

Mrs Bibi Baksh

# Surecare Enfield

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 30 and 31 October 2018. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present.

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, some of whom may be living with dementia and have complex physical health needs. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the start of our inspection there were 83 people using the service in this respect.

The service had a registered manager. 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.

When we last inspected this service in August 2017, we identified breaches of legal requirements. These breaches of regulations related to risk assessments, staff training and good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions for Safe, Effective and Well-led to at least good.

At this inspection, we found that the service had addressed the concerns around people receiving safe care. Staff had been appropriately trained to meet people's assessed needs. Care records detailed the risks associated with people's health and care, and guidance was available for staff on how to keep people safe.

Although there were systems in place to ensure staff were safely recruited, we found that there were shortfalls in the service's oversight of staff who required permission to work in the UK.

Improvements had been made to managerial oversight of people's care packages. There were comprehensive systems in place to monitor the care people received. However, we identified a gap in the service's ability to actively and accurately monitor the total number of people receiving care. We have made a recommendation about this.

We received positive feedback from people and relatives regarding the timeliness of care visits, the competence and caring nature of staff and the overall management of the service.

Medicines were managed safely. Staff had received training in medicines administration and had had their competencies assessed.

Care plans were completed with the consent of people and their relatives. These were reviewed on a regular basis to ensure the people received the care that they needed.

Staff received regular documented supervisions and an annual appraisal. Staff told us they felt supported.

People were supported to maintain good health and had access to healthcare services where necessary.

The service regularly requested feedback from people who used the service, to improve on the services provided.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Although checks were in place to ensure that only suitable staff were recruited, we found that there was a lack of oversight on all staff who required permission to work in the UK.

Risks associated with people's care had been assessed and guidance provided to staff.

There were sufficient staff deployed to ensure people received their care calls as scheduled according to their care needs.

Medicines were managed safely.

Systems were in place to safeguard people from abuse.

**Requires Improvement** 

### Is the service effective?

The service was effective. People and relatives told us staff were trained and competent. Records confirmed that staff received regular training, supervisions and an annual appraisal.

People were supported to eat and drink as per their preferences.

The service complied with the Mental Capacity Act 2005.

People's care needs were assessed prior to receiving care from the service.

**Good** 

### Is the service caring?

The service was safe. People praised the patient and caring nature of care staff. People benefited from a team of regular carers who knew their care needs.

People were supported to improve and remain independent.

People and relatives told us they were involved and consulted about their care preferences.

**Good** 

### Is the service responsive?

**Good** 

The service was responsive. People told us they felt confident that any concerns raised would be addressed.

Care plans detailed people's care and support needs.

**Is the service well-led?**

The service was not always well-led. There were systems in place to monitor quality of care, the provider had not sufficient oversight of ensuring staff were recruited and monitored. We have made a recommendation regarding management oversight of the total number of people receiving care.

People, their relatives and staff spoke positively of the standard of care and the supportive office team.

The service strived to improve and was working towards completing an improvement plan.

**Requires Improvement** 

# Surecare Enfield

## 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 inspection took place on 30 and 31 October 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the registered manager would be present. The inspection was carried out by two adult social care inspectors. Two experts by experience made telephone calls to people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We looked at the action plan the service had provided to the CQC following the last inspection. We also reviewed the provider information return (PIR). A 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.

During the inspection we spoke with 13 people who used the service and five people's relatives. We spoke with the registered manager, deputy manager, one field supervisor, one care coordinator, the recruitment manager and eight care staff.

We looked at documents and records that related to people's care and the management of the service. We looked at ten people's care records which included care plans, risk assessments, visit progress notes and medicine administration records where applicable. We reviewed seven staff files. We looked at other documents held at the care service such as staff visit schedules, training records and quality assurance records.

# Is the service safe?

## Our findings

Records of staff recruited since the last inspection indicated that appropriate recruitment checks were completed, which included criminal records checks, ID checks and references.

We found that despite the checks in place, processes were not sufficiently robust to ensure that all care staff had appropriate documentation to verify that they could live and work in the UK. On inspection, we found that one staff member working did not have permission to live or work in the UK. At the time of the inspection, the service was co-operating with the Home Office, which resulted in a further six staff working for the service who did not have permission to work in the UK being identified.

We also saw that the service had not always sought up to date references for staff members when returning to work for the service following a period working for other care providers. The registered manager and deputy manager told us that they would ensure that staff returning to employment with the service would undergo required recruitment checks.

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

At our last inspection, we found that not all risks associated with people's health and care had been assessed and that up to date guidance had not been provided to care staff to keep people safe. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the service had made improvements in this area and was no longer in breach of regulation for this reason. Known risks had been assessed and guidance had been provided to care staff on how to keep people safe. Assessed risks included, moving and transfer, skin integrity, environmental risks and specific health conditions such as diabetes and epilepsy. In one risk assessment, detailed guidance was given to staff on how to mitigate the fire safety risks associated with one person who smoked in their home.

