

# Surbiton Home Care Management Limited

## Surbiton

### Inspection report

24 Fairmead  
Surbiton  
Surrey  
KT5 9BA

Tel: 02037807520  
Website: [WWW.SURBITONHOMECARE.CO.UK](http://WWW.SURBITONHOMECARE.CO.UK)






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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 19 and 24 September 2018 and was announced.

Surbiton was registered with the Commission on 3 August 2017 and has not previously been inspected.

This service 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 registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified breaches of the regulations in relation to safe care and treatment and good governance.

People did not always receive care and support that was safe as the provider failed to deploy staff in a timely manner and staff were not given sufficient travelling time to arrive at their allocated visits at the agreed time. This meant that people had to wait for their allocated visits and impacted negatively on them.

There were systematic failings in the overall oversight and management of the service. Auditing processes were not in place which meant issues were not identified in a timely manner and action to address the issues was delayed or did not take place.

People were not always protected against the risk of identified harm as risk management plans did not clearly identify the control measures to mitigate the risks. We raised our concerns with the provider who sent us an updated risk assessment and confirmed all risk management plans would be updated shortly.

People did not always receive their medicines in line with good practice. Medicine administration records were unclear, did not use key codes to identify when and why medicines were not administered as prescribed and were not audited. We raised our concerns with the provider who sent us an updated medicine administration record. The provider confirmed this is being rolled out throughout the service and would be in place by 28 September 2018.

People received care and support from staff that had undergone pre-employment checks to ensure their suitability for the role.

People were protected against the risk of cross contamination as the provider had systems and processes in place to safely manage infection control.

People received care and support from staff that reflected on their working practises and received training to enhance their skills and knowledge. Although training and supervisions had taken place, the provider had failed to adequately document these. After the inspection the provider sent us an updated training plan and staff supervision record. However, this was still not completed sufficiently.

Staff were aware of their roles and responsibilities in line with the Mental Capacity Act 2005. People confirmed their consent to care and treatment was sought prior to care being delivered.

People were supported to access sufficient amounts of food and drink that met their dietary needs and preferences in line with their care package. Where required people were supported to make appointments with healthcare professionals.

People received support from staff that demonstrated kindness and compassion. People confirmed where required they were provided with emotional support and guidance.

People were encouraged to participate in the development of their care plans. Although care plans were in place and reviewed to reflect people's changing needs, they were not as person centred as they could be. People were aware of how to raise a concern or complaint. Complaints were managed in such a way to reach a positive resolution in a timely manner.

People spoke positively about the provider and told us they found her approachable, respectful and keen to deliver good care and support.

## 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. People did not always receive care and support at the allocated time, as the provider failed to provide staff with adequate travel time between visits.

People were not always protected against identified risks as the provider failed to implement robust control measure to guide staff when faced with known risks that challenged the service.

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.

People were protected against the risk of harm and abuse as staff knew how to identify, report and escalate suspected abuse. Staff received safeguarding training.

People were protected against cross contamination as the provider had suitable infection control measures in place and staff received training in infection control management.

**Requires Improvement** 

### Is the service effective?

The service was effective. People received care and support from staff that received training to meet their needs. Although staff confirmed training took place, the provider's training matrix was not up to date.

People received care and support from staff that reflected on their working practices. Although staff confirmed they received one-to-one support from the provider, these were not documented.

Staff were aware of their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

People were supported to access sufficient amounts of food and drink that met their dietary needs and requirements where agreed in their care packages.

**Good** 

### Is the service caring?

Good ●

The service was caring. People, their relatives and a healthcare professional spoke positively about the care staff.

People's privacy, dignity and human rights were encouraged and respected. People were supported to maintain and enhance their independence. Care plans referenced people's dependency levels.

People had their confidentiality respected and protected. Confidential records were maintained securely.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were updated regularly and where possible people were encouraged to be involved in the development of their care plan. Although these were in place, they were not as person centred as they could be.

