

Best Care Harrow Limited

SureCare Harrow and Watford

Inspection report

Pentax House
South Hill Avenue, South Harrow
Harrow
Middlesex
HA2 0DU

Tel: 02034092497

Website: www.surecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

SureCare Harrow and Watford is a domiciliary care agency. It is registered to provide personal care to people in their own homes. The service provides care to people with a range of care needs. These include the needs of people living with dementia, sensory impairments and people receiving a reablement service. A reablement service is a short and intensive care and support service offered to people with disabilities and those who are frail or recovering from an illness or injury.

Not everyone using SureCare Harrow and Watford receives a regulated activity; the Care Quality Commission (CQC) only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were 24 people receiving support with personal care at the time of the inspection. SureCare Harrow and Watford does not provide nursing care.

This was the first inspection of the service since it registered with us in February 2018. A comprehensive announced inspection was carried out. We gave the provider two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that the provider was available on the day of the inspection.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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.

People using the service and their relatives informed us that they were happy with the care and support that they received. People told us that they received consistency of care from staff that they knew.

People using the service told us that staff treated them well and they felt safe when being supported with their care.

Arrangements were in place to keep people safe. Policies and procedures and appropriate staff training helped protect people using the service from abuse. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting all concerns.

Risks to people's safety were identified and monitored, but some risk assessments lacked detailed information to help staff fully understand and manage those risks. Following the inspection action was taken by the service to address this.

Arrangements were in place to make sure people received the support that they needed so that they received their medicines as prescribed and safely.

A range of checks were carried out before staff were employed by the service to make sure they were suitable to work with people using the service. Staff knew the importance of respecting people's differences and human rights.

The provider had arrangements in place to make sure that there were enough staff, with the right skills to meet people's needs. Staff received training relevant to their role. They received the support that they needed to carry out their roles and responsibilities. People told us that staff were reliable and respected their dignity and privacy.

People using the service and where applicable their relatives were fully involved in making decisions about people's care. People's preferences were supported. People told us that staff listened to them and encouraged their independence.

People's care plans were person-centred. They included detailed information about the care people required and wanted, so staff had the information they needed to ensure people's needs were met. Staff understood the importance of obtaining people's agreement before supporting them with personal care and other tasks.

People and their relatives had opportunities to feedback about the service and issues raised by them were addressed. People knew how to make a complaint and were confident that they would be listened to and the issue addressed.

There were a range of systems in place to check, monitor and develop the service. Action was taken to make improvements when deficiencies in the service were identified. People and their relatives told us they thought the service was well run and would recommend it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Measures were in place to protect people from harm whilst promoting their independence. Some people's risk assessments lacked detailed information to help staff manage identified risks. Following the inspection action was taken by the service to address this.

Staff understood how to protect people from abuse.

Staff recruitment arrangements made sure only suitable staff were employed to provide care and support for people.

Arrangements were in place to ensure that there were always sufficient numbers of staff available to meet people's needs.

Policies and systems were in place so people received the support that they needed to take the medicines that they were prescribed.

Is the service effective?

Good ●

The service was effective.

People received personalised support that was effective in meeting their preferences and assessed needs.

Staff had awareness of people's healthcare needs. The service liaised with community care professionals when required.

People were fully involved in making decisions about their care.

Staff were well supported and received the training that they needed to carry out their roles and responsibilities.

Staff provided people with the support that they needed to meet their dietary preferences and needs.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and listened to them.

People told us that they had a good relationship with the staff that supported them. Staff told us they enjoyed their job caring for people using the service.

Care records contained information about people's needs and wishes and included details on how to promote and support people's independence.

Is the service responsive?

Good ●

The service was responsive.

People using the service had their needs assessed before they started receiving care and their preferences were accommodated.

People's care plans were personalised. They included the detail that staff required to provide the care and support each person needed.

Staff understood how to respond to people's changing needs and preferences.

People knew how to make a complaint and were confident that any complaints would be addressed appropriately.

Is the service well-led?

Good ●

People using the service and their relatives told us that they were satisfied with the service and the way it was run, and would recommend it.

Management were visible and understood their responsibilities in ensuring that people received a good quality service.

The service was open and transparent and recognised the importance of people's feedback in contributing to its development.

