

Surbiton Home Care Management Limited

Surbiton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service: Surbiton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the service was providing personal care to 19 people.

People's experience of using this service:

- There were systematic and widespread failings in the oversight and management of the service. Records were not always easily accessible and issues identified during the inspection had not always been picked up during audits.
- The service did not have a registered manager that was an active presence within the service on a day-to-day basis.
- Care and treatment was not always delivered in line with people's preferences. End of life care and support was not always in line with people's wishes.
- People were protected against abuse as staff knew how to identify, respond to and escalate suspected abuse. Risk management plans that were in the new format were detailed and robust.
- There were sufficient numbers of staff deployed to keep people safe. Improvements in the rota system meant almost all staff were given adequate travel time between visits.
- People received their medicines as prescribed, however medicines audits did not always identify issues found during the inspection.
- People received care and support from staff that underwent training, however during the inspection we identified that not all staff had completed training and the training matrix was not up to date.
- Staff were knowledgeable about and adhered to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's consent to care and treatment was sought and respected.
- Staff supported people to access food and drink that met their dietary needs and preferences, where agreed in their care plans. Staff also supported people to make and attend healthcare appointments to monitor and maintain their health.
- People and their relatives confirmed they were supported by staff that were caring, compassionate and treated them with respect. Staff had up to date information on people's dependency levels and encouraged people to remain independent where safe to do so.
- There had been an improvement in the personalisation of people's care plans, which detailed people's preferences, life history, wishes and needs. Care plans were regularly reviewed to reflect people's changing needs.
- People and their relatives were aware of how to raise a concern or complaint.
- People spoke positively about the management of the service, stating they felt their views were taken on board and could access the provider when needed.
- The provider encouraged working in partnership with other healthcare professionals and stakeholders to drive improvements.

Rating at last inspection: The service was previously inspected on 19 and 24 September 2018 and was given

an overall rating of Requires Improvement. This was because we rated the key question, 'is the service safe', as Requires Improvement and is the 'service well-led' as Inadequate. The service was rated Good in the key questions effective, caring and responsive. We also identified breaches in the Health and Social Care Act (Regulated Activities) Regulations 2014 around staffing and good governance.

Why we inspected: Prior to this inspection we were made aware of an on-going safeguarding concern that had placed people at risk.

Enforcement: At this inspection we identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around care and treatment received in line with people's wishes and oversight and management of the service.

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

For more details, please see the full report which is on the CQC website at 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?

The service was not as safe as it could be.

Details in our Safe finding below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not as responsive as it could be.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-led findings below.

Inadequate ●

Surbiton

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident following which a person using the service died.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Surbiton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection there were 19 people using the service.

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. However, the registered manager was absent from the service for a prolonged period of time with no confirmed return date.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 2 April 2019 and ended on 10 April 2019. We visited the office location on 2 and 8 April 2018 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service, for example the provider information return (PIR) and information shared with us by members of the public. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person, three relatives, two staff members, the deputy manager, the office manager and the provider. We also contacted two healthcare professionals to gather their views of the service. We looked at three care plans, four medicines administration records (MARs), staff files, the complaints file and other records relating to the management of the service.

Is the service safe?

Our findings

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

RI: 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.

Assessing risk, safety monitoring and management

- At the last inspection on 19 and 24 September 2018, we identified that people were not always protected against identified risks as the provider failed to implement robust risk management plans, to keep people safe.
- At this inspection, although we identified there had been improvements in some of the risk management plans, we also identified there was an inconsistent approach to the level of detail and guidance for staff in people's risk management plans. For example, one risk management plan we reviewed did not contain sufficient guidance on how to mitigate the identified risk. The risk management plan identified the person was unsteady on their feet, however did not give staff clear guidance on how to safely support the person when mobilising.
- We also identified not all risk management plans were in the new style format, which robustly identified the hazard, likelihood of occurrence and control measures in place. We shared our concerns with the provider who ensured us they would review all risk management plans in the coming weeks.