People were provided with a copy of the provider's complaints policy and were aware of how to raise concerns and complaints. Complaints were investigated and responded to in a timely manner.

People's end of life care preferences were not clearly documented.

### Is the service well-led?

Inadequate ●

The service was not well-led. There were systematic failings in the oversight and management of the service. Records were not always accessible and auditing procedures were not in place, this meant issues were not always identified and actioned in a timely manner.

People were encouraged to share their views through quality assurance questionnaires to drive improvements.

People, their relatives and staff spoke positively about the provider and confirmed she was approachable and engaging.

The provider encouraged and sought partnership working to drive improvements.

# Surbiton

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 and 24 September 2018 and was announced.

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.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example, information shared with us by members of the public and healthcare professionals. We also reviewed the Provider Information Return (PIR). This 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 contacted nine people and three relatives. We spoke with one person and one relative, three staff members, the office manager and the provider. We looked at four care plans, six medicine administration records, staff personnel files, complaints and other records relating to the management of the service.

After the inspection we made contact with a healthcare professional to gather their feedback of the service.

# Is the service safe?

## Our findings

People did not always receive adequate numbers of staff to keep them safe, as the provider did not manage staffing rotas in such a way to ensure staff were deployed in a timely manner. One person told us, "I'm not told if [staff members] are going to be late. If they haven't arrived by a certain time I ring the office and the person from the office will come and help me. Sometimes they don't stay for the full visit." A relative said, "In the beginning they missed one or two visits. They have moments where they turn up late and then [relative] has to have their medicine late, we understand that they are looking after other people. In the beginning [staff members] didn't stay the full duration, but we wrote out some notes and pointers for the staff and they now stay the full duration. We told the office that we need to know that they will be late, they now call us to let us know they will be late." A healthcare professional told us, "I don't believe all the staff work all the time, they go on holiday and sick a lot so there isn't always cover. It is clear that [care staff] are being late for some of the calls. There isn't adequate monitoring of calls."

The provider employed drivers to drive staff members to their visits to minimise the risk of late and missed calls. However, during the inspection the provider received numerous calls from staff and drivers to say they were running late for their visits. We also identified the staff rotas did not always allow travel time between calls, preventing staff from arriving on time for their allocated care visit. We raised our concerns regarding the late calls and lack of monitoring. The provider told us, "We don't keep a record of late calls, but we have a new planning system that will be in place next week to make things easier. We have not been recording the discussions with staff about them being late. We do have a conversation with them, but going forward we will record it."

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected against the risk of identified harm because the provider failed to devise robust risk management plans to mitigate known risks. During the inspection we identified care plans that highlighted people were at risk of choking, medicines errors and falls, however there were no control measures in place to give staff guidance when faced with those risks. We raised our concerns with the provider who told us they would take action to address our concerns in a timely manner. On the second day of the inspection the provider had completed four risk management plans that gave staff clear guidance through control measures to mitigate identified risks. The provider confirmed all risk assessments would be updated and in place within two weeks. We will review this at our next inspection.

We received mixed reviews about people's safety whilst using Surbiton. For example, people confirmed they felt safe using the service, however a healthcare professional told us, "No, I don't think [people] are safe. Because of the concerns we have we will no longer be placing people there. The provider is out a lot of the time covering care and I don't think it's safe for them to expand." Staff were aware of how to identify, report and escalate suspected abuse. One staff member told us, "I would whistleblow as it's in the service user's best interests. I have had safeguarding training." Staff confirmed they received safeguarding training and all staff were confident in whistleblowing should the provider not respond to suspected abuse in a timely

manner. At the time of the inspection there was one safeguarding alert in progress.

People's medicines were not always managed in line with good practice, because the provider did not ensure medicine administration records (MARs) were regularly audited to identify and minimise the risk of medicines errors. One person told us, "They [staff members] bring my medicines by popping them out and putting them in a dish for me to take. More or less I get them at the right time." A relative said, "There's a medical chart and they record what they give [relative]. I hope they're doing exactly as they should." A healthcare professional told us, "[The service] did have medicines errors and issues with the MAR that we have asked them to update as they weren't filled in properly. They have done this but more improvements are needed with the MAR chart."

