

Surecare Hillingdon Limited

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## Inspection report

106 Pembroke Road  
Office 11 Alexander House  
Ruislip  
Middlesex  
HA4 8NW

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Tel: 01895477996

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

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Surecare Hillingdon Limited provides personal care and support to people living in their own homes in the community. The service is a privately-run organisation and the majority of people receiving care were over the age of 65 years. The service also provided care to younger adults with disabilities. At the time of our inspection, nine people were using the service.

The service was a franchise. The franchisor SureCare offered support to develop policies, procedures and quality monitoring systems.

People's experience of using this service:

People using the service and their relatives were happy with the service they received. They were cared for in a way which reflected their preferences and needs. They had been involved in planning and reviewing their care and had consented to this. They liked the care workers who supported them and found them kind, caring and compassionate. They also had good relationships with the registered manager and team leader who they knew well and were happy to discuss their care with.

The staff felt supported. They were given the training and information they needed to care for people. They told us they were able to speak with the registered manager whenever they wanted and had regular meetings with them. There were effective processes for recruiting new staff, making sure they had a thorough induction and assessing their competencies.

People's needs had been assessed and planned for. Plans were regularly reviewed and updated when people's needs changed. Risks to their safety and wellbeing had been assessed and they were supported in a safe way. People's medicines were administered in a safe way and as prescribed. The staff monitored people's health and had responded appropriately when people became unwell.

There were procedures to investigate allegations of abuse, complaints, accidents and incidents. The registered manager analysed these to make sure improvements could be made to the service. People using the service and their relatives told us they felt confident raising concerns and that these would be addressed.

The registered manager had a very good knowledge of all the people using the service, their needs and the needs of staff. They had worked with people and provided additional support, such as helping people to access the community and take part in leisure activities. There were effective systems for assessing the quality of the service and making sure improvements were made to reflect people's feedback and experiences.

Rating at last inspection: The service was rated requires improvement at the last inspection on 15 April 2018 (Published 22 May 2018).

Why we inspected: We inspected the service as part of our planned programme of inspections based on the rating given at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **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 responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-led findings below.

**Good** ●

# Surecare Hillingdon Limited

## 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.

#### Inspection team:

The inspection visit was conducted by one inspector. As part of our inspection we contacted people who used the service, their relatives and staff to ask for feedback about their experiences. Telephone calls to people using the service and their relatives were made by an 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.

#### 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.

#### 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.

We visited the office location on 23 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we looked at all the information we held about the provider. This included the last inspection report, the provider's action plan and notifications of significant events. The provider had completed a PIR in November 2018. The PIR is a form that asks the provider to give some key information

about the service, what the service does well and improvements they plan to make.

We contacted a local authority representative to ask if they had any feedback about the service. We spoke with four people who use the service and the relatives of four other people on the telephone. We received written feedback from two care workers.

During our visit to the office we spoke with the registered manager, nominated individual, the franchisor's business development manager and one care worker. We looked at the care records for four people, records of staff recruitment, training and support for four members of staff, medicines records, records of accidents and incidents, meeting minutes and the records of the provider's quality monitoring 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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- At the last inspection of the service we found that risks had not always been fully assessed. At this inspection we found improvements had been made.
- The risks to people's safety and wellbeing had been assessed and planned for. Care plans included a number of assessments relating to people's health needs, skin integrity, medicines, continence, risk of falls and use of equipment. The assessments included guidance for staff, so they knew how to care for people safely and minimise the exposure to risk.
- The provider had also assessed the risks in people's home environments. Where they had identified specific risks, such as trip hazards, they had discussed this with the person using the service and other representatives to agree a plan to reduce risks.

