

SureCare Barnet Ltd

# SureCare Barnet

## Inspection report

Central House  
1 Ballards Lane  
London  
N3 1LQ

Tel: 02080904748

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Surecare Barnet is a domiciliary care provider based in Barnet, North London and provides personal care to adults and older people in their own homes. At the time of this inspection the service was supporting 40 people.

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

Most people and their families were positive about the level of care and support they received from the service. Most praised the caring nature of care staff.

Care planning had improved. We found that the processes for assessing risks and medicines management had also improved, however further improvements were needed.

Despite the overall positive feedback received and improvements seen, we found concerns with the governance and management oversight of accidents, incidents and complaints. We were not assured that concerns raised were appropriately investigated and used to improve the service people received.

Most people and families told us they received their care visits in a timely manner. However, we found some concerns with rota management with lack of travel time scheduled in for some care staff between visits. We made a recommendation around staff working hours.

There were gaps in the providers recruitment process with regards to obtaining appropriate employment references and exploring gaps in employment.

There were concerns with staff morale and a culture of some staff not feeling able to raise concerns in an open way with the management team.

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

### Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 19 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating. However, the inspection was prompted in part due to concerns received. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. We received concerns in relation to staffing, the management of accidents and incidents and overall care delivery. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Surecare Barnet on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe staff recruitment and overall good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# SureCare Barnet

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an inspection manager. Another inspector supported the inspection remotely by reviewing care records.

The inspection team was supported by an Expert by Experience who made telephone calls to people who used the service and their families to request feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, at the time of the inspection they had been absent from the service since July 2020. An office manager had commenced employment at the service the day before the inspection and a new manager recruited from overseas was awaiting visa confirmation.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 15 September and ended on 24 September 2020. We visited the office location on 15 and 18 September 2020.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the action plan submitted by the provider following the last inspection and we reviewed contacts made to CQC related to this provider from members of the public and whistle-blowers. 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 eleven members of staff including care staff, care co-ordinators, office manager and two company directors, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received telephone feedback from five people who used the service and six relatives during and after the office inspection dates.

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

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We liaised with the local authority safeguarding team and quality monitoring team.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- We were not assured that all required pre-employment checks were completed prior to staff commencing employment.
- For two recently recruited staff, references on file were from former colleagues and not from their employer. The provider had not obtained a full employment history for a recently recruited staff member. The provider was not following their own recruitment policy in this regard.
- For another staff member, evidence of their right to work in the UK was not documented or checked. We raised this with the management team who advised that they would carry out their own right to work check.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and their families told us that staff attended their scheduled care visits on time and stayed the full duration of the care visit. Feedback included, "We are very happy with everything they do for him. He has the same carer all the time, He has one hour a day and they come at 08:30 each morning and if they are going to be late they let us know."
- Some people and their families raised concerns that this was not always the case and on occasion, visits were late, and staff rushed to complete their care visits. Feedback included, "No they don't always stay the full time" and "They started coming in March 2020 and they come three times a day but no they are not always on time but if they are going to be late, I do get a phone call to tell me."
- Prior and during the inspection, we received concerns that where two staff were required to attend care visits, this was not always the case. We reported these concerns to the local safeguarding authority.
- We checked the rota system and saw that some care visits were scheduled without any travel time allocated between care visits. A staff member told us, "They don't give travel time and I have pulled them up on that every week." We raised this with the management team who advised that they would review rotas.
- The provider had recently implemented an electronic call monitoring (ECM) system to monitor time and length of calls and staff attendance. On the day of the inspection, we were unable to view the system due to IT problems. Therefore, we were unable to be assured that the management team had sufficient oversight of care visits.
- We also saw that there were instances where staff worked long hours and without a day off for over two months. We raised this as a concern with the management team who advised us that staff chose to work long hours and they were assured that this did not impact on the safety of people or the level of care they received.

We recommend that the provider assesses and documents the risks associated with staff working excessive hours without regular days off and keeps this under regular review.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Most people and their families told us they felt safe when receiving support from staff. One person told us, "It's like having a friend nothing is a trouble to [staff] she does everything I want and yes I am treated with respect all the time."

