Surecare Hillingdon Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 16 April 2018 and was announced. We gave the provider two working days' notice as the location provided a service to people in their own homes and we needed to confirm there would be someone available when we inspected.

This was Surecare Hillingdon Limited's first inspection since the service registered in February 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It currently provides a service to older people and adults with physical disabilities. People either fund their own care or receive funding through direct payments where they can then decide which care service to employ. There were three people currently using the service.

There was a new manager in post who was in the process of applying to become the 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.

The provider had quality assurance systems in place, however not all aspects of the running and monitoring of the service were recorded. The checks that were in place needed to be more effective to ensure people received a quality safe service.

We found a breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The provider had considered if people were able to make daily decisions about their lives and had provided care workers training on the Mental Capacity Act (MCA). However, we recommended the provider seeks national guidance on following the principles of the MCA for people living in their own homes to ensure no-one is restricted unlawfully.

The provider had not completed risk assessments for some of the practices they followed. Where a person was potentially at risk of harm they had not considered carrying out risk assessments to be certain the action taken during the visits to people posed a risk to the person and/or others.

There were procedures for the safe management of medicines but improvements needed to be made to ensure the care workers followed these and recorded when they had been a part of any medicines tasks.

There were sufficient numbers of care workers employed to meet people's needs. Recruitment checks were carried out on new care workers to make sure they were suitable to work with people using the service. We found one unexplained gap in a care worker's employment history which the provider addressed shortly

after the inspection.

Feedback from people using the service and their relatives was positive. They described care workers as caring and that there was good communication between them and the office. They also told us that care workers arrived on time and stayed the agreed length of time. They explained that care workers did everything they asked and offered them choices.

Care plans were clear and showed the support people needed. Individual preferences were included within the plans. There was evidence that the plans had been discussed with the person, and/or their representative and they had consented to how they were to be supported.

The provider had systems to safeguard people from abuse. Care workers completed safeguarding training and knew how to report any concerns.

Care workers confirmed they were well trained and supported by the provider. Support was provided through one to one and group meetings. Training was provided on various topics to provide care workers with information and guidance on how to support a person effectively.

The provider had arrangements to help protect people from the risk of the spread of infection as the care workers wore protective equipment, such as gloves and aprons, when providing care.

People and their relatives told us they knew how to make a complaint and there were systems in place to manage and respond to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

There were some aspects of the service that were not safe.

Risk assessments had not always been completed on all potential risks to people and others potentially placing people at risk of harm.

There were procedures for the safe management of medicines but improvements needed to be made to ensure the care workers followed these.

The provider had carried out recruitment checks. Dates of employment needed to be recorded to ensure there were no unexplained gaps in employment.

Incidents and events were recorded, along with action taken. Evidence need to show how lessons were learnt when events occurred.

There were systems to safeguard people from abuse. Care workers completed safeguarding training and knew how to report any concerns.

There were sufficient numbers of suitable staff employed to meet people's needs and keep them safe.

The provider had arrangements to help protect people from the risk of the spread of infection.

Is the service effective?

Requires Improvement

There were some aspects of the service that were not effective.

Although the provider and care workers understood the principles of the Mental Capacity Act and Deprivation of Liberty they were not always fully following this legislation.

People's needs and choices were assessed and care was provided to reflect these assessments.

People were cared for by care workers who were well trained and supported by the provider.

People received the support they needed at mealtimes.

Is the service caring?

Good

The service was caring.

People said they were treated with kindness and respect.

People were involved in making decisions about their care and expressing their views on the type of support they wanted.

People's privacy, dignity and independence were promoted by care workers offering people the chance to make choices about their lives.

Is the service responsive?

Good

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received.

Although there was no-one using the service who required end of life care, people's wishes were assessed so that care workers knew how to support a person appropriately.

Is the service well-led?

Requires Improvement

There were some areas of the service that were not well led.

Although there were checks in place on various aspects of the service, the provider's audits did not always identify when something needed to be improved and where action was needed.

People using the service were invited to share their views about the service and these were listened to and acted upon.

There was an open culture where people using the service, their relatives and care workers felt able to express their views, felt listened to and felt that the provider responded appropriately.

Surecare Hillingdon Limited

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out by one inspector and took place on 16 April 2018 and was announced. We gave the service 2 working days' notice of the inspection visit because the service was small and we needed to be sure that they would be available.