We reviewed the Medicine Administration Records (MARs) and found these weren't always clear and did not give staff clear and succinct guidance on what medicines were being administered and signed for. Despite this, staff demonstrated a clear understanding of their roles and responsibility in the safe handling of medicines. For example, one staff member told us, "Training identifies what the GP prescribes and what is classed as over the counter medicines. It tells you what to do if there's an error, I would report it to the office immediately." Another staff said, "I have had medicines training. It helped me to know the different medicines and what they are used for." We raised our concerns with the provider who told us a new MAR had been developed and was being rolled out throughout the service and this would be completed by the end of the week. We reviewed the new MAR and found these were clear, had key codes to identify when medicines had not been administered and the reasons why. We were satisfied with the provider's response and will review this at our next inspection.

People received care and support from staff that had been vetted by the provider. We reviewed the staff personnel files and whilst these contained completed application forms, proof of identification and a Disclosure and Barring Services (DBS) check, not all files contained two references and some references were telephone based. A DBS is a criminal records check providers undertake to make safer recruitment decisions. We shared our concerns with the provider on the first day of the inspection, on the second day of the inspection the provider had located the completed references. We were satisfied with the provider's response.

People were protected against the risk of cross contamination as staff were provided with Personal Emergency Equipment (PPE) and were aware of the provider's infection control policy. One staff member told us, "Yes I have had [infection control] training. We have gloves, aprons, shoe covers and hand gel. They're kept in the office and we can collect more when we need them." The provider had an infection control policy in place that gave staff clear guidance on minimising risks of cross contamination, for example, through hand washing, PPE and the management of soiled items.



# Is the service effective?

## Our findings

People received care and support from staff that underwent on-going training to enhance their skills and knowledge. One person told us, "No, I don't think they are very well trained. The ones I know, know how to care for me and the way I like things done." Staff spoke positively about the training they received, with one staff member saying, "I can ask for more training if I need it. The training quality is good." Training received was either via e-learning, classroom based or with an external training company. Records confirmed staff received training in, for example, safeguarding, Mental Capacity Act 2005, medication administration and infection control. Although staff confirmed they received training, records were not always up-to-date to reflect this. We shared our concerns with the provider who confirmed they would ensure the training matrix was updated upon completion of training. We will review this at our next inspection.

People received care and support from staff members that reflected on their working practices. One staff member told us, "I've had a supervision a month ago. I do feel supported, I can speak to [the provider] at any time." A second staff member said, "I can't remember when it was but yes, I've had [a supervision]. Yes, I feel supported and can speak to the provider. I've also had an annual appraisal." During the inspection we spoke with the provider about the lack of supervision records being available to review. The provider told us, "I meet with staff roughly once a week and we discuss the importance of the role and importance to the client. How they need to go beyond caring and what it means to be a carer. What we do when [people] are in danger or are dissatisfied. We do it so often that we haven't documented it. We will document concerns but not the general conversation. I will definitely document it in the future." One the second day of the inspection, the provider showed us two completed supervision forms, these clearly detailed people's roles and responsibilities, things they had found challenging, areas of improvement and training. We were satisfied with the provider's response.

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 people 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 provider was working within the principles of the MCA. People confirmed staff sought their consent prior to care and treatment being delivered. A relative said, "They always get [my relative's] permission. It can be a bit dicey with new unfamiliar staff, but the regular ones always do." Staff were aware of the importance of seeking people's consent, with one staff member saying, "We ask people and let them know we are there to help and get their permission. If someone doesn't give consent we leave it for a few minutes then go back and try again. If they still do not give consent we would write it in the book and let the office know."

