

Surecare Hillingdon Limited

Surecare Hillingdon

Inspection report

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12 July 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Surecare Hillingdon is a domiciliary care service registered to provide personal care to people in their own homes, so that they can live in their own homes as independently as possible. The services they provide included personal care and housework. At the time of inspection, the service provided personal care to 13 people. The Care Quality Commission (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

Systems were in place to protect people from abuse. These included safeguarding policies and appropriate training for staff.

Personalised risk assessments helped keep the person safe and supported their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safe recruitment procedures were complied with. The suitability of staff was assessed before they were recruited to support people using the service.

Suitable infection control practices helped to prevent and control the spread of infections including COVID-19.

People received consistent care from regular care staff who had a good understanding of their care needs and preferences.

Care staff were punctual and stayed the agreed amount of time.

Quality checks monitored the care and support provided to people so that improvements to the service were made when deficiencies were found.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 4 June 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We

undertook a focused inspection to review the key questions of safe and well-led only.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Surecare Hillingdon on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

The service was not always well-led.

Surecare Hillingdon

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. One expert by experience telephoned people who received care from the service and relatives to obtain feedback about their 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2022 and ended on 18 July 2022. We visited the location's office on 12 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the visit to the office we met and spoke with the registered manager and team leaders. We reviewed a range of records which related to people's individual care and the running of the service. These records included three care records, three staff personnel records, policies and procedures relating to the management and quality monitoring of the service.

We spoke with six people who used the service and four relatives. We spoke with three members of staff including the registered manager. We contacted one social care professional for their views of Sure Care Hillingdon, but at the time of the completion of this inspection report, had not received a response.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to help safeguard people from the risk of abuse and to keep them safe.
- There was a safeguarding policy in place. This outlined reporting procedures and the services responsibilities in keeping people safe from the risk of abuse or avoidable harm.
- Staff had received safeguarding training and understood their responsibilities in safeguarding people at risk of harm. They knew to notify Care Quality Commission (CQC) and report to the local safeguarding team when abuse was suspected.
- People who used the service and relatives told us that they were safe and protected from abuse. One person told us, "To keep me safe they always ask me if I have my lifeline buzzer on and will also check it weekly."

Assessing risk, safety monitoring and management

- There were policies and systems in place to minimise the risk of people being harmed and to keep people and staff safe. Relatives and people who used the service did not express any concerns about the people's safety when they received care and support from the service.
- Risk assessments we looked at had detailed personalised information. These included risks associated with their personal safety, mobility, diabetes and home environment. Guidance was in place for staff to follow to manage identified risks, reduce the risk of the person being harmed, and to support their independence.
- Risk assessments were regularly reviewed and updated when the people's needs changed. These changes were documented and communicated to staff to ensure they had up to date information about managing risks and keeping people safe.
- Feedback from people raised no issues with regards to care staff punctuality and attendance. One relative told us, "[Name] has continuity of carers and they come on time within the half an hour time slot."
- We assessed the electronic monitoring system (EMS) used to monitor staff attendance and found that it was not always accurate when recording visit times and there were discrepancies. The registered manager explained that this was due to WIFI access and poor phone reception when visiting people, which was confirmed by people, we spoke with. The registered manager told us that she had already contacted the EMS provider to find ways to overcome the issues.
- The registered manager spoke positively about the electronic monitoring system and was confident that it would operate well when the service expanded. She explained that this system would enable her to have continuous oversight over visits.

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 MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place.
- Most people had capacity to make their own decisions.
- People were supported to make choices and decisions about their lives. Care records identified whether the people had the capacity to make particular decisions, which included daily living decisions.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

Staffing and recruitment

- The service ensured that staff were recruited safely, and people were supported by staff who were suitably vetted and checked.
- Recruitment checks included references from previous employers, proof of identity, proof of the right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us that they were supported by staff who knew them well and raised no concerns around staffing. One relative told us, "[Name] has a regular carer. The carer is usually always on time and will contact us if they were late."

Using medicines safely

- The service managed people's medicines safely. People's medicine support needs were clearly documented in their care plan and included a list of medicines prescribed, how and when they should be administered.
- A comprehensive medicines risk assessment was also in place for those that required medicines support. This identified potential medicines related risks and detailed the action to take to control this.
- We looked at a sample of Medicine Administration Records (MAR) and found no unexplained gaps indicating that medicines had been administered as prescribed.
- Prescribed creams had details of where to apply and how often.
- Care workers had completed medicines administration training and had their competency assessed. People raised no concerns about the administration of medicines. One relative said, "They [staff] are very good at managing my relative's medication and they [staff] check the dosette boxes regularly. "They [staff] identified a problem with one of my relatives tablets that was the incorrect dosage and this was raised with the pharmacist and GP and rectified ,all thanks to the care staff."

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Systems were in place to ensure people and care workers remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with

national guidance.

- People received care in a way that minimised the risk of infection. One person said, "They always wear gloves, aprons and covers on their shoes."
- Staff had received training about infection prevention and control including COVID-19. Care workers told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.
- Management monitored care worker's compliance with infection control policies and procedures as part of their monitoring checks.

Learning lessons when things go wrong

- The service had a system to report, record and monitor incidents and accidents. We noted that incidents or accidents had been recorded since the last inspection. This was confirmed by the registered manager.
- The registered manager explained that incidents and accidents will be discussed during team meetings to ensure lessons were learnt so that this reduced the risk of similar incidents and accidents occurring in the future.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives commended the running of the service. One person said, "They [agency] are very good and listen to me if I have concerns, as I stated I wanted one regular carer and it was accommodated." One relative told us, "They [agency] are very reliable and we have every confidence in them."
- Staff told us they enjoyed working at the agency and felt valued. Staff were happy with how they worked collaboratively as a team. Care workers were provided with various tools to support them if they needed guidance or advice about their role. This helped to provide a positive working environment. One member of staff told us, "The manager is very good, she listens to any issues I may have and is very supportive." Another member of staff said, "Sure Care is a great place to work, we all work well as a team."
- The registered manager emphasised the service's vision which they shared with staff to ensure people received individualised care in a safe, effective and caring manner. The registered manager spoke passionately about the service and growing responsibly whilst ensuring management had clear oversight of the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.
- People and relatives spoke positively about the registered manager. They were confident the registered manager would discuss any concerns they had and improve service delivery. One relative said, "The manager phones me regularly to ensure all is well." Another relative said, "They [agency] are so much better at care provision than some companies we have used in the past. I have recommended them to other people that I know."

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

- Management had overall oversight over how the service operated. Weekly and monthly audits and checks were carried out by the registered manager. These included checks on MARs, punctuality, care planning, daily records, staff recruitment, training, accidents and incidents. These checks encouraged and drove improvement.
- People who used the service told us that they were regularly asked by the service to provide feedback about the care provided. All people we spoke with were complimentary and spoke positively about the care

and support they received from Surecare Hillingdon.

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

- People and their relatives were encouraged to provide the feedback about the quality of service they received through regular meetings, telephone interviews, surveys and quality assurance checks. They said the registered manager had an open-door policy which allowed them to discuss care at any time.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.
- Where required, the service communicated and worked in partnership with external parties.

Continuous learning and improving care

- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.
- Care workers were given an opportunity to complete a staff survey at regular intervals. Care workers also had wellbeing meetings with management. This enabled them to discuss how they were feeling and access other support where required. One member of staff told us, "The manager is eager to get feedback and always listens."

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