Prior to our visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us.

During the inspection visit we met the owner of the company, referred to as the provider in this report, and the new manager. We looked at the care records for two people who used the service and the recruitment, training and support records for two members of staff. We looked at other records the provider used for managing the service, which included records of quality audits, the provider's policies and procedures and feedback from people who used the service.

Following the inspection visit we spoke on the telephone with two people who used the service and one relative to gain feedback about the service. We also received feedback from a second relative via email.

We emailed three professionals for their views on the service and one replied. We also emailed six care workers and four gave us their comments about the care they provided to people and the support they received from the provider.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe and trusted the care workers who visited and supported them. One person said, "They [care workers] always wear a uniform and identification badge. I am never visited by someone that I do not know."

The provider had procedures for safeguarding people from the risk of abuse. Care workers had received training in safeguarding adults. Care workers told us if they suspected a person was at risk of harm they would, "First inform my manager…" and "Let agency know and telephone emergency services." The provider had made an appropriate referral when they had a concern about a person and records had been kept in relation to the concern. The provider had a monitoring sheet in place to record any safeguarding concerns that the service might receive so that they can easily check on the progress of any concern.

There was evidence that for the most part potential risks to people and /or others had been assessed and planned for in order to minimise any harm to people using the service. This included, checks on the person's home, risk of falling and pressure sore risks. Information included informing care workers on how to safely support the person and risks to look out for so that people were supported in an appropriate way. Where care workers used equipment to support people appropriately in their own homes we saw the provider made sure this had been serviced, maintained and recorded in their care records. However, we were informed that a decision on the welfare of a person had been taken by a relative and the provider and previous manager had accepted this without carrying out any risk assessments on this particular area of the person's life. Immediately after the inspection the manager liaised with the local authority and with the relative to seek advice and to assess any possible risks this person could face. They told us they would complete risk assessments so that they had considered if the way they were supporting the person was the least restrictive option. Risks assessments would also inform the care workers on how best to assist the person and what steps to take to minimise harm to the person.

We looked at how care workers supported people with their medicines. People told us they had no concerns about how care workers provided assistance to ensure they received their medicines. One person had their medicines given through a Percutaneous Endoscopic Gastrostomy (PEG) tube and a second person had over the counter body cream applied after personal care was provided. It was clear from people's care records what type of support each person required and who was responsible for ordering medicines. There was guidance in place for the person with a PEG as care workers needed to follow certain procedures to ensure the person safely received their medicines.

We noted that for one person on two occasions in March 2018 the care workers had visited the person but had not signed the medicine administration record (MARs) confirming they had applied cream to the person. The records for when a care worker visited the person did not always record that the cream had been applied. We highlighted this to the manager who confirmed shortly after the inspection that they had reminded all care workers that they needed to sign the MARs when they had applied cream to a person. They also told us care workers had been told that they must make it clear on the records of their visits what tasks they had carried out. There were no issues with how medicines were managed for the second person

who required support. Following on from the inspection the manager confirmed they had talked with the pharmacists who provided the MARs so that they could work in partnership with them in ensuring people safely received their medicines.

The provider had undertaken recognised training to provide medicines management training to care workers. There were plans in place to carry out annual competency assessments to check care workers continued to follow the provider's policies and procedures. Care workers we asked were clear on the type of support they provided to people when they required help with managing their medicines.

When we inspected, the provider employed six care workers to provide care and support to people using the service. Care records showed people needed care and support from one care worker at each visit. We reviewed a selection of care workers' time sheets and saw they arrived at people's homes within 15 minutes of their expected arrival and stayed for the correct length of time. People confirmed they received a schedule of visits so they knew who would be visiting them and said care workers arrived on time. If visits were going to be late they said they were made aware of this by the provider or manager. The provider confirmed there had been only one missed call over the past 12 months and we saw that they had put measures in place for the care worker to text them to confirm when they had arrived at the visits. Care workers told us they mainly worked with the same person and they received information about who they were working with and when.

We saw on the schedule of visits that a care worker did not match what was recorded on the timesheet and one timesheet had not been signed by the person or their relative. We talked with the provider about ensuring any changes to care workers availability should be recorded so that these matched the timesheet which confirmed the visits carried out. They told us this changes were a rare occurrence and that they would check to ensure future records accurately reflected which care worker had visited which person.