### Staffing and recruitment

- At the last inspection we found that recruitment checks did not always include details about the staff's employment history. At this inspection we found improvements had been made.
- There were enough suitable staff employed to meet people's needs and keep them safe. People using the service told us the care workers arrived on time and stayed for the right amount of time. Some of their comments included, "They never rush what they do", "There has never been a missed visit and they are not late" and "They stay the right length of time, they never rush." People were assigned the same regular care workers. Staff absences were sometimes covered by the registered manager and team leader who also cared for people.
- The staff received a schedule of work in advance, so they knew who they would be supporting. This information was also shared with people using the service.
- The registered manager carried out the necessary pre-employment recruitment and selection checks on the staff. All potential staff attended an interview at the service and completed numeracy and literacy tests. Checks on their suitability included details of a full employment history, references from previous employers, checks on any criminal records from the Disclosure and Barring Service, checks on their identity and eligibility to work in the United Kingdom. Staff undertook an induction and probation, where their competencies and skills were regularly checked. This meant that the provider had taken reasonable steps to ensure they were suitable.

## Using medicines safely

- At the last inspection, we found that medicines were not always safely managed. At this inspection we found improvements had been made.
- People who were supported with their medicines told us they were happy with this support.
- There was a procedure for the safe handling of medicines. All the staff received training in this through individual sessions with the registered manager. Their knowledge was tested, and they were observed handling medicines, so the registered manager could assess their competency at providing support with medicines.
- People's medicines needs were recorded within their care plans and risk assessments. There were clear records to show the medicines they were prescribed, what these were for and any risks associated with them. The staff kept records of administration, which were checked and audited each month by the registered manager or team leader. We saw that where information had not been recorded clearly on administration records, the registered manager had followed this up with the staff concerned and discussed the importance of clear records at a team meeting.

## Preventing and controlling infection

- There were procedures for preventing and controlling infection. The staff received training regarding these. People who used the service told us the staff wore protective clothing, such as aprons and gloves. The staff explained that they had adequate supplies of these. The registered manager carried out hand hygiene assessments where they observed the staff to make sure they followed procedures.

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

- There were suitable systems for protecting people from the risk of abuse. The staff had received training in these and they told us that they discussed what to do if they had concerns that someone was being abused.
- People using the service and their relatives felt that the care provided was safe. They told us the care workers were well trained, capable and they were confident being cared for by them. Their comments included, "I trust them" and "I feel safe with them and comfortable when the carers are here and with me."

## Learning lessons when things go wrong

- There were procedures for recording, reporting and responding to accidents and incidents. We saw that appropriate action had been taken following accidents to make sure people were safe and received the medical treatment they needed. The registered manager had also liaised with people who were injured and their families to look at how improvements could be made, for example, referring people for additional equipment and support.



# 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

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection, we found that the provider was not always complying with the Mental Capacity Act 2005. At this inspection, we found improvements had been made.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.
- Where people had the mental capacity to consent to their care and treatment, there were records to show they had been involved in planning, reviewing and monitoring their own care. They had been asked to sign, or give verbal consent, to their care plans, the use of their data for specific purposes, administration of medicines and the use of key safes. There was a record of where people were unable to sign.
- We saw that when people lacked the mental capacity to make decisions about their care, this had been recorded in a detailed assessment which the registered manager had undertaken with people's representatives. Decisions made in people's best interests had been discussed and recorded. The registered manager had also supported family members to find out about how they could apply to legally represent people when making decisions about their future care and treatment.

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

- The provider had assessed people's needs and choices to make sure care was planned to meet these needs. The assessments included information about people's health, mobility, communication, religion and culture, hydration and nutritional needs, medicines and their home environment. There were records to show that people had been involved in their assessments, and they also confirmed this, telling us that the care had been designed to reflect their preferences.
- The registered manager told us, "I reassessed everyone's needs when I started here, I wanted to make sure I got to know them and that their care plans included all the little details." They explained they introduced

the staff to people using the service before they started working with them, and people using the service and the staff confirmed this.