- At the last inspection, we identified some concerns with how the provider responded to potential safeguarding concerns and learnt from accidents and incidents. At this inspection, we noted that the provider's safeguarding policy had been reviewed and updated to reflect current guidelines.

- However, we found that further improvements were needed around investigating and management oversight of when incidents occurred. For example, a complaint was made by a family member in February 2020 which referenced missed care visits and missed medicines. There was no evidence that these concerns were reported to the local safeguarding authority and records seen did not evidence that a full investigation was carried out into the concerns raised.

- We saw another incident where a person fell while being supported by a staff member. Based on the information contained in the incident form, this incident required further investigation into how this had occurred. This had not happened. This will be elaborated on further in the well-led section of the report.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to ensure adequate assessment of risks relating to the health safety and welfare of people using the service.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, there were still some inconsistencies seen in how risks for people were assessed.

- Overall, risk assessment processes in place at the service had improved and risks associated with people's health and care were assessed. We found detailed assessments giving staff guidance in supporting people with health conditions such as arthritis and high blood pressure.

- However, we also found instances where risk assessments were lacking in information such as managing the risks associated with poor skin integrity. Some information was contained in people's care plans which meant that staff would have to search for this information. We discussed this with the management team who advised that risk assessments would be further reviewed and updated.

Using medicines safely

At the last inspection, the provider had failed to ensure the safe management of medicines.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we found that there were further areas of improvement needed.

- Since the last inspection, the provider rolled out new Medicines Administration Records (MARs) which resulted in improved records for medicines administration. MAR's were mostly completed appropriately,



and records were checked monthly by office staff. Where issues were found, actions were documented such as discussions or additional training with staff involved.

- Records evidenced that staff had received training in medicines administration, which was confirmed by staff feedback.
- Risk assessments were in place for supporting people with medicines. These risk assessments were generic and not reflective of where there were additional risks associated with people's medicines, for example, the risks associated with taking blood thinning medicines. We discussed this with the management team and sent them guidance on this following the inspection.
- At the last inspection, we found that there were no processes in place to provide guidance to staff on how to support people taking 'as needed' (PRN) medicines, such as pain relief or anti-anxiety medicines. The provider had since developed a policy around supporting people with PRN medicines, however the policy was not yet being followed at the time of this inspection as there was no information on care records to guide staff on the use of or documentation around PRN medicines. The provider told us they would review the policy and ensure it was implemented.

#### Preventing and controlling infection

- Staff had received infection control training and additional information and guidance about how to protect themselves and people during the COVID-19 pandemic.
- Staff were issued with personal protective equipment (PPE) and additional infection control precautions were in place in response to the COVID-19 pandemic with staff accessing additional PPE such as face masks. People and relatives told us that staff followed current best practice in this regard. One person told us, "Yes I have felt very safe during lockdown. The carers all wear aprons, gloves and masks while they are here."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Meeting people's communication needs

- At the last inspection, we found that the care plans were not always person centred or provided staff with enough guidance to care for people according to their wishes and preferences.
- At this inspection, we found that care plans were much improved. Care plans contained a lot of detail around how care staff should work with people. Care plans documented people's likes, dislikes and background history.
- Most people and relatives told us they had regular care reviews and felt that their care needs were met. Feedback included, "I am very happy with everything they do, and I do not think they could do anything better for me" and "They review his care plan every six months and it shows everything that he requires in detail."
- People's communication needs were identified and recorded in their assessment and care plan.

Improving care quality in response to complaints or concerns

- Most people and relatives we spoke to told us that they had no problems raising concerns and issues were resolved informally. A person told us, "I don't ring very often but when I do, I feel that they are genuinely trying to help." However, some feedback indicated that people and families did not always see improvements when concerns were raised. One relative told us, "Yes I have complained and when I rang, I was treated respectfully and there was genuine concern, but nothing really changed the call times are still not regular."
- At the last inspection we found that there were some inconsistencies around how complaints were documented and investigated. At this inspection, we found that oversight of complaints investigations and learning from was not always clearly documented. This is elaborated further in the well-led section of the report.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The service had worked well with professionals in the past where they were supporting people approaching the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that enough governance systems were operating to ensure people received person centred care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, we found further work was required and this breach of regulation 17 continued.