The provider carried out a range of checks when employing staff. Care workers confirmed recruitment checks were carried out before they worked with people using the service. They attended a formal interview at the office and this was recorded. They also completed an application form giving details of their employment history, had two references obtained, proof of identification and a check from the DBS regarding any criminal record. We noted for one care worker there was an unexplained gap in their employment for the period 2015-2017. Shortly after the inspection the provider confirmed this had been explored and recorded on the care worker's personnel file.

The provider supplied the care workers with protective equipment such as gloves and aprons so that risks associated with the spread of infection were minimised. The provider observed the care worker's providing care and support to people and the records from these visits included information about whether care workers followed infection control procedures, and any shortfalls were followed up with the care worker.

Incident and accidents had been recorded but were not kept in one place and there was no overall document to record the number of these events and if there was a pattern relating to when these had taken place. We saw there had been four incidents in 2017 and none recorded for 2018. The completed forms relating to the events had been seen by a senior staff member and any action taken had been recorded. We discussed with the provider and manager and shortly after the inspection the manager went through the incidents and accidents, which were few due to the size of the service. They had also developed a monitoring tool so that they could check if they needed to act on these types of events. The manager was experienced and aware that they needed to demonstrate how adjustments and improvements were made to learn from events.

Requires Improvement

Is the service effective?

Our findings

People's care and support needs had been assessed before they started using the service. There was information relating to their physical and social care needs and their requirements around personal care. People confirmed they had been involved in deciding how they wanted to be supported and agreeing to the number and timings of the visits they needed to ensure their needs were met. Information was person centred, such as the name the person preferred to be called and if they had any requests that care workers needed to be mindful of. For example, not bringing beef into the person's home due to their religious beliefs and wearing shoe covers when entering the person's home.

A relative told us, "I have been part of making decisions" about their family member since the start of the service commencing. A healthcare professional confirmed they had observed a member of staff from the service carrying out the initial assessment to determine the person's needs and requirements. They told us this had been "thorough" and that the person had been "put at ease" during this assessment. The service was flexible and for two people there was no set days and times when care workers visited them. Visits were arranged as and when the person and their relatives required support. People and or their relatives gave the provider as much notice as possible to inform them of when they required assistance so that plans could be made with the care workers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the MCA.

Care workers received training on MCA and told us how they worked within the principles of the MCA. One said, "l do not assume what people want. Wherever possible l help people to make their own decisions and it must be in their best interest. For example with drinks, what to wear and where to go." Another care worker described how they always assumed the person using the service had capacity and where they might struggle to make daily decisions they would give them different choices. They said it was important to not force any person to do something and that giving them choices was part of providing appropriate care.

It was clear from most people's records that they had the capacity and ability to make every day decisions about their lives. However, for one person, where they had difficulties in making daily decisions and understanding risks, although this was noted in their care records we had concerns about the agreement the provider had with the relative about how they supported the person. The provider had not considered if they were acting in the person's best interests and had not assessed the possible risks to the person if they were left alone at home and the consequences of this when they were locked in the house. Overall they were not able to demonstrate that they were supporting the person in the least restrictive way and lawfully. The new manager immediately acted on our concerns and made contact with the relative and local authority. They confirmed that they would record the rationale for decisions made and make it clear who was involved

in the decision making process. In the meantime the provider had alerted the local authority to the current way they were supporting the person and that an application would need to be made by the local authority to the Court of Protection for a community deprivation of liberty.

It is recommended that the provider seeks guidance on the MCA for those people living in the community and ensure that they follow best practice.

People and relatives were positive about the care workers and said they undertook tasks requested and expected of them. New care workers completed an induction which included receiving training and shadowing experienced care workers. People we asked confirmed new care workers were introduced to them before visiting them alone. One person said a care worker would need to feel confident and competent to meet their varied needs and that the current care worker who mainly worked with them was good at their job. They said the service ensured that any potential new care worker spent several hours shadowing another care worker so that they could see the type of support the person required. If people had any specialist equipment, for example a hoist, we saw care workers had received training from an appropriate healthcare professional who knew what information and instructions care workers would need to follow in order to support the person effectively.

Care workers were supported to complete the different modules of the Care Certificate. This is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One care worker had a national qualification in social care and the provider would support and encourage all care workers to study for this qualification to enhance their skills and knowledge.

