have been asked several times our thoughts on the service and changes and reviews have been made at our suggestions."

We asked people if they had anything else to feed back about the running of the service. They said "This is a very well run service and I cannot speak for anyone else but I feel they are very good providers", "I am very happy with this agency, they are one of the best " and "We are extremely happy with this service."

We saw evidence of partnership working to achieve high quality care, with frequent correspondence with health professionals and funding authorities to discuss any changes in needs and a partnership approach to achieving positive outcomes with people. We also saw good partnership working within the service with staff at all levels communicating well and supporting each other to provide an effective service for people receiving care.