

Mrs Bibi Baksh

Surecare Enfield

Inspection report

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Date of inspection visit:
07 January 2020

Date of publication:
03 February 2020

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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 Enfield is a domiciliary care service that is registered to provide personal care to people living in their own homes in the community. At the time of our inspection 76 people were being supported with personal care.

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

Staff were kind, compassionate and caring. The service promoted people's dignity, privacy and independence.

Risks associated with people's care had been assessed and guidance was in place for staff to follow to help them keep safe. Medicines were managed safely. People were supported by enough staff who had been safely recruited.

Care plans were detailed and person-centred and. People and their relatives were consulted about their care preferences.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. 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. Staff worked with health care professionals to maintain people's health and wellbeing.

Improvements made following the last inspection had been sustained and embedded. There were quality monitoring systems and processes in place to identify how the service was performing and where any improvements were required.

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 January 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 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 Enfield

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

The inspection was carried out by one inspector and an Expert by Experience, who obtained from people and relatives by telephone. 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. 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 7 January 2020 and ended on 9 January 2020. We visited the office location on 7 January 2020.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We sought feedback from the local authority and professionals who work with the service. 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 12 people who used the service and 11 relatives of people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, operations manager, support manager, care co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at five staff files in relation to recruitment, training and staff supervision. 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 received feedback from one additional relative.

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 now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had failed to ensure staff were safely recruited by carrying out required pre-employment checks. This was a breach of Regulation 19 (Fit and Proper Persons) 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 19.

Staffing and recruitment

- Staff were safely recruited. Since the last inspection, the provider reviewed and improved their processes, which included obtaining verification on staff visa status from the Home Office.
- The provider had made checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.
- Most people and relatives told us staff arrived on time and stayed for the allocated length of time of the care visit. Feedback included, "Yeah, they always come on time. In the morning, at 8am. They've always been there" and, "Yes, on time, never been late in eight years. Never missed a call and come four times a day."
- Staff told us and rotas confirmed that they had enough travel time between care visits and were provided their rotas with enough notice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and were happy with the support they received. One person commented, "They're regular carers, so I feel very safe." A relative told us, "You feel confident and safe, for example, because [Person] can't communicate. They have our numbers, can call us."
- Staff were trained and knowledgeable around safeguarding procedures. Staff told us they were confident any concerns reported to the management team would be acted on. A staff member told us, "I would report to the office straight away. Council, CQC." Staff knew where to report concerns externally.
- A log of safeguarding incidents was maintained, along with any alerts that had been made to the local authority and notifications to CQC.

Assessing risk, safety monitoring and management

- Each person using the service had risk assessments in place covering areas such as moving and handling, the home environment and health conditions. Where risks were identified, there were details about how they needed to be mitigated.
- The care manager told us they had made referrals to London Fire Brigade when they identified potential

risks around fire safety in people's homes.

Using medicines safely

- People and their relatives told us they received their medicines on time and as prescribed. A person told us, "I do my medicines, but she prompts me to do it as I can forget." A relative told us, "Yes, medication is given. Sometimes [Person] refuses. It's all logged if she refuses. Yes, they do record it very strictly, and one of the carers will stay on to keep trying to give her tablets."
- Since the last inspection, the provider implemented a new electronic care management system and care staff logged medicines tasks via an application on their phone which was monitored from the office. This system went live in September 2019.
- The registered manager told us that aside from some initial teething problems, the changes had been successful, and improvements had been made to documenting medicines administration.
- Care staff told us they were able to report any changes to medicines, such as antibiotics to the office and the medicines administration records (MAR) were updated immediately so that care workers knew to give the new medicines to the person.
- Staff had completed safe medicines administration training before they were able to support people with their medicines. On an ongoing basis, senior staff undertook competency checks with staff to ensure they always followed safe practice.
- Medicines were audited monthly by the registered manager and general manager. However, the registered manager checked the electronic system daily to ensure medicines tasks had been completed. Senior management told us they were reviewing their medicines auditing processes to ensure it was suitable for the new medicines administration process.

Preventing and controlling infection

- Staff had access to the necessary personal protective equipment (PPE) such as gloves and aprons to minimise the risk of infection. Feedback from people and relatives confirmed that staff wore appropriate PPE when providing care.
- Staff had received training around infection prevention and food hygiene.

Learning lessons when things go wrong

- There were systems to log and investigate incidents and accidents. Staff told us they could confidently report any concerns to the management team.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they started using the service. Information obtained during the assessment process was then transferred into a care plan which was reviewed on a regular basis. Care plans reflected people's needs and care was delivered in a way the person wanted.
- The management team worked with people and their families to ensure all their care needs and preferences were captured as part of the assessment process. A person told us, "I have a full care plan already, so I gave them a copy, so they know what to do and if I need more help in the future it's all arranged so to speak."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs.

Staff support: induction, training, skills and experience

- The provider operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs. People told us, "My carer is very well trained" and "They certainly know what to do." A staff member told us, "All my training was renewed at end of year. Especially medication and safeguarding. I have thorough training for the first time. This training increased my knowledge."
- New staff had completed an induction process that equipped them with the required skills and confidence to carry out their role effectively. This included a period shadowing senior staff members to introduce them to people and demonstrate how they wished their care to be delivered. A staff member told us, "I did shadowing. I did double ups. They visited me see how I'm doing. I'm doing some single and some double visits now."
- The management team maintained an overview of training which documented when staff refresher training was due.
- The provider had recently introduced a new training module called 'Basic Care'. This was where new staff were shown and observed completing care tasks such as giving a bed wash, testing water temperatures and changing bed sheets. The training manager told us that for some new inexperienced staff, these basic care tasks were something they would not have done before and not routinely included in training programmes.