Others areas of training included, equality and diversity, basic life support and moving and handling and these were offered on an ongoing basis to help keep care workers up to date with current good practice. Training was offered both face to face and online to ensure care workers received information that they could use in their everyday practice.

Care workers confirmed they received one to one and group supervision and records indicated this type of support was offered on a regular basis. Care workers had the chance to hear updates from the provider and manager and to contribute their views on the service. Two care workers had been working a year in the service and the provider confirmed they would receive an annual appraisal of their work in the next few weeks. The appraisal process encouraged care workers to look at areas that were working well and where improvements needed to be made, including identifying where they might need further training and information to ensure they were carrying out their duties appropriately.

People who were supported at mealtimes told us that they had the help they needed. We noted for one person that the minimum fluid level was not recorded on the fluid record used by care workers and therefore they might not have been aware of the amount of drinks the person should be encouraged to have when they visited them. The food diary also did not record what the person actually ate but rather noted the meal given to the person. We highlighted this to the manager and they confirmed this would be addressed so that people's nutritional needs were fully considered and recorded where this was necessary.

There was a record of people's healthcare needs and any healthcare professionals who were involved in supporting the person. The majority of time relatives helped people attend healthcare appointments, although the provider and manager could arrange for care workers to attend these with people. We saw that care plans included specific guidance relating to healthcare conditions so that care workers knew how to support people with their healthcare needs.

Good

Is the service caring?

Our findings

The people we spoke with and their relatives spoke highly of the care workers. Some of their comments included, the care workers were "very good, "I'm perfectly happy with the care I receive" and "They [care workers] know what I want and need."

People confirmed the care workers knew their personal preferences, such as wanting a female care worker to visit them and understood their particular needs. The service supported people to express their views and be actively involved in making decisions about their care. One person told us, "I am given a choice of how I want to be helped and they listen to me." Another person said, "I make my own decisions about how I want my care and support to be given to me."

The provider confirmed that information about the service and any care records would be produced in a different format, such as, large print or in a different language if requested or required for people who might need support with understanding information and making decisions.

For the most part people could advocate for themselves and make choices about their lives. Where they had limited abilities to do this, they were supported by family members. Care plans
included information about what each person could do for themselves and what help they needed so that care workers were clear on the level of support they needed to provide.

People said the care workers were respectful, especially when providing personal care support. They said care workers closed the door if they were safe to be left alone. One person told us that the care workers waited outside the toilet and bathroom doors until they knew the person wanted them to enter. A care worker told us they were respectful of people's right to choose how they wanted to be supported and they "Treated people with common curtesy by knocking on their door and waiting for permission to enter." One person had a particularly good relationship with a care worker and so when they visited the person they were allocated additional time to be with them.

People's care plans detailed how people communicated. Some care workers spoke a variety of languages, as did the provider, which could be important for those people whose first language might not be English. One person said although they and their family spoke different languages they had no problem if care workers only spoke English.

As the service was small and recently the service had been without a manager, the provider had been visiting people and their relatives to ensure they continued to receive a caring and good quality service. They understood people's needs and preferences and aimed to offer them a flexible service which reflected their individual wishes. The manager had also spent the past two weeks they had been in post meeting with people so that they began the process of developing relationships with them.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their needs. People were involved in the development of their care plan. They confirmed they had a say in how they wanted to be supported. We saw care plans were personalised and included detailed guidance on how to support the person in areas such as their personal care needs and daily living requirements. Care plans considered people's preferences and where they could do things independently. There was no-one who needed assisted technology to help them with everyday life. People were able to express themselves or had the help of their relatives to ensure they were cared for appropriately.

People, their relatives and care workers all confirmed that copies of care plans and risk assessments were kept in people's homes. One care worker said, "Every client does have a care plan and risk assessment and we work alongside their requirements." A second care worker confirmed "If both [care plan and risk assessments] were not provided, it would be impossible to carry out our job." Care plans related to the particular needs of the person, for example one care plan stressed the importance of care workers being well and not feeling ill when visiting the person as their immune system was poor. It was clear how they wanted to be supported with certain tasks, such as, describing the different flannels to use when helping the person with their personal care and to "Tuck shirt in" and noted that the person will "Tell you if the oxygen mask is clean." Care plans were regularly reviewed to check the care workers had up to date information about the person's needs.

The care workers recorded how they had supported people during the visit. These records were checked by the registered manager to make sure they were legible and reflected the care which had been planned.