Staff told us that they were well supported by management.

Arrangements were in place to assess and monitor the quality of the service provided to people and to make improvements when required.

SureCare Harrow and Watford

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 the 23 October 2018 and was announced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law.

Due to changes we made to the date of the inspection, we did not ask the provider to complete a Provider Information Return [PIR]. The 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 the provider, registered manager, office administrator and three care workers. Following the inspection, we spoke with seven people using the service and four people's relatives. We asked three healthcare and social care professionals for feedback about the service and received a response from one social care professional at the time of completing this inspection report.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of six people using the service, four staff records and a range of audits, and policies that related to the management of the service.

Is the service safe?

Our findings

People receiving care told us they felt safe when being supported with their care. A person's relative told us, "Yes, I feel [person] is safe."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of any poor practice from other staff. Care staff were knowledgeable about types and signs of abuse. They knew that they needed to report any abuse to the registered manager and/or the provider, and if necessary police and CQC. Some care staff needed a little prompting before they told us that they would report abuse to the host local authority safeguarding team if management did not do so. The registered manager told us that they would remind all staff of the safeguarding procedures.

Assessments of risk were carried out. Risk assessments included risks of falls, medicines and bathing/showering, medical and sensory needs. They included risk management strategies to minimise the risk of people and staff being harmed. Some people's risk assessments lacked detailed information to help staff manage identified risks. Following the inspection, the registered manager told us about the action he had taken to address the issue. He supplied us with documentation, which showed that people's risk assessments had either been reviewed or were in the process of being reviewed and improved.

A comprehensive risk assessment had also been carried out of each person's home environment to identify and minimise any risks of harm to the person and staff. Staff were knowledgeable about risk assessments and where to access them.

People's care records included personalised instructions for staff to follow to keep people safe when assisting them with transfers and other mobility needs. The service checked that required safety checks of equipment used by staff including moving and handling hoists had been carried out.

Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included a criminal record check and a check as to whether a prospective employee had been barred from providing a regulated activity such as personal care to adults and children.

Arrangements were in place to ensure that there were enough staff to meet people's care needs. The registered manager spoke of the flexibility of care staff and of them being responsive in carrying out extra care visits when needed. He told us, "I can ring [staff] at 6am and they respond." Senior staff including the registered manager and provider also carried out care and support visits when care staff were unable to complete visits.

Arrangements were in place to report and manage incidents and accidents. Procedures ensured that they were regularly reviewed to check that appropriate action had been taken to address them, learn lessons and minimise the risk of other similar events occurring. Care staff knew how to respond appropriately in an

emergency.

The service had a management of medicines policy. Management staff told us that people using the service mostly received the support they needed with their medicines from relatives. Some people needed staff to administer their medicines or just remind them to take them. Staff providing this support received the training they needed and their competency to administered medicines safely was assessed. A member of staff spoke positively about the medicine training that they received. They told us that they had been shown by the registered manager how to support a person with their medicines, and that the registered manager had observed them administering a person's medicines. A person using the service told us, "They [care staff] remind me about my medicines. I feel involved."

Systems were in place to minimise the risk of infection. Care staff told us they had been informed about the importance of good hand hygiene during their induction programme, and that disposable gloves and other protective clothing were always available to them. Spot checks carried out by senior staff of care staff's practice included checking that they wore protective clothing when required.

The staff handbook included detailed information about infection control. It also included information about a range of other health and safety issues, and summaries of policies and procedures that staff needed to follow to ensure they provided people with a good quality safe service.

Is the service effective?

Our findings

People spoke very positively about the service that they received. They commented, "They (staff) listen. They worry about me and always ask if I want a drink and something to eat," "They seem to know what they are doing" and "They (staff) are very reliable."

People's relatives also informed us that they felt that care workers and management were competent and were happy with the service provided by them. A person's relative told us, "[Person] gets regular carers. They are all good."

Care staff told us they had completed five days induction, when they started working for the service, which had included completing a range of training and learning relevant to their role. During induction care staff also completed a period of 'shadowing' where they observed staff carrying out caring duties and senior staff also observed them completing tasks. Care staff completed the Care Certificate induction standards. These are a set of standards that are the benchmark for the induction of new healthcare and social care workers, which care staff should abide by in their daily working life when providing care and support to people. Staff spoke highly of their induction and told us that they had found it to be very useful and had helped them to be fully prepared for carrying out their role and responsibilities. Care staff told us, "We completed booklets, everything was covered" and "I have been trained properly and well by SureCare."

