

SureCare Barnet Ltd

SureCare Barnet

Inspection report

Central House
1 Ballards Lane
London
N3 1LQ

Tel: 02080904748

Date of inspection visit:
02 October 2019
07 October 2019

Date of publication:
18 November 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

SureCare Barnet is a domiciliary care agency providing support with personal care to people in their own homes. Fifty-five people were using the service at the time of the inspection.

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

Not all risks to people's health and safety had been identified and assessed. Risk assessments did not always contain guidelines for staff about how to reduce risk and support people to remain safe.

Medicines management and administration processes were not safe. There was a lack of clear information, guidance and records to ensure people were receiving their medicines safely and as prescribed.

Care plans were also not comprehensive and not always person-centred. They did not always contain enough information for staff to know people's individual needs and choices.

The provider had systems in place to monitor the quality of the service and make improvements where needed. However, they had failed to identify some of the areas for improvement we found.

People who used the service and their relatives were happy with the service they received. People said the staff were kind, caring and respectful and they had developed good relationships with them.

Staff received the training, support and information they needed to provide effective care. The provider had procedures for recruiting staff to help ensure only suitable staff were employed.

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.

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

Rating at last inspection

The last rating for this service was good (published 10 November 2017).

Why we inspected

The inspection was prompted in part due to concerns received about timeliness of care calls and the providers response to complaints raised. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well led sections of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement

We have identified breaches in relation to assessing risk, medicines management and overall governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

SureCare Barnet

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

This inspection was carried out by two inspectors, an inspection manager and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported the inspection team by making telephone calls to people and relatives to request feedback on the quality of care.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details of its registration, previous inspection reports, and notifications of any serious incidents the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

We spoke by telephone with eight people who used the service and ten relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, senior care workers, care workers and care co-ordinator.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six 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 three professionals who regularly work with the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The risks associated with care were not always managed safely.
- The risks associated with complex health conditions, for example pressure ulcers, Parkinson's, aspiration and high-risk medicines which impacted on people's daily living and support delivered were not always assessed. Guidance was not always available for staff on how to keep people safe in a person-centred way.
- Some risk assessments were not completed, for example, one person was at risk of falls and had been assessed as such, however the actions for staff to take to keep the person safe had not been detailed.
- This placed people at risk of harm as risk assessments failed to provide enough information for staff to adequately understand or mitigate risks posed to people they cared for.

Using medicines safely

- We were unable to confirm when people received their medicines when prescribed because the Medicine Administration Records (MAR) did not specify times when specific medicines were administered. MAR charts in use at the time of inspection were created in a manner which prompted staff to sign that all prescribed medicines were administered each time they initialled the MAR.
- For example, one MAR stated that some medicines were to be administered once or twice per day. No further information was detailed about times of administration.
- MAR's lacked specific instruction regarding medicines with alternative administration routes. For example, where staff supported a person with a prescribed pain-relieving patch, the instructions on the MAR stated that the patch should be changed twice per week. The MAR did not state which days, nor the areas of the body the patch should be applied or rotated.
- Another person's MAR detailed medicines which had not been prescribed by a GP. A staff member told us they did not administer the medicine as it was not prescribed, however they signed the MAR to confirm that they had given this medicine.
- Some people received 'As required' medicines (PRN) such as pain killers or laxatives when they were feeling unwell. Staff were not documenting the administration of these medicines as MARs did not have provision for documenting PRN medicines. Guidance was not available for staff on why and how often these medicines should be administered. Staff also did not monitor the effectiveness of these medicines or record how many tablets they had administered.
- Medicine audits completed did not identify any of the issues we found as part of this inspection. The provider was not following their medicines policy.
- People were placed at risk of not receiving their medicines safely and as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed around the identification and management of risk and we were not sure people were getting their medicines as prescribed. This placed people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in medicines administration and had their competencies to do so assessed.
- We showed our concerns to the registered manager and nominated individual who advised that they would liaise with people's pharmacies and address the issues found.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Most people and relatives told us they felt safe when receiving support from staff. Feedback from people included, "So far so good. I'm comfortable with them. They wear a uniform and I recognise their faces" and "Safe? Yes, definitely." A relative told us, "He does seem to feel safe. He has dementia and he doesn't like strangers and so having regular carers is important to him and they seem to understand about the dementia." One person raised concerns regarding staff who supported them. We raised this with the nominated individual who advised they would investigate.
- Staff knew how to keep people safe from the risk of abuse. They received training in this area and knew when and who to inform if they had any concerns.
- We found that the management team were not fully knowledgeable around the types of incidents which were potential safeguarding concerns and required referral to the local safeguarding authority and CQC notification. We identified one incident which required referral to the local safeguarding authority, instead it was investigated internally by the management team.
- We reviewed the safeguarding policy and noted that the policy did not refer to notifying CQC of allegations of abuse. The management team advised that they would review and update their safeguarding policy.
- The management team kept an overview of accidents, incidents and safeguarding concerns, which identified outcomes and actions taken. Where a safeguarding concern was noted, the outcome stated 'closed' only and lessons learned, or actions taken as a result were not clearly documented.
- Records kept of concerns which were related to staff conduct were not clear on the actions taken about staff involved. We raised this with the management team.