Staffing and recruitment

- At the last inspection on 19 and 24 September 2018, we identified people did not always receive care and support at the allocated time, as the provider failed to provide staff with allocated travel time between visits.
- At this inspection we identified improvements had been made in relation to staff being allocated travel time between visits. Although we had identified improvements had been made, there were still occurrences of insufficient travel time being provided. For example, one staff rota showed a staff member was given a five minute travel time, to get to the next visit which was 9.2 miles away.
- We raised our concerns with the provider who told us, "Since the last inspection we now use an [electronic monitoring system] which enables us to produce an effective rota. We now give the clients a copy of the rota in advance so they know who is coming to them." Despite the introduction of the new electronic monitoring system (EMS), there were still occurrences where staff were not given sufficient travel time to attend their visits. The provider confirmed they would look into this.
- One relative told us, "I get two carers three times a day. We have a variety of carers but I know them all, it's rare to see a stranger. They [staff members] vary slightly but sometimes they will run late, but of course they will let me know." Another relative said, "Yes, they [staff members] arrive on time by and large. They may be delayed because of the person they visited before. They don't always let us know if they are going to be late, but we do understand. They often don't hurry away, they aren't rushed and are very good at that."
- The provider had carried out pre-employment checks to ensure only suitable staff were employed. Staff files contained completed application forms, photographic identification, proof of address and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to

make safer recruitment decisions.

Using medicines safely

- At the last inspection on 19 and 24 September 2018, we identified that people's medicines were not managed in line with good practice, as the medicine administration records were unclear and did not contain key codes to identify the reasons why medicines had not been administered.
- At this inspection we identified that the provider had made some improvements in the safe management of medicines. For example, medicines audits identified some of the issues with people's medicines administration records (MARs) yet had failed to identify others. However, when we reviewed the audit for January 2019, we identified one MAR where staff had not signed to confirm they had administered the medicines to the person, which had not been identified in the audit. However, daily log records did indicate that the person had received their medicines as prescribed. We shared our concerns with the provider and management team, who were unable to give an explanation as to the reasons why these issues had not been picked up during the inspection.
- Despite our findings people told us, that staff members administered people's medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against abuse as staff received on-going safeguarding training, knew how to identify, respond to and escalate suspected abuse.
- A staff member told us, "The first thing I would do [if I suspected abuse] is try to find out what has happened. I would tell the management and speak to the provider."
- A healthcare professional told us, "I think the current service users are safe as we aren't getting any concerns. But the concerns are if the service grows."
- At the time of the inspection there was one safeguarding investigation on-going with the local authority safeguarding team.

Preventing and controlling infection

- People continued to be protected against the risk of cross contamination.
- Staff members confirmed they received infection control and food hygiene training.
- During the inspection we observed a sufficient supply of Personal Protective Equipment (PPE).

Learning lessons when things go wrong

- Although we had identified areas of improvement around lessons learnt and action taken to minimise repeat incidents, for example, staffing rotas. We also identified more action was required to ensure lessons learnt were done so swiftly. For example, not all staff had received training in end of life care in line with guidance from the local authority. This meant that the risk of repeat incidents was possible.
- We shared our concerns with the provider who confirmed this was being addressed.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

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

Ensuring consent to care and treatment in line with law and guidance

- Records confirmed details of people's capacity were documented in their care plans. Where concerns had been raised about people's fluctuating capacity, information was shared with the local funding authority in a timely manner.
- Staff were aware of their roles and responsibilities in line with legislation. One staff member told us, "It's about whether they can make decisions for themselves. If they can't make decisions we would discuss this with their relatives."
- People confirmed their consent to care and treatment was sought and respected.

Staff support: induction, training, skills and experience

- At the last inspection on 19 and 24 September 2018, we identified that the provider had failed to keep the training matrix up-to-date. We also identified the provider did not document all supervisions that had taken place.
- At this inspection we identified, although there had been some improvement in the accurate recording of the training matrix, the training matrix was not an accurate reflection of the training staff had received. We shared our concerns with the provider who was unaware that the matrix was not up-to-date.
- Although we did identify that some staff had received a supervision, we also found a newly employed staff member had not received a supervision in the first four months of their employment. This meant that the provider did not monitor the effectiveness and on-going competency of the staff member. We shared our concerns with the provider who indicated that they did monitor the staff member through regular telephone monitoring. After the first day of the inspection, the provider submitted completed supervision records.
- Staff received on-going training in various areas to enhance their skills and knowledge. Training available to staff included, for example, health and safety, food hygiene, infection control, safeguarding and end of life care.
- Staff spoke positively about the training they received and confirmed they could request additional training if required.