Where people required specialised care, or required staff to support with equipment such as assisted feeding, suctioning or stoma care, care records detailed the type of care required and staff had received training in these areas. We found one instance of where staff were providing care to a person who required a machine to support breathing. We found that the care records did not document guidance for staff on how to work with the equipment or the risks associated. Following the inspection, the registered manager completed a risk assessment which was shared with the inspection team.

Checks were carried out on new care staff prior to them commencing employment. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People and relatives told us that they and their loved ones felt safe when receiving care from Surecare

Enfield. Feedback from people included, "Yes I do feel safe. The carers are reliable. They help dress me and put stockings on my legs" and "Yes, I do. It's the way they care for me. I do feel safe; I'm not just saying it." Relatives told us, "Yes we do feel safe because the carers take good care of our relative. They position her, they hoist her and there is always two people and they make sure she is well dressed" and "Yes, I do think my relative is safe with the carers. We also get calls from time to time about his personal welfare and safety."

Staff knew how to protect people from harm; they told us they had received training and they understood what to look out for, and who to report to. We saw that the service co-operated with the local safeguarding in investigating any safeguarding matters and kept records of the outcomes and action plans.

People and relatives told us they were happy with the medicines support received. Feedback included, "Yes they do support with meds and it's given on time" and "Yes they do properly support him with medicine; they get the medication from the dosset box twice a day and offer it to him and ensure he takes it." Medicine administration records (MAR) detailed the prescribed medicines and contained no gaps or errors in recording. MAR returned to the office were checked for quality of completeness and any issues identified were documented and followed up with the staff member. The registered manager also completed an additional check on all audited records.

We received positive feedback from people and relatives regarding the timeliness of care visits. Most people told us that they had not experienced missed visits. People and relatives told us that if staff were running late, they were kept informed by the office staff. Feedback in this regard included, "Their timekeeping is fine; if they are late I get a phone call from the agency to explain", "Care staff arrives more or less on time, they do let me know if they are running late. I have the same carers. There has never been an occasion where no one has shown up" and "They arrive on time, it rarely happens that they are late maybe because of the trains but they do let me know. The carers have always showed up. They stay the allocated time and do a good job within that time." People and relatives also told us that staff stayed their allocated time, had time for a chat and did not appear rushed.

Staff told us that travel time had been factored into their visit rotas which was confirmed by rotas viewed on inspection. Missed and significantly late care visits were documented and investigated to identify areas for improvement. At the time of inspection, an electronic call monitoring system was being implemented and training was underway.

We saw that two entries under accidents and incidents were documented for 2018. Both incidents involved the care staff finding the person injured, calling the emergency services and staying with the person until they came.

Records confirmed that staff received training in infection prevention and control and had their competencies assessed by a senior staff member on spot check. Staff told us that they had access to supplies of gloves and aprons for delivering personal care.



## Is the service effective?

### Our findings

Staff told us that they regularly attended training and felt supported in their role. Feedback from staff regarding training and induction included, "Training all the time. Yesterday I had oxygen training", "I had a week's training on everything. Anything the client needs, they train us" and "The training was outstanding. We are not sent out without training. Stoma training was very good. Very thorough. The people who trained us are very good."

People and relatives told us that they found staff to be well trained and competent in their roles. One person told us, "Oh yes the carer is well trained, for example she changes my urine bag", "Yes because they know what to do, for example they help me in the shower, with changing me and getting dressed" and "Yes I do think they are knowledgeable and good at the job. For example, one of the carers alerted us to the need for extra equipment to help him get out of his chair and we ordered it."

When we last inspected, we found that not all staff had received training, particularly around care which required the use of specialist equipment. We concluded that people had been placed at risk as staff had not received training in these areas. At this inspection, we found that improvements had been made to how staff were trained for complex care tasks. Records confirmed that staff providing this type of care had received training from an accredited training provider in areas such as assisted feeding, stoma care, suctioning and nebuliser, and oxygen. In addition, staff received training in mandatory areas such as medicines, safeguarding vulnerable adults, moving and handling, and dementia awareness. We saw that staff had their competency assessed in handling medicines, moving and handling and infection control. Staff told us and records confirmed that staff received regular supervision and an annual appraisal.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and understood the importance of obtaining consent from people. Feedback from people was positive in this regard. Care files indicated that people had consented to their care, when they had capacity to do so. Where a relative had the appropriate legal authority to provide consent to care, records also reflected this. Where a person lacked capacity to consent to their care, a mental capacity assessment and best interest's decision was documented.