Records showed that care staff had completed a range of training relevant to their role and responsibilities. Training was also provided to meet people's specific needs. This training including dementia awareness, epilepsy, and management of a person's particular feeding needs. The registered manager told us following the inspection that training about diabetes had been added to the induction training and that all staff who had not received it would complete it. Refresher training in topics including moving and handling, safeguarding adults and children and infection control had been planned to take place within recommended timescales.

Staff told us that the registered manager explained each person's care plan to them before they started providing the person with care. They told us that they had been introduced to people using the service and shown how to complete the person's care tasks. 'Spot checks' of care staff carrying out care and support activities within people's own home were completed by senior staff. These checks monitored staff performance and whether they provided people with the care they needed in an appropriate and safe manner. People using the service told us, and records showed that during these 'spot checks' people were asked for their feedback about their experience of the service. People using the service had signed their care plan which indicated they had agreed to its content.

Staff told us they felt well supported by the registered manager and the provider. They told us management staff were always available for advice and support. Records showed that staff had received one-to-one supervision with a senior member of staff. Topics to do with the service were discussed during supervision. Topics included, key policies, training, health and safety issues and people using the service. The written record of staff's one-to-one meetings varied in detail and some records indicated that not all the topics on

the supervision record template had been reviewed. Following the inspection, the registered manager told us about the action they had taken to address the issue and the improvements made to the staff supervision arrangements. Staff had not been employed for a year so appraisal of staff performance and development had not yet been completed.

People's healthcare needs were understood by the service and detailed in people's care plans. The service liaised with healthcare professionals to ensure people received the care that they needed. Healthcare professionals had provided staff with the training they needed to support people with their individual health care needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff received training on the principles of the Mental Capacity Act (MCA) 2005. They knew that people's capacity to make decisions about their care and treatment could change. Staff had received training on the principles of the MCA and how these principles applied in their work. Staff told us they would report to the registered manager if they were concerned about a person's capacity to make a particular decision or consent to care. Staff we spoke with knew that a decision would be made in a person's best interest when they lacked the ability to make a decision to do with their care. People's care plans included details about the decisions that they found difficult to make and of those who supported them in making them.

Staff told us about how they supported and involved people in making choices and decisions about their care. They spoke of encouraging people to make day to day decisions such as what they wanted to wear, do and eat. People using the service confirmed that staff listened to them and accepted the decisions that they made.

People's care plans included personalised information and guidance about people's nutritional needs and the support that they needed with meals and drinks. People told us that staff made drinks and prepared meals for them. Records showed people were supported to eat food and drink that met their dietary needs and preferences. A person's care plan included, "I would like carers to leave me a drink and a snack before they leave." A person using the service told us, "They [staff] always ask if I want a drink and something to eat. They make me my coffee how I like it."

Is the service caring?

Our findings

People using the service told us that staff were kind, respected their privacy and provided them with the support and care that they needed. Comments from people about the care that they received included, "They [staff] listen to me." "They [staff] are all kind and willing" and "Carers are very nice. Every morning [care worker] greets me."

People's relatives told us, "I am very happy. They [staff] are very reliable and good" and "We chat. They are extremely nice."

Care staff told us that they were always provided with the information that they needed about the person they would be caring for. The service did their best to match people with staff that had a similar background and who spoke the person's birth language. A person's relative spoke very positively about this aspect of the service. They told us, "[Staff] help [person] and speak with [person] in [person's] own language, which is important to them."

People using the service told us that care staff were reliable, arrived on time and stayed the allocated amount of time. A person using the service told us that they were told when care staff were running late and when a replacement member of staff were being provided. They told us, "If they send me a substitute. They let me know. I am kept informed." Care staff spoke of the enjoyment they had caring for people. They told us, "It's not for the money why I do it," "I am fond of them [people using the service] and they are fond of me" and "We get to know their [people's] likes. We work and chat together."