Staff support: induction, training, skills and experience

- The staff had the support and training they needed to provide effective care. Their inductions were designed to reflect their own confidence, skills, and past experience. The registered manager explained new staff shadowed experienced workers and were assessed before they were able to work alone. They said the length of shadowing depended on the staff member's skills and experience. The registered manager carried out competency assessments and observed the staff at the end of their induction, during their probation and at regular intervals. We saw evidence of regular spot checks, assessments and supervision meetings where the staff discussed their individual needs with their line manager.
- The staff attended induction training provided by an external training company. They also completed on line training before they were able to work with people, and again at regular intervals. The registered manager told us they accessed training provided by the local authority. For example, some staff had recently attended a course in managing diabetes. The staff told us the training was useful, and they were able to find out more information and discuss any training needs they had with the registered manager.
- There were regular team meetings where the staff discussed the service, people's needs and certain policies and procedures. The registered manager told us they were keen for staff to bring their own ideas to the meeting. We saw from meeting minutes that discussions included reflection on incidents, specific areas of the work and improving practice.

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

- People's care plans included information about their nutritional and hydration needs. Where people were at risk, the provider had taken steps to monitor their food and fluid intake. We saw records relating to this, which had been audited by the registered manager to make sure people were being offered enough to eat and drink. Where there were concerns about their intake, the provider had discussed this with people's families and other representatives where relevant.

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

- People's healthcare needs had been recorded along with information about how to meet these, any risks for the person and the healthcare professionals involved in their care. The staff had responded to changes in people's health and wellbeing, including asking for medical assistance when needed.

# 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; respecting equality and diversity

- People told us the staff were kind, caring and they had good relationships with them. Some of their comments included, "The carers are all clean and well-presented and it is a joy to have them as my carers", "They are nice and caring and we usually have a good chat", "I think they are very patient" and "I have built up a long term relationship with them."
- The staff spoke positively about the people they were supporting, with one member of staff telling us, "I have got to know my clients well, I have the same regular people and time for them."
- There were examples where the staff at the agency had cared for people in ways that went beyond the planned care and support. These included, supporting people to go out for meals, giving extra support to people who did not have relatives at Christmas time, and taking people out for leisure activities. The registered manager told us that the care workers were applying to be 'dementia friends' and that they had discussed ways to support people in the local community who needed some extra care or attention.

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

- People told us they had been involved in planning their care and making decisions about this. People's preferences were recorded in care plans, and logs of care visits indicated people were offered choices, which were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. They said the staff addressed them using their preferred names, they were offered a choice about the gender of their care workers and that the staff respected their cultural and religious needs. The staff supported one person to access a place of worship.
- People were supported to maintain independence where they were able and wanted to. Their care plans included information about their skills and things they liked to do for themselves. The registered manager explained they had supported some people to learn new skills and develop confidence, at home and in the community. This was reflected in the care plans and reviews of care which showed people had tried new activities and become more confident and independent. The registered manager told us they aimed to develop the rehabilitation aspect of the service, helping enable people to gain skills following an illness, fall or hospital stay.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

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

- People told us they received personalised care which met their needs and preferences. They and their relatives told us the care workers did everything they wanted and extra jobs if needed. Some of their comments included, "They ask me if there is anything else I want and just are really helpful" and "They know what they are doing, they are very pleasant, they are efficient and that is what matters to me."
- Care plans were detailed and personalised. They gave staff clear instructions about how people liked to be cared for and things they could do for themselves. There were reminders for the staff to "Encourage the individual to think about the seven outcomes for users of homecare services: improved health and wellbeing, Improved quality of life, making a positive contribution, increased choice and control, freedom from discrimination and harassment, economic wellbeing and maintaining personal dignity and respect." This ethos was reflected in the support plans which highlighted how people should be cared for in an individual way.
- The logs of care visits showed that care had been provided as planned. People had been offered choices and the staff had supported them to learn new skills, access the community, develop positive relationships as well as being safely cared for.

Improving care quality in response to complaints or concerns

- People using the service and their relatives told us they knew how to raise a concern and felt confident these would be addressed. The registered manager stayed in regular contact with people, which was recorded, and they confirmed. This ensured that any queries or concerns were dealt with immediately.
- There was a suitable complaints procedure, and information about this was provided to people in a service user guide which they kept at their homes.