- At the last inspection, we found quality assurance systems in place were not always effective in identifying and actioning areas for improvement. We saw a noted improvement in some areas such as care planning, risk assessing and medicines management.
- However, we found other areas of care delivery where there was a continued lack of management oversight, particularly in the investigation and oversight of accidents, incidents and complaints.
- Although we had assurances from the management team that improvements had been made in this area, we were not assured that that there was sufficient management oversight of investigations into accidents, incidents and complaints. Files checked evidenced a lack of thorough investigation into concerns raised, for example around medicines errors, missed/late visits and accidents within the home. We raised this as a concern on the first day of the inspection and on the second day, we were shown a file which contained actions taken following accidents and incidents. These were not reviewed or signed off by a member of the management team.
- Overviews of accidents, incidents and complaints lacked a detailed overview of the concerns raised, actions taken, and lessons learned.
- We found daily care records were not always completed appropriately by all staff attending care visits, for example, care staff were not always clearly signing care records, which made being able to audit care records difficult.
- We found that there was a lack of management oversight of how staff were safely recruited. Information, such as DBS and evidence of right to work in the UK, which should have been readily available to review was not and some pre-employment checks were not completed.

- We were not assured of the integrity of some of the documentation seen on the inspection. For example, a staff member signed and dated responses to feedback surveys prior to the start of their employment at the service. A staff file documented that a staff member had signed their contract of employment prior to them having been interviewed for the role or having obtained references. We raised these concerns with the management team who advised that these were errors in recording.
- Aspects of the provider's records management was disorganised. On announcement of the inspection, we requested lists of all staff employed at the service and their training records. We checked these records against staff scheduled to attend care visits on the days of the inspection. We found that seven staff were not documented on the providers staff list or training records. We also found that DBS checks for staff were not always readily available for review. Following the inspection, the provider sent documents to confirm that checks had taken place and staff attended training, however, oversight of this information at management level was lacking.

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

- Prior to and during this inspection, we received concerns alleging missed and shortened care visits and poor management response when staff raised concerns and unreported incidents. Where appropriate, we made the local safeguarding authority aware where concerns related to specific people using the service.
- We spoke to a number of staff across the service. Feedback received was mixed; some staff spoke positively of working at the service and the support from the management and office team. Other staff raised concerns around a culture of not feeling able to raise concerns without consequence for their employment. We made the management team aware that we had received concerns from staff and that we were concerned that a culture like this had developed within the organisation.

This was a continued breach of regulations 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We noted that there had been changes to the management team in the months prior to the inspection which impacted on morale of some of the staff team. At the time of the inspection, a new office manager had just commenced employment and the provider was awaiting the arrival of a new manager into the country to take up their role. They were supporting the service remotely at the time of the inspection.
- The service was at the time of the inspection working with the local authority quality monitoring team on making and sustaining improvements.
- People and relatives told us that they were contacted regularly for feedback on the service they received.
- Throughout the inspection, we found the management team receptive to feedback given. They co-operated with requests for information and additional documentation in a timely manner. The provider advised us that they recognised that there were areas that they needed to improve on and gave us assurances that they would address these issues.

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

- Most people and their families told us they were happy with the care received and would recommend Surecare Barnet. Feedback included, "The best thing about the company is the carer. She couldn't be better. [Staff] and my father get on really well together I don't think anything could improve", "The staff are lovely. They treat him like a friend. They are respectful and always up for a chat" and "I am quite satisfied."
- Where concerns were raised during the feedback calls, these were passed to the management team to investigate and address.

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 17 HSCA RA Regulations 2014 Good governance</p> <p><b>Regulation 17(1)</b></p> <p>The registered provider failed to ensure that systems and processes effectively assessed and monitored the quality and safety of the service being provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19(1)</b></p> <p>The provider did not ensure a robust recruitment procedure by ensuring staff employed were of good character and had the skills and experience which were necessary for the work to be performed by them.</p>