Staff spoke about the importance of respecting people's dignity and privacy, and were aware that people and their relatives at times needed emotional support.

The staff handbook and the service user guide included information about the importance of respecting people's confidentiality. Staff knew the importance of not speaking about people to anyone other than those involved in their care. Records showed that the service ensured that they were up to date with data protection laws.

People's care plans included information about their preferred routines and showed that the service encouraged people's independence. Staff told us about how they supported people to do as much as they could for themselves, such as some personal care tasks. A person using the service spoke of the confidence and independence that they had gained since receiving care from the service.

Care staff told us that they read people's care plans and spoke with people using the service to get to know them. People's care plans included detailed information about their religion, ethnicity, background, work and goals that they would like to achieve. This information helped staff to understand people's needs and preferences, and provide them with care and support in a consistent way. A person using the service spoke highly of their regular care worker. They told us that they had benefited in many ways since receiving care from that member of staff. They commented, "[Care worker] is brilliant. I can't fault [care worker,] [they] have

been so good."

Staff we spoke with had a good understanding of people's equality, diversity and human rights. A care worker told us it meant to them, "Treating everyone equally, the same and being fair to everyone."

We discussed the Accessible Information Standard [AIS] with the provider. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. People's specific communication needs were identified in their care records and included guidance about how to support people with those needs. The registered manager spoke about the contact that they had had with the head office about plans to provide information to do with the service in a range of languages that met people's individual needs. A person's care plan was written in English and in the person's birth language. Staff spoke several languages which helped them communicate with people using the service. We heard office staff speaking languages other than English with people using the service during telephone conversations.

People's sensory needs were assessed before they started receiving a service and guidance about effectively supporting those needs, such as poor sight or hearing needs was included in people's care plans.

Is the service responsive?

Our findings

People using the service and their relatives told us that people received personalised care from the service. People told us, "[Care staff] helps me wash my back and feet. I do the rest. [Care staff] knows how to help me" and "They [care staff] listen and respect my decisions."

People's relatives told us that they felt fully involved in people's care and were kept informed about any changes to do with the service.

People's relatives and people using the service told us that people had been asked a range of questions about their needs and preferences before receiving a service from the agency. A person using the service told us, "I was asked questions from the start." People's initial needs assessment was carried out by management staff to gain information about people's individual care needs, including, mobility, nutrition and hydration, medicines and spiritual, religious, ethnicity and social needs. The assessments also recorded details about people's interests, family, working life and goals that they wanted to achieve.

People's care plans were developed from the initial assessment. Care plans provided detailed guidance for staff about people's needs and care preferences. One person's care plan detailed the risks associated with the person's medical condition. However, it did not detail the specific action needed to be taken by staff in response to acute symptoms of the person's condition apart from reassuring the person and making sure that the surroundings were safe. The registered manager promptly completed a detailed care plan that addressed this shortfall. Following the inspection, the registered manager provided us with information that showed how people's care plans had been developed and improved. They included more detail to better inform staff about people's medical conditions and of the impact that these had on the people's care needs.

Arrangements were in place for people's care plans and risk assessments to be regularly reviewed by senior staff with full involvement from people using the service and when applicable people's relatives. A person's care plan showed that the person, their relative and the registered manager had participated in a recent review of the person's needs.

Staff told us they were provided with the information they needed about a person prior to visiting them for the first time. Staff informed us that people's care plans included the information they needed to provide them with the care that they required. A care worker told us that they ensured that they read people's care plans and that if they had any queries regarding people's care they would contact the registered manager for advice and support.

The care plans that we looked at were personalised. They included detailed information about people's preferences and routines, and guidance for staff to follow so that they met people's individual needs. This guidance included information about preparing a person's meals in the way a person preferred, supporting a person with their personal care, and reminding a person to take their medicines. People's care plans also included information about people's social interests and hobbies. Staff told us and people confirmed that

staff chatted with them about their lives. A person using the service confirmed that a member of staff understood their social needs and provided the support they needed to be more confident in taking part in community activities.

Staff completed 'daily' notes during each visit about the care and support that they provided each person receiving a service. This helped ensure that care staff shared information about people so that they were up to date with people's current needs.