- People told us that staff members appeared knowledgeable in their roles.
- Staff continued to receive an induction to familiarise themselves with the organisation, people and roles and responsibilities. Newly employed staff were expected to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards for care workers to meet in order to deliver effective support.

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

- Care plans were based on the local authority service needs assessments, which detailed the level of support people required to remain safe and in their own home.
- Care plans were regularly reviewed to reflect people's changing needs and incorporated the service needs assessment, to ensure the correct level of support was provided.
- People and their relatives confirmed that the care plans were reviewed regularly. Staff also confirmed where changes to people's needs had been identified these were shared with management in order to amend the care plans.

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

- People confirmed where agreed in their care package, that they were supported to access food and drink that met their dietary needs, requirements and preferences. For example, one care plan detailed the person had a medical condition that meant they required a specialist diet and gave staff guidance on meeting the person's specific needs. Comments included, for example, "They do breakfast and give it to her. I translate to them what it is she would like" and "Often when they [staff members] come they make [my relative] something. She doesn't drink a tremendous amount, but anything she wants they [staff members] help her to have."
- Another care plan detailed how one person liked to have a cup of tea, however preferred staff to make it 'light and milky'.
- Care plans also detailed the level of support people required in meal preparation and staff continued to receive food hygiene training.

Supporting people to live healthier lives, access healthcare services and support

- Care plans continued to detail people's health and medical needs.
- People confirmed, where needed staff would inform them with any health care concerns they had. For example, one person said, "If they [staff members] were overly concerned, they would probably tackle me and let me know."
- Records confirmed where concerns had been identified, guidance from healthcare professionals was sought to monitor and maintain people's health and well-being.
- A staff member told us, "I sometimes take one of my clients to the hospital when they have an appointment. I always call the office and let them know what was said [during the appointment] in case the delivery of care needs adjusting."

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One relative told us, "[Staff members] are chirpy and helpful. You shouldn't have favourites but there are two [staff members] that come and visit and make such a fuss of my [relative] that it brings a lump to my throat."
- A healthcare professional told us, "The carers are caring and we have had no concerns with regards to that."
- Staff spoke about the people they supported with compassion and kindness.
- Care plans continued to detail people's cultural and faith needs. For example, one care plan detailed the person was of a specific faith however did not require support in this area from staff.
- People continued to be supported equally and staff received training in equality and diversity.

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

- People continued to be encouraged to express their views and made decisions about the care and support they received. One relative told us, "They [staff members] respect [my relatives] views and answers, definitely so."
- A staff member said, "I encourage [people] by asking them. I know the people I support well and then get to know what they like and dislike. Of course, I give them options, for example, what they would like to wear or eat." Staff also confirmed they would be respectful of people's decisions.
- Care plans detailed people's communication needs, which in turn gave staff guidance on how to effectively communicate with people and to encourage them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's relatives confirmed staff prompted people's privacy and dignity. For example, one relative told us, "They [staff members] do cover the visible area when giving personal care and they shut the blinds."
- A staff member told us, "By asking questions you can encourage [people] to be independent. I don't do everything for them, I support them to know why it is good to remain independent and the benefit of doing it."
- Care plans detailed people's dependency levels and gave staff some guidance on the level of support people required. Where people's dependency levels changed, records showed information was shared with healthcare professionals and support provided reviewed.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

End of life care and support

- At the last inspection on 19 and 24 September 2018, we identified people's end of life care preferences were not always documented. At this inspection we identified the provider had not made significant progress in documenting people's preferences in relation to end of life care. For example, one care plan stated the person's wishes, 'were not known'.
- At the time of the inspection, there was an on-going safeguarding whereby one person was given cardiopulmonary resuscitation (CPR) when they had a 'do not attempt resuscitation' (DNAR) in place. CPR is 'an emergency treatment that tries to restart the person's heart or breathing when these stop suddenly'. A DNAR details a person's choice and wishes on how to pass during the closing days of their life and how they manage their death.
- We were also made aware that there was a lack of transparency and openness in response to the incident.
- As a result of the safeguarding, the service was required by the local authority, to ensure all staff received end of life training and to be aware of who had a DNAR in place. However, during the inspection we identified that although part one of the end of life training had been undertaken in November 2018, staff had not finished the second part of the training. We shared our concerns with the provider who told us, "The training will be finished by the end of April 2019." We were dissatisfied with the provider's response.
- We also identified that staff members were aware of who had a DNAR in place at the time of the inspection. For example, one staff member told us, "I do have someone that has a DNAR in place. It means that the [person] is at the end of life. We support them to be comfortable and talk to them but you don't revive them. The DNAR is the clients choice on how they want to die. I have read about end of life but I've not completed my end of life training."