Upon successful employment, staff were supported to undertake a five-day induction. One staff member told us, "[The induction] tells you about the job and what to do in emergencies. I had to complete competencies and then I could work on my own." Another staff member said, "Yes I've had an induction, it

shows you the policies and procedures. We shadowed experienced and senior staff." All staff were provided with a staff handbook and provided with competencies to complete. Competencies included for example, fire procedures, prevention of cross infection, first aid, manual handling, medicines management, privacy and dignity and safeguarding. Staff were observed by senior staff members and when deemed competent in their role were authorised to work without direct support.

People's health and wellbeing was monitored and concerns raised accordingly. One person told us, "I can make my own appointments." A healthcare professional told us, "Initially [the service] did implement guidance from healthcare professionals, but recently there are concerns." Where required people were supported to attend healthcare professional appointments, in accordance with their care packages, this could be arranged if and when required.

People were supported to access adequate amounts of food and drink that met their preferences and dietary requirements. One person told us, "The staff help prepare my food. I usually go to the fridge and get what I fancy out before [staff members] arrive. Sometimes for my evening meal, they will help me cook it." A staff member said, "Any concerns are recorded in [the person's] book, we let the office know our concerns and encourage [people] to eat. We also let family know if people aren't eating properly." Staff were aware of the importance of sharing concerns in relation to people whose eating habits had changed with the office, to ensure action would be taken swiftly.

## Is the service caring?

### Our findings

People received care and support from staff that demonstrated compassion, kindness and respect. People spoke positively about the care and support they received. One person told us, "All the [staff members] are pleasant to an extent, some of them offer emotional support." A relative said "They [staff members] are generally lovely, the ones that come regularly are very nice."

People were encouraged to share their views and make decisions about their care and had their decisions respected. One person told us, "I can make decisions." Staff confirmed they offered people's choices and respected their decisions.

People and their relatives confirmed the staff maintained and respected their privacy and dignity. Staff were aware of the importance of ensuring curtains were closed and doors shut when providing personal care.

People were treated equally and had their diversity respected. Care plans documented people's religious and cultural preferences. One staff member told us, "We [support] people who are of different faiths. We respect people's houses and them as a person. If you're from the same culture or religion as the [person], you would work with them. As it is helpful for them to communicate [with someone who speaks the same language] because they'd be more understanding of their needs." Staff confirmed they would support people to places of worship if agreed in their care plan.

Where possible people had their independence encouraged. A relative said, "They [staff members] do their best with that. They stand next to [relative] when she's using her frame and support her to do things for herself." A staff member told us, "We do support [people] but we don't de-skill them. We prompt people to do things on their own but will help if they need us to and will assist them." Care plans detailed people's dependency needs and support delivered accordingly.

People had their confidentiality maintained and respected. One staff member told us, "It's important to keep people's privacy so that they can trust you." A second staff member said, "We don't speak about people in front of others and if we have any problems we will only speak about it when we get to the office." Confidential records were kept securely in locked cabinets and electronic records were password protected. Only those with authorisation had access to confidential records.

## Is the service responsive?

### Our findings

People received care and support that was not as person centred as it could be. Not all care plans contained personalised information to enable staff to deliver individualised support. One healthcare professional told us, "The care plans aren't person centred."

Care plans were based on the assessment of need carried out by the provider to ascertain if they could meet people's needs, prior to receiving care and support. The assessment of needs included, for example, communication, personal care, mood and emotions, health needs and eating and drinking. The office manager told us, "We try to personalise care and have a meeting with the [person] and their relative so that we get to understand what it is they prefer." Records confirmed once agreed, the assessment of need was then incorporated into the care plan. One person told us, "I realise I can ask or if I need anything extra, I can ask for it. I know they would change my care plan." A relative said, "I have read the care plan once a long time ago." Care plans were reviewed annually or when required and detailed people's health, social, medical and care needs. People confirmed they were included in the development of their care plan, however these did not always include personalised details about people's life history and preferences.

Although people's care packages did not include support to participate in planned activities, staff confirmed they were able to spend time talking with people in an unhurried manner. One staff member told us, "We have enough time to sit and listen to people and generally chat." Another staff member said, "We don't take [people] out, but we have time to sit down with them and talk. We sometimes watch television programmes with them."