The service had a complaints procedure, which was included in the information pack that people received when they started receiving a service. Records showed that one complaint had been received within the last twelve months and that it had been responded to in line with the provider's policy, and that there had been learning from the complaint. People using the service and their relatives knew who to contact if they wished to make a complaint. A person's relative told us, "I have no complaints and [person using the service] has no complaints. I would complain if [person] wasn't happy." A person using the service told us, "I know how to contact the agency. I have no complaints."

The registered manager told us that currently there were no people using the service who received end of life care, but that it was a service that they would like to provide in the future. They informed us that prior to providing this service they would contact appropriate healthcare community professionals for advice and make sure that staff received the training they needed to provide this care.

Is the service well-led?

Our findings

People and their relatives told us that they were very satisfied with the way the service was run and would recommend it to others. People using the service told us, "It's a nice agency, very understanding. I would recommend it," "It seems to be well run," and "I have rung a few times and they [office staff] are always helpful.

People's relatives told us, "So far so good. The management are nice and supportive" and "It's a good agency."

The service was part of a franchise. A franchise is a method that allows a new business to buy into an established business operating system, brand name and advice network. The registered manager managed the service with support from the provider (franchisee) and staff from the head office (franchiser). A dedicated person from the head office provided the service with advice and support and regularly carried out comprehensive quality checks of key areas of the service.

The registered manager and the provider told us that the service only accepted care referrals when the service could meet the person's needs. They told us about how the service had been responsive in making a strategic decision to decrease the provision of the reablement service so that a quality service was always provided to people. The registered manager told us the reablement service would be kept under review. He also spoke about the learning from this decision and of the benefit to the service.

Staff told us that the registered manager and provider were very approachable and supportive, and available at any time to provide them with advice and support. A care worker told us that the provider and registered manager were, "lovely people." Care staff told us that they regularly visited the office and spoke with the registered manager and other senior staff about aspects of the service including people's care needs. They knew that they needed to keep management informed about any changes in people's needs and any issues that affected the service

There was a 24 hour on call service to provide guidance and support. Staff told us that they always got a quick response from management when they contacted them.

Staff attended regular team meetings where the service and practice issues were discussed. Care staff told us that during team meetings they were asked by management how they were feeling and a range of matters were discussed, which included people using the service, wearing ID badges, training and sharing knowledge. Staff were encouraged to feedback suggestions about improving the service. They told us that they felt confident to speak up about any issue to do with the service and felt that they would be listened to and taken seriously by management.

The service supports staff training needs. The service had a training room, which included equipment and other aids to assist with staff's training needs, such as ensuring the competency of staff in moving and handling people safely.

The registered manager told us that they worked in partnership with a range of organisations to do with people's care. They told us that they promoted participation with the local community and had carried out a talk/learning session about dementia for local people within a community library. A social care professional told us that the registered manager had been responsive in making improvements when shortfalls were found during a quality check.

The registered manager spoke of the importance of learning and told us about the ways that they kept themselves up to date with relevant information and guidance to do with their role and informed us that they were a trained trainer and had recently completed a management qualification. When we asked the registered manager what aspect of the service were they most proud of, they told us that it was the care the service provided, good team work and staff training. He told us that they were in the process of producing a newsletter which, "will consist of all the updates in care sector and it will also keep reminding carers the procedures about safeguarding adults and children, MCA, food safety etc."

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service provided to people. We found that audits were regularly undertaken as part of the quality assurance and quality improvement process, covering a range of aspects to do with the service. The service also carried out quality checks, which included 'spot' checks of the care people received. They also checked people's care files, the clarity of people's progress records, consistency of times of care visits, medicines administration records, complaints and that staff training was up to date. Records showed that action was taken to address any shortfalls found.

The service had an up to date statement of purpose and service user guide. The service user guide included information about the services it provided, contact details of the agency and details of terms and conditions. It also included a 'Customer Charter' that detailed how the service supported people's dignity, diversity needs, rights and independence. People using the service told us that they had received information about the service.

People and their relatives told us and records showed that they provided feedback about the service during telephone calls 'spot checks' and care plan reviews. Records of recent telephone feedback showed that people were satisfied with the service. Action had been taken to address issues raised by people during feedback.

The service had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. Staff knew how to access policies and procedures, summaries of these were included in the staff handbook.