Preventing and controlling infection

- Staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. Spot checks were conducted by senior staff who noted the correct use of PPE. A relative told us, "They provide gloves and they wear those blue aprons."
- Staff us they kept a stock of gloves and aprons and they collected stock from the office whenever they needed it.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- Most people saw the same staff consistently, although some people felt that too many staff changes took place, and they did not always know who was coming to provide their care. Most people and relatives told us that staff did not rush their care and stayed the full duration of the care call.
- Most people and relatives told us staff arrived on time. However, we received mixed feedback on whether they were kept updated if staff were running late with some people telling us they must call the office to report if their carer hasn't arrived.
- Staff told us there were enough available to ensure care calls were covered and that they were allocated

travel time between visits.

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 as 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 assessed before they started using the service.
- A care plan was then written based on the information gathered during the assessment process. However, we found instances where information relating to people's health and care needs was not reflected in people's care plans. We will report further on this in the 'Is the service responsive?' section of the report.
- We highlighted examples of what we found to the registered manager during the inspection who advised that they would review each person's care plan to ensure they were reflective of people's needs.

Staff support: induction, training, skills and experience

- Feedback was generally positive from people and relatives regarding the training and competence of the staff supporting them. Some feedback indicated that people found their non-regular care staff less knowledgeable around the support they needed.
- Feedback included, "They are very capable of looking my mum. She is a nervous and anxious person" and "I do think the regular carers have the skills to support my wife. She has [medical diagnosis] and uses a wheelchair and they are able to do what is required in a nice way."
- Staff told us they received regular training which equipped them to carry out their roles. A staff member told us, "I have done PEG training and got the certificate. We always refresh training."
- Newly recruited staff received an induction and underwent a period of shadowing before being assessed as competent to work alone. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff told us they felt supported by the management and received regular supervision. However, staff files did not always evidence regular documented supervisions. We spoke to the management team about this who advised that formal supervisions took place annually, but more frequent informal supervisions were not always documented.
- We saw records of regular spot checks and competence assessments in areas such as medicines administration and moving and handling.

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

- People and relatives were happy with the support received with their meals. Feedback included, "They are well-trained. He has a puree diet and they know what to do" and "I'm very lucky with my carer who cooks. She cooks things I like...a nice prawn dish and fried leeks are my favourites. I can make myself an egg on toast."
- People were supported by staff with food and drinks of their choice. Some required already prepared

meals to be warmed up and other required snacks to be prepared.

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

- Most people, or their families, arranged their own healthcare appointments. Where staff supported people with appointments we received positive comments about how staff helped people to access healthcare services.
- We received positive feedback from professionals involved with the service regarding the pro-activeness of the staff and the management team to escalate any concerns they had around people's well-being.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- There were inconsistencies around how people consented to their care. Some care plans detailed where consent to care was appropriately documented. Other care files lacked information around people's capacity.
- The management team advised that they were aware there were inconsistencies and were working on reviewing all care plans to ensure consent and MCA was appropriately documented.
- Staff had received training around MCA and understood how to apply the principles of MCA to how they delivered care.

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

- Most people and relatives spoke positively of the caring and friendly nature of the staff team. A person told us "Yes, on the whole most are very good." Relative told us, "The carers we have now are good carers who really care. I hear them talking to her in a friendly way" and "The carers are very nice. They are caring, loving and they look after him and are respectful and polite."
- Care staff spoke positively about their caring role and told us they had established good relationships with the people they supported and their families. We heard from staff and relatives that some staff had worked with the same person for many years and the person trusted them.
- Feedback seen from one relative stated, '[Staff name] has such an incredible bedside manner, she has built up a great rapport with my mother. After many years of my mother refusing to allow anyone to give her a wash, or administer medication, it is very clear that she looks forward to her morning visit from [staff].'
- Some staff commented on the caring nature of the management team. One staff member told us, "I think there is a lot of empathy. They [management] go out and visit clients and they show that they really care. I ask they visit the client and they do. That makes a difference for the client."
- People's religious and cultural needs were respected and met. Many of the people supported were Jewish. The management team were aware of religious days of observance and staff were provided with guidance on how to support people with observing their religious diet. A relative told us, "[Staff] understands and respects our culture."

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

- Relatives told us they were involved in care planning and regular care reviews. Most relatives commented that a member of the management team visited periodically to check on staff and review the care package. A relative told us, "I was there to give all the input (on the care plan). She has six-monthly reviews"
- We received positive feedback from relatives regarding the services ability to source staff who spoke certain languages which helped their loved one communicate their wishes. A relative told us, "He has regular male carers and the manager tried to find somebody who speaks Gujarati which she has done."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they felt staff respected their privacy and dignity. A person told us, "They're always respectful." A relative told us, "They wash her, and they are respectful and help her gently and keep her warm and cover her when she has washed. It all works very well."
- Staff supported people to maintain their independence. A person told us, "I can feed myself. I brush my own teeth, do my hair and I can shift myself in a chair. I feel safer to walk when they're here with me. A

relative told us, "She does what she can for herself and they encourage her."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a risk staff would not have enough information about people to meet their needs in line with their choices and wishes. Care plans were not always comprehensive and did not always include details about people's background, interests and preferences, and how they wanted their care.
- Some care plans were detailed, person centred and demonstrated that the person and/or their family had been consulted in how they wanted their care. Other care plans lacked detail on how staff should support people with daily tasks and how people's medical conditions affected their daily lives and how staff should support them.
- The management team were shown examples of the inconsistent approach to care planning on the inspection and advised that they would address the concerns. Following the inspection, they sent us evidence of newly improved care plans.