Some people received support with meal preparation which was documented in their care records. They told us they were happy with the help provided. Feedback included, "Yes the care staff do support me with

meals and leave food and drink within easy reach", "They get me breakfast and anything that I need. Yes, all the time they leave food and drink within reach" and "They give me breakfast." Guidance was given to staff on what meal preferences people had, for example, how they liked hot drinks served.

Prior to commencing care, a senior member of staff carried out an assessment to establish the person's care needs in areas such as health support, personal care, moving and assisting, nutrition and hydration and medicines. People's care needs were assessed periodically or when their needs changed. Following the assessment, a support plan was created giving staff detailed instruction on the tasks to carry out on a care visit.

People who used the service were supported to maintain good health. People and relatives told us that staff escalated concerns regarding people's health and kept relatives informed. One person told us, "They have assisted me when I was in an emergency. My carer assisted me and waited with me for an ambulance. Another carer called me during the day to make sure I was okay when I wasn't very well; they don't have to do that."

## Is the service caring?

### Our findings

Comments from people and their relatives were positive. They all told us the care workers were friendly, kind and caring. Comments included, "The carers are extremely kind and caring. I even get text messages from one of them", "Yes, they are very caring, for example they are not rough the way they handle me", "Yes. They know my needs and respect my wishes" and "Their attitude is good. They do the job, that's all that I want. They are very friendly and provide personalised care." A relative told us, "The carers are really, really nice and they get on well with mum."

People told us that they had a regular team of care staff who knew their care needs and built a relationship. A person told us, "I have had the same carer since January last year and she knows my needs." Staff told us that they had a regular group of people they visit and that they were familiar with their care needs and how they liked to be supported. A staff member told us, "Relationships are good. I am outgoing and vocal. I involve people in conversations."

We received consistent positive feedback that people were supported to be independent and improve physical health particularly following a period of ill-health or hospital admission. Feedback included, "Yes they support me to remain independent. They let me walk up and down the stairs. I couldn't do this before I was in hospital", "They encourage me such as exercising" and "I would say yes the carers encourage her to do as much on her own as she can, for example, choosing her own clothes, engaging with personal care rather than doing it for her."

People told us they were treated with dignity and respect. Feedback included, "Yes they do treat me with dignity and respect" and "Oh yes the carer treats me with dignity and respect; she is not rude or off-hand." Staff were knowledgeable on how to deliver care in a way that ensures people's privacy and dignity was respected.

Most people and relatives told us they were consulted about the planning of their care and that their wishes and preferences were taken into consideration. Care records documented the involvement of the person and their family in care planning and reviews. Feedback included, "Every month staff come from the office to visit me and review the care plan" and "We've had a couple of reviews and we were involved."

Most people told us they were happy with the gender of their care staff or they had no preferences in that regard. One person told us that they had requested a male carer which had not always happened. We saw that people's gender preferences were not documented in people's care assessments. We discussed this with the registered manager who told us they would investigate and implement moving forward.

People and relatives told us that they were happy with how the service respected their religious and cultural preferences, if applicable. People's religious and cultural preferences were discussed in initial assessment and was documented. Feedback included, "I am a [name of religion] but I don't have any rituals. They do respect my cultural and spiritual needs; they are religious too" and "They definitely do talk to her about everyday activities and they are open to talking about all aspects of life, culture and religion."

## Is the service responsive?

### Our findings

People were overall positive about the responsive nature of the service. One person told us, "I have confidence in the management team; the individual carers are very caring and go over and above the call of duty." Relatives told us, "I liked that the carer advised us on what equipment to buy; they are knowledgeable", "If there are any problems they will try and make them better" and "They understand mum and know her personally."

People and relatives were satisfied that if they were to raise concerns, then they would be listened to and that the provider would make things right. Feedback included, "I would complain to Surecare and [local authority]. Oh, definitely I think they would listen", "No I have never made a complaint. Yes, I would complain if need be, to the coordinator called [name]. I have got to know her and feel that it is a good relationship" and "I have never made a complaint. I would complain to the lady in charge. Surecare always phone me up every three or four weeks to ask how things are."

The service had a policy and procedure in place for recording, investigating and responding to complaints. In addition to the complaints procedure, regular spot checks took place which was an unannounced visit to people's homes to observe staff time keeping and delivery of care. Feedback sought from people and their relatives during which they were asked if they had any concerns or complaints.

We looked at the service's compliments folder and noted numerous compliments were received from people and relatives commending individual care staff and the overall responsiveness of the service. Relatives were particularly complimentary of the level of care received when their loved one was at the end of their life. Two thank you letters from October 2018 stated, 'Thank you for all the help, care and compassion' and 'Impressed by the caring and professional attitude.' The service provided end of life and palliative care and worked alongside palliative care professionals. Staff had received training in end of life care.