People told us they knew how to make a complaint or raise a concern and would talk with the provider or manager if they needed to talk through a complaint. They said that they felt confident these would be listened to and acted on. No-one said they had any complaints about the service and one person said, "Any minor issues I have had have always been dealt with." The provider had a procedure for responding to complaints they received from people using the service or others. We saw that the provider had a document to record any complaints, along with how the complaint had been dealt with. The provider told us they had not received any complaints since the service registered.

There was no-one using the service with life limiting conditions. The provider said where possible end of life wishes were explored with people where they were happy to talk about this with staff. Where people had particular wishes due to their religious beliefs these had been included in their care records. The training record for the care workers indicated that two care workers had completed end of life care training and the manager confirmed they would be arranging this for all care workers to complete so that they had the information and support on this subject.

Requires Improvement

Is the service well-led?

Our findings

Feedback on the running of the service and the provider was complimentary. People using the service told us, "I have met with the manager of the service and owner, they contact me regularly" and "I feel the service is well run." Relatives commented, "It is organised, I know who is visiting, if any-one is running late and there are regular visits from [the provider]."

Care workers spoke favourably about the service and the support they received. Comments included, "The running of the agency is good, the communication between the agency and l is very good and the manager is also friendly, is someone you can talk to when needed" and "The agency expects us to provide a good service."

One healthcare professional told us, "I found them [provider] very approachable." They confirmed that they had received positive comments from people who had used the service and that they would not hesitate in referring people to this service.

We identified areas where there were no formal audits in place. There had been no systems in place, prior to the inspection, to easily monitor late or missed calls. The provider confirmed they had carried out telephone monitoring calls to people and relatives. However, they told us they had not always been recording these phone calls. We saw where they had made a brief record of monitoring calls and feedback had been positive with comments such as 'All was well' and care workers were doing a 'great job.' Where a recent check had taken place on a person's Medicine Administration Record (MAR) this had not identified that on two occasions care workers had not signed when they had applied cream to a person. The provider had also not identified that there could be an issue with the potential risks in locking a person in their house and had not assessed how best to support the person lawfully.

The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2014.

Some areas were being checked as part of the monitoring of the service. This included regular spot checks carried out on care workers to ensure they were providing appropriate and agreed support for people. There were also checklists in place for people's care files and staff files. The manager confirmed that they would be drawing up an action plan with the provider following on from the inspection so that they knew what needed addressing and who would be responsible for making the necessary improvements to the service.

Over the past twelve months there had been three managers in post and since December 2017 the provider had been running the service without a manager. The provider had been managing the service and had received support from the Surecare organisation and the business development manager who made regular visits to the office. The new manager had started working approximately two weeks prior to the inspection and was experienced in managing a community service. They had applied to the Care Quality Commission (CQC) to be become the registered manager and were in the process of familiarising themselves with how the service operated and informed us they had already identified areas for improvement. The manager planned to attend the local authority's managers meetings and meetings held by Skills for Care, which is an

organisation available to support and offer guidance to care providers and care staff. These meetings would enable the manager to keep abreast of development within the social care sector. Furthermore, the provider was a member of the United Kingdom Homecare Association (UKHCA) and received updates on good practice regarding working in home care services.

There was no evidence demonstrating how the provider and previous managers had worked with both health and social care professionals to support people appropriately and for joined up care. Although one person had various health needs the service had not been involved in working alongside other professionals. We spoke with the provider and manager about ensuring where they were communicating and involving healthcare professionals that this was clearly recorded to show they were all working together in the person's best interests.

The provider had sought feedback from people using the service and their relatives through the review meetings held, the visits to check on care workers included talking with the person about the care they received and by sending satisfaction surveys. Results of the surveys had yet to be analysed as they had just started to return to the service. Those returned surveys that we viewed were positive about the service with comments including, "They [care workers] are reliable, punctual and always ready to help" and "I have seen improvements with [family member]" since receiving the service."

Team meetings were held for care workers and one told us, "We are well supported by the agency/manager with regular calls and communications, including staff meetings. At staff meetings matters of timekeeping, record keeping and updates on what is happening at the agency are discussed." Meetings were also held between the manager and provider so that they kept each other up to date regarding how the service was running.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes established and operated by the provider were not always effective because: They had not always assessed, monitored and improved the quality and safety of the services provided. They had not always assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others. Regulation 17(1) and (2)(a) and (b)