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection on 19 and 24 September 2018, we identified that not all care plans contained personalised information to enable staff to deliver individualised support.
- At this inspection we identified the provider had made improvements to the personalisation of people's care plans. Although we found some improvements had been made, we also identified care plans were inconsistent in the level of personalisation documented.
- Where care plans were personalised, these included information about their life history, preferences in relation to personal care support, likes and dislikes and hobbies.
- People's relatives confirmed they were involved in the review of their care plan and stated their views were taken into consideration. For example, one relative told us, "I think they have gone through [the care plan]"

with me a little while ago. I think we agreed on most things." Another relative said, "The supervisors went through the care plan with us, they asked our opinions and it looks okay. I have no complaints."

- Care plans looked at during the inspection were reviewed regularly to reflect people's changing needs.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a concern or complaint.
- We reviewed the complaints file and identified that complaints were investigated and action taken swiftly.
- The provider's complaints policy clearly indicated the six step process, what people could expect and what action they could take should they be dissatisfied with the outcome of their complaint.
- Records confirmed there had been five complaints since our last inspection, all of which had been investigated in line with the provider's policy.

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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection on 19 and 24 September 2018, we identified there were systematic and widespread failings in the management and oversight of the service; and the provider and registered manager had failed to monitor and maintain records relating to the management of the service to drive improvements.
- At this inspection, although we had identified there had been improvements in the oversight and management, it is noted there is continued room for improvement.
- At the time of the inspection, members of the management team were not familiar with their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. 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. The provider had not adhered to this following one significant incident.
- Records were not consistently completed or easily accessible. For example, there was an inconsistent approach to the guidance for staff to mitigate risks. The training matrix was not up-to-date and did not give a true reflection of the training staff received. Supervisions were not always carried out and documented. People's end of life wishes were not always or clearly documented; and care plans were not always consistently completed to detail the level of support people required.
- It was also identified during the inspection that the registered manager was not a visible presence within the service and was on long term absence. This meant that there was no one with sufficient experience monitoring the service on a day-to-day basis.
- A healthcare professional told us, "My biggest concern is there isn't a registered manager and there is no one with that whole oversight. The provider is still out in the field delivering a lot of care and there isn't a registered manager. I don't think the provider has the business head to improve the service."
- We shared our concerns with the provider, who informed us they had employed another manager with experience of a similar setting; and would be in post in May 2019 and an interim manager commencing cover from 11 April 2019 until May 2019.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

Continuous learning and improving care

- Although there had been improvements in the service provision since the last inspection on 19 and 24 September 2018, there were still areas whereby the service had failed to learn from previous incidents.
- Whilst the provider was keen to improve the service and encouraged learning, this was not always evident due to the lack of registered manager and active management knowledge of the sector.

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

- People, their relatives' and staff were encouraged to share their views and develop the service.
- Quality assurance questionnaires were sent to people twice a year. We reviewed the completed questionnaires for 2018 and found the majority of responses were positive.
- Comments included, for example, 'I like my care workers mostly because they chat with me when they come. They are always patient to help with what I need' and 'I like the [staff members] very much as they are very patient and helpful. Having them around makes me feel safe.'

Working in partnership with others

- The provider told us she was keen to work in partnership with other healthcare professionals and stakeholders to drive improvements. The provider told us, "We all work together for the benefit of the client. We work closely with the social workers, district nurses, GPs and the Pharmacist."
- Records confirmed guidance and support sought from healthcare professionals was documented into their care plans and where appropriate put into the service delivery.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to deliver personalised care in line with people's wishes.</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>1(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have adequate oversight and monitoring of the service.</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (2)(a)(b)(c)(e)(f)</p>