Care plans contained detailed instructions on the care tasks to be completed by care staff on each visit in areas such as personal care, assistance with eating and drinking, mobility and medicines. People and staff told us that the appropriate care records were kept in people's homes which included the care plan, daily notes and medicines charts. Most care records were updated following a review or when either changes to a care package or a person's needs was identified. We found one instance of a care plan not having been updated following a reduction in a person's package of care. This was discussed with the registered manager and updated.

## Is the service well-led?

### Our findings

People told us that they were satisfied overall with the service and would recommend it. Feedback included, "I would recommend the service because it's the same carers that I have and that's good for me", "On the whole yes I would recommend this service to others. I do believe that the carers are very compassionate and will go the extra mile and the quality of the care is very high", "I would recommend the service; they are able to turn things round very quickly, provide care twice a week, I am very happy with the service" and "I think it is well managed; in the past I have had other companies and I feel that this is the best one."

People and relatives told us that they could contact the office if they had any concerns and spoke of the registered manager and senior staff being approachable and accommodating. Feedback included, "I have met the manager she came to see me with an assistant; she is very charming. She told me if there was anything wrong I can ring her at the office and she will sort it out" and "The manager is very accommodating and always asks how I am. I have been with the service since 2010."

Staff spoke positively of the management team and the support they received when they had any queries or concerns. Feedback included, "Very nice and co-operative", "[Office staff] help. It's what I like about the company", "I find them really good. I like the company and can see myself working for them for a few years" and "Any complaints, Surecare are there for the client. In training, they tell you the client comes first."

At our last inspection, we found that the registered manager and management team did not have oversight of all care packages as they were unaware that staff were delivering a specific type of care they had not been trained in. At this inspection, we found that the management team had resolved that issue.

However, at this inspection, we were concerned that the management team did not have sufficient oversight of ensuring documentation legally required for all staff was in place, such as references and up to date visa documentation. The registered manager and recruitment manager told us that they were conducting a review of all staff files to ensure that they were up to date and compliant with legal requirements.

We were also concerned that the management team were unable to confirm to the inspection team, prior to and during the inspection, an accurate number of people receiving personal care. When informing the registered manager of the inspection, we requested an up to date number of people receiving personal care. We were advised that there were 54 people, which was a marked reduction on the numbers in previous inspections. We contacted the local health and planning authorities and identified that this number was not accurate. We discussed our concerns with the registered manager on commencement of the inspection and were advised that some care packages were under review and that they would provide accurate figures.

On day two of the inspection, we requested a report from the service's rostering system of all people who received a care visit over the two days of the inspection and staff who delivered care. We saw that there were 83 people who had received a care visit. We also saw that not all staff providing care on the days of the inspection had been included in the staff list provided to CQC. This was of concern as we could not be assured that the service had an accurate and up to date list of all people using the service to ensure

overview of when care reviews were due or that people were included in audits of care delivery.

We recommend that the service implements a system to ensure that there is an up to date list of all people receiving personal care readily available for review.

Separate office staff team and care worker team meetings took place. Staff were given information and could discuss a variety of topics such as rotas, changes in legislation such as protection of people's personal information, good practice, spot checks and best practice in medicines administration and record keeping. Staff also received a regular newsletter which detailed training courses, gratitude to carers of the month and updates on seasonal issues such as hot and cold weather. In addition, staff were contacted by secure message on a regular basis by the office with updates to people's care needs, specific care instructions and positive feedback.

The provider sought feedback from people and their relatives and acted where necessary to make improvements. This was done through regular care plan reviews, quality assurance visits in people's homes and over the phone, spot checks and monitoring of care workers' competency. Quality assurance visits looked at the quality of record keeping such as medicines records, daily notes and other care records. Spot checks were done to monitor time keeping of care workers, and their competency in relation to safe medicines administration and manual handling techniques. Quality monitoring forms were also sent to people and relatives on an annual basis. Feedback received was mostly positive and where concerns were raised, the people were contacted and their concerns discussed.

Additional quality monitoring processes in place included regular office checks of care and medicines records, recruitment file checks and care plan reviews. We fed back to the registered and deputy manager some improvements needed to recordkeeping in that staff should record full names when completing notes of care visits. In addition, we saw instances of where two staff attended a care call, only one staff member signed the visit for both care staff.

The service was working to an improvement plan which consisted of feedback from the franchise owner's governance visits, quality surveys and CQC last inspection findings. Identified improvement areas included the introduction of electronic call monitoring, adherence to GDPR, improvements to the medicines records, three yearly criminal records checks and accrediting in-house training staff. We saw that progress was being made towards these objectives on inspection.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(1)</p> <p>The service provider did not have sufficient processes in place to ensure that the required recruitment and ongoing monitoring checks were in place.</p>