End of life care and support

- No one was receiving care at the end of their lives at the time of the inspection. However, there were appropriate procedures for supporting people and working with other professionals when needed. A relative of a person who had recently passed away had written to the registered manager expressing their gratitude for the care provided at a very difficult time. They said, "I was deeply moved by the love and care shown by all your ladies towards [person] and myself in a very difficult time."

# 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection, we found that the provider's systems for monitoring, assessing and improving the quality of the service had not been operated effectively. At this inspection, we found improvements had been made.
- People felt that it was a well-run company and were happy with the service they received. Some of their comments included, "I find them very responsive, always very accommodating with any changes we do ask them to make", "I was previously with another company and this one is better – they understand and send the most appropriate carers", "I think Surecare have shown a flexible approach, the allocation of carers is generally good- Surecare are responsive and have always tried to respond appropriately to our challenges" and "They have made a great effort to deal with [person's] physical needs."
- People told us they knew the registered manager and had regular communication with them. Some of their comments included, "[Registered manager] comes round to visit", "I know the manager, she is always available when I ring", "[Registered manager] engaged positively with us at the assessment", "If we phone [registered manager] she is always helpful and has ideas" and "The manager met us and explained to us what the carers will do." The registered manager knew all of the people who used the service well and were able to describe their needs, personalities and the hopes they had for the future. The registered manager sometimes carried out care visits and took people on social activities and outings.
- The staff spoke positively about their experiences working for the company. Some of their comments included, "Working here is so different [to other companies I have worked for]. We have time for people, it is not rushed, and we can deliver proper care", "It is a good company to work for, the carers are a supportive group and we have built good relationships with service users and each other. The manager is very good", "What I love about my work is the help and support I provide for people in need. It gives me a great satisfaction and reward to feel I can make a little difference to people's lives", "I like working with people who need my help because it is nice to know that you can help someone with their need and that makes my day", "I feel supported and I can speak to the manager whenever I need to and she listens to me" and "The manager is very supportive. When [I needed urgent time off work] the manager just covered my round and gave me the support I needed."

- The provider had sent out quality satisfaction surveys to people using the service and other stakeholders. Four of these had been returned at the time of our inspection. They indicated people were happy with the service. People were asked to comment on the care and support, whether they were consulted and kept informed, if they were treated with dignity and respect, if the staff were friendly and whether they were supported to maintain their independence. The registered manager told us they would collate all responses in order to develop plans for improving the service.

- The provider kept a record of feedback they had received from people using the service and their relatives. These included compliments about individual staff as well as the service in general. One relative who wrote to the provider said that the staff had "brightened our lives daily." One professional who worked for a hospital discharge team had written to the provider to say, "I honestly cannot thank you enough for your help with [person]. You have gone above and beyond to make sure the discharge from hospital was successful."

- There were effective systems for monitoring the quality of the service. The registered manager and team leader regularly visited people using the service and spoke with them and their relatives over the telephone. They asked them about the care they received. This was recorded. We saw that where one person had made a specific request during a telephone conversation, this had been met.

- The SureCare business development manager worked closely with the service, providing support, sharing policies, procedures and ideas as well as monitoring the quality of the service.

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

- There were regular reviews of support plans and risk assessments. These showed where people's needs had changed. People using the service and their relatives had been involved in these reviews.

- The registered manager carried out spot checks and assessments of staff caring for people. They also held regular formal meetings with them to discuss their work and ask for their feedback.

- There was evidence the provider had used information from stakeholders to develop and improve the service.

Working in partnership with others

- There was a change of nominated individual and registered manager in September 2018. The nominated individual told us they were aiming to provide a business which catered for the local community and offered employment for local people. They had started to involve the company in local events, such as dementia coffee mornings and work with charities. The registered manager volunteered to help out at a local resource centre.

- The registered manager attended a group established by the local authority for different care providers. They told us that they were able to share ideas and good practice at these meetings. SureCare also held conferences for the franchise owners and managers. The registered manager told us that these were useful.