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.

- Where possible, care staff were matched with people, where there were common languages spoken. For example, we seen an email from a family member where they thanked the service for providing a Gujarati speaking care worker.
- Some people's care plans contained minimal information about their communication needs.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Records seen indicated that complaints were acknowledged, investigated and responded to. Common themes of complaints documented were around timekeeping and staff conduct.
- Complaints were categorised into minor and formal or major complaints. It was not clear in the complaints policy what constituted a formal complaint or a minor concern. We noted similar themes across both types of complaint recording, for example a missed care visit.
- We discussed this with the management team who advised that they would review the complaints policy and procedure.
- People and relatives told us they could raise concerns and were satisfied that any concerns would be dealt with. One relative told us, "Occasionally there is one [staff member] that we are less happy with, who may rush my wife a bit and such things and so I phone them, and they don't send that person again. You can

talk to them."

End of life care and support

- At the time of inspection, no end of life care was being delivered.
- When people were approaching the end of their lives, the registered manager worked with a range of professionals to ensure people had a pain free and comfortable death in their own home, as per their wishes.
- We saw positive feedback from a health professional who stated, 'My experience of working with you and your team has always been very positive. The care and support you have given to these individuals has been excellent and you have supported individuals and their family's through this difficult time.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Processes in place did not effectively assess and monitor quality performance and risk. The registered manager and senior staff carried out several checks and audits to monitor and check the quality of care and support that people received.
- These included audits of medicine administration records, daily records, care plans, staff recruitment and spot checks of care staff at work to ensure that care staff were working to the required standards.
- These audits were not always effective, as they did not identify some of the concerns identified at this inspection. For example, one staff member's file stated that the staff members induction took place on a certain date which was before they applied for the role and had their interview. This had not been identified as an oversight.
- The provider told us they had planned to review how medicines were documented, however the audits systems in place had not identified the significant nature of the concerns with how medicines support was documented.
- The management team had not always evidenced learning and improvements made following accidents, incidents, complaints and safeguarding outcomes.
- The registered manager had not always notified CQC of events which were legally required, such as allegations of abuse and serious injury.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection we gave feedback to the registered manager and the management team, which was received positively, and clarification was sought where necessary.
- The service demonstrated a willingness to learn and reflect to improve the service people received.
- At the time of the inspection, the provider was in the process of implementing an electronic call monitoring system to keep track of the timeliness and duration of care calls. The effectiveness of this will be reviewed at a future inspection.

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

- We received mixed feedback with the overall quality of care. People told us, "They come late sometimes, I phone them if it's very late. I'm very happy" and "No, I don't think they could improve anything except for timekeeping and staff availability."
- Relatives told us, "They provide essential care by well-trained people who know to handle him and chat with him about his day. They notice things like him losing weight and suggesting that we inform the GP" and "There are little bits of improvement. They do occasional sitting service for me to have a break. I'm very happy with the service"

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

- People were able to feedback on the service regularly to the staff or the registered manager. People told us they often saw the registered manager and updated them on their care and fed back on any issues they might have.
- People were also encouraged to visit the office to meet the staff team, if possible. For one person, this had a positive impact on their well-being and promoted independence. Their relative fed back that it helped their confidence.
- Staff meetings were held to engage with staff about current issues and update them about people's care. Staff told us they felt they were kept up to date and able to contribute to the running of the service.
- Staff spoke positively of the support received from the management team. Staff told us, "The office staff always help us. We call and come in the office, we have team meetings" and "[Managers] are nice people, helpful. I work for them for two years. They are helpful. It's a good company for me." The management team held coffee mornings and wellbeing events for staff.
- The management team and staff worked closely with health and social care professionals to ensure people's needs were met. This included making referrals to the appropriate professionals when people's needs changed. A health professional told us, "Sure care have always been very responsive and have alerted me to any concerns they may have."
- In August 2019, the local authority quality monitoring team carried out a review of the service. The management team had completed and starting to implement an action plan to address the areas of improvement identified.
- The provider maintained strong links with the local community and actively participated in fundraising and promoting social care causes. Staff worked with a homeless charity to fundraise and volunteer at outreach projects. Feedback from the charity noted, 'Sure care has been a consistent pillar of support to Street Kind UK, with the funds you have donated and also the time spent at our outreaches throughout the year this had made such a difference to so many of our friends on the street.'

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and manage risks relating to people's health and welfare, including those associated with medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate quality and safety was effectively managed.