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

- Feedback was positive around support offered with eating and drinking. Most people and relatives told us that staff supported with meal preparation only which mainly consisted of heating up prepared meals. One person told us, "I have those farm foods and they pop them in the microwave for me and help me sort out

my meal times, that's all alright."

- Care plans detailed the support people needed around eating and drinking.

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

- The service referred people to health and social care professionals where appropriate to ensure they received the care and support they needed.
- Care records included clear guidance about people's specific health conditions and how this impacted on their daily living and the support staff might need to provide.

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

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 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.

- People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training on the MCA and were aware of how MCA impacted their work.
- People were involved in making decisions about their care and support. They had signed their care plans and risk assessments where they were able to. Family members and other professionals had also been involved in supporting people to make decisions where required.
- Where people had a Lasting Power of Attorney, their details were documented in people's care files.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- We received positive feedback regarding the caring nature of staff and the service overall. People told us, "They have all been very pleasant. My regular carer has been coming for years and is so nice", "Very kind and caring. Very understanding, laughing with me, and talking to me all the time" and, "Yes, yes, very nice. One lady is always fetching me chicken. Little things like that."
- Relatives told us, "Really caring. Very polite. Very patient with her, always ask how she is" and "They get to know her so well. They really understand her and try their best. The best carers we've ever had."
- People's diverse religious, cultural and social needs were reflected in their care plans. Relatives told us they were happy with the support provided in this regard.

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

- People were supported to express their views and were involved in making decisions about their care.
- People and relatives told us they received regular visits and telephone calls from the service asking for feedback.
- Care plans reflected people's communication needs and guidance was in place for staff to follow, for example, where people had a sensory impairment or other disabilities which affected their ability to communicate.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and relatives told us staff were respectful when providing personal care.
- Staff told us they promoted privacy and dignity when supporting people. For example, they said they always ask for consent before supporting people, they covered people with towels when providing personal care and they shut doors and make sure curtains have been closed.
- People's independence was respected and promoted. One person told us, "Yes they do help me to be independent and how I want to do things."

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 good. At this inspection this key question has remained the same. 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

- Care plans were person centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and specific care and support needs.
- People and relatives spoke of having a regular team of care staff who knew their needs well. A relative told us, "I have a WhatsApp group with the carers. You feel confident and safe, for example, because she can't communicate. They have our numbers, can call us. They will say, "Your mum was your mum this morning" which is lovely and reassuring to us as her children. She can be quite violent, which they manage. She is happy with them, even when she is ill." A second relative told us, "They observe her and know her character."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS standards. Information about the service was provided in different formats if required, which included additional languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, staff supported people to attend appointments and activities, such as the gym. A person told us, "The girl that comes at the moment as the relief can drive my car so that's even better. I'm not stuck in the house. All the carers have been very nice to me."
- The service also told people and families about local support groups and daycentres.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to.
- People and relatives told us that when they raised concerns in the past, improvements were noted, for example, staff attitudes and timeliness of visits. A relative told us, "If the carers have started to forget to do things, like empty the bins or wash up, I just ring and say and it all gets done again."

End of life care and support

- The staff team worked with other professionals to ensure people's wishes were supported for their end of

life care.

- Staff had received training around end of life care. We saw thank you cards and compliments from relatives to the service following the passing of their loved one thanking staff for their compassionate care.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found concerns with management oversight of care delivery and staff recruitment. We made a recommendation around this. At this inspection we found improvement had been made.

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

- A new registered manager was in place who commenced employment in July 2019. There was a clear management structure in place with an office team with delegated responsibilities. Improvements had been made to overall service provision as a result.
- Records were organised and readily available. The registered manager had a good knowledge and oversight of care delivery. On commencement of employment, they carried out telephone monitoring to introduce themselves to people and relatives. They carried out daily checks of the electronic call monitoring system to resolve any issues as they arise.
- Staff spoke positively of the support they received from the management and office team. Staff told us, "I can phone the office. They can sort things straight away" and "[Management] are very organised. They don't let us down. They always call us to make sure we are okay."
- The management team had systems in place to monitor the quality of the service that they provided. Since the last inspection a new electronic recording system had been introduced. This enabled real-time monitoring of call times and medicines support. For example, a system alert would show if staff did not record when medication had been given. We saw the alert would be followed up by office staff and the registered manager.
- The management team told us they had implemented new processes and policies at the service since the last inspection, for example, a no response policy to tell staff what to do if a person didn't answer the door when they arrived and a new staff supervision format.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.
- We found the management team to be open throughout the inspection about what the service does well and what areas needed further development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were satisfied and told us they would recommend the service. People told us, "They are doing it perfectly. Good service" and "I'm very happy with it. I would soon tell them if I wasn't. They send

the survey things." Relatives told us, "Yes, well managed. Excellent service works very, very well" and "They're the best of all the agencies we've had."

- Staff told us they were well supported and felt valued. Staff recognition schemes were in place. One staff member told us of their recent achievement. They told us, "I got an award for best [electronic system] user. I got money." Other staff told us, "I think they are a good company to work for. They do their best" and "The company are very understanding."

- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon staff feedback.

- People and relatives were provided with regular opportunities to provide feedback on the service they received through an annual survey, spot checks, care review meetings and telephone monitoring. A relative told us, "We get visits from the agency often. They rang at Christmas, and we get a check-up call once a month."

- The registered manager told us they were looking into staggering the annual survey process to be a sample throughout the year to get a better response and be able to check if certain times of the year, such as summer holidays and Christmas affected the service people received.

- Managers and staff worked well with health and social care professionals daily. We heard of instances where concerns were raised with the appropriate organisations where staff had concerns with people's equipment or living environment.