People were aware of how to raise a concern and complaint. One person told us, "I would go to my social worker if I had a complaint. But I do speak to the [provider] and she fixes the things I'm not happy with." A staff member told us, "There's a folder in [people's] houses with a complaints form in. I would help [the person] to fill it out if they needed to; and I would also report it to the office." We reviewed the complaints file and found complaints were managed in such a way to reach a positive outcome. The service had received one complaint in the last 12 months.

Care plans did not document people's preferences in relation to end of life care. Care plans noted as to whether an advanced care plan had been completed, however did not contain any further personal information, as to what care and preferences people had in relation to their end of life. We raised our concern with the provider who told us, they would endeavour to speak with people and their relatives to gather more information to complete the end of life care plans. We were satisfied with the provider's response. We will review this at our next inspection.

# Is the service well-led?

## Our findings

The provider failed to demonstrate good governance in the overall management of the service. There were systematic and widespread failings in the oversight and monitoring of the service. The provider and registered manager failed to monitor and maintain records relating to the management of the service to drive improvements. These records included, risk management plans, medicine administration records, supervisions, audits, call monitoring and staff meeting minutes. During the two day inspection we identified there were no auditing systems in place and records were not reviewed regularly, this meant issues were not always identified and action taken in a timely manner and were only identified by us during the inspection. We raised our concerns with the provider who told us, "We need to start auditing more robustly, we need to make sure we're on top of it. We need to improve our record keeping."

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

People and their relatives did not know who the registered manager of Surbiton was and told us they had not had any contact with her. A healthcare professional said, "Not around enough and doesn't seem to have the overview of the business." However, people and their relatives spoke highly about the registered provider. One person told us, "[Provider] always gives me a hug and we have a chat. She has time to spend with me, she's not in a rush." A relative said, "I think [provider] tries hard and is always running around getting things done. She will come out and help. I've never met the registered manager." We shared our concerns with the provider who told us, the office manager would be undertaking the Level 5 Care Diploma with a view to becoming the registered manager in due course. During the inspection we observed staff telephoning and visiting the registered offices to speak with the provider. Staff appeared at ease with the provider and there was a relaxed, friendly and welcoming atmosphere.

People's views were sought through quarterly quality assurance questionnaires and fortnightly checks. Quality assurance questionnaires sent to people asked for their views on staff arriving on time, staying the duration of the visit, whether the office responded to calls and are they happy with the service provided. Twelve questionnaires had been returned in April 2018 and of these all bar one comments received were positive. For example, comments included, 'very friendly, helpful and accommodating when arranging hospital visits', 'all is ok, there are no problems and it's a professional service' and 'nothing to add as they've [the service] been excellent.'

Although people's views were sought, staff views were not clearly documented. A healthcare professional told us, "The staff survey is just a tick box exercise, they need to get a good overview of the staff's views." During the inspection we identified one staff member had completed a questionnaire and staff told us they had not received a questionnaire to complete. However, through regular team meetings their views were sought and action taken.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People received care and support from a service that sought partnership working to drive improvements. Records confirmed information provided by healthcare professionals was implemented into the care plans. A healthcare professional told us, "Provider is very caring and means well, but the service does not respond quickly enough to concerns." The provider said, "I have a good understanding with the social workers, district nurses, GP and relatives. Partnership working is beneficial to get the best for the client, so that we can understand them. When we work together, if we promise something we do our best to deliver it. We are planning to attend provider forums in the near future."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.</p> <p>The provider did not manage staffing rotas in such a way to ensure staff were deployed in a way that met people's needs.</p> <p>Regulation 12(1) and (2)(a) and (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance.</p> <p>The provider failed to demonstrate good governance in the overall management of the service. There were systematic and widespread failings in the oversight and monitoring of the service.</p> <p>Regulation 17(1) and (2)(a), (b), (c), (d), (e) and (f)</p>