

The Social Care Ltd

London

Inspection report

G41 to G42
Unit 3 Triangle Centre, 399 Uxbridge Road
Southall
UB1 3EJ

Tel: 02073751444

Date of inspection visit:
29 June 2021

Date of publication:
23 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

London is the only branch of The Social Care Ltd, a domiciliary care agency located in the London Borough of Ealing. They provide personal care and support to people living in their own homes. At the time of our inspection, there were 118 people using the service. The agency cared mostly for older people, adults with disabilities and people with mental health needs.

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

People's medicines were not always managed in a safe way. The risks relating to medicines had not been fully assessed, information about people's medicines needs were not clear and staff were not always recording when they had supported people to take their medicines. This was partly due to confusion over guidance from commissioners. However, there was a risk people were not receiving medicines safely because this support was not properly planned or monitored.

The provider had not always maintained clear records to evidence they were effectively monitoring the quality of the service and mitigating risk. For example, there were no records to show the staff had been assessed as competent in administering medicines or moving people safely. Nor were there records of their induction when they started working at the service. The provider had not always recorded assessments of the risks within people's home environment. This meant they may not always have taken steps to reduce these risks.

People told us they were happy with the care they received and had the same familiar care workers who they liked and had good relationships with. People were involved in planning their care. Their needs were regularly reviewed, and the agency had liaised with others (such as healthcare professionals and commissioners) when they identified a change in someone's needs.

The staff felt well supported and told us they had the information and training they needed to carry out their roles. There were appropriate systems for recruiting staff to make sure they were suitable.

The agency had an experienced management team who worked closely with the staff to monitor people's needs. They responded appropriately to complaints, incidents, accidents and other adverse events to make sure these were dealt with and could be learnt from. People using the service, family members and staff told us they felt managers were approachable and helpful.

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

Rating at last inspection

The rating at the last inspection was good (Published 6 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to look at the Key Questions of Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

London

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector. An Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2021 and ended on 29 June 2021. We visited the office location on 29 June 2021.

What we did before the inspection

We looked at all the information we held about the provider, including notifications about significant events and information from members of the public.

During the inspection

We met the registered manager and other members of the management team who were working at the office location. We also met the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 10 people who used the service and the relatives of nine other people on the telephone.

We looked at the care records for seven people, as well as the staff recruitment and training records for five members of staff. We also looked at other records used by the provider which included records of complaints, incidents, accidents, safeguarding alerts, staff supervisions and audits.

After the inspection

We received emailed feedback from 19 members of staff about their experiences working for the agency.



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.

Using medicines safely

- Medicines were not always managed in a safe way. Staff were responsible for administering medicines to people. This had not been properly planned, assessed or recorded. The provider referred to the support of people with medicines as 'prompting.' However, people and their relatives described more than just reminding to take their medicines. Their comments included, "[Care workers] take the medicine from the box and give it to [person]", "They give [person] their tablets", "They collect medication from the chemist" and "Because of [person's] memory problems they tell [them] which medication [they] need and put it on a plate for [them]." People also confirmed staff applied medicated creams.
- The care plans we viewed included reference to people administering their own medicines. But the needs described in these plans, including dementia and dexterity problems, meant people would not always have the ability to do this independently. For example, administering eye drops, opening difficult packaging, measuring liquid medicines, mixing up sachets of medicines and managing variable doses. In some cases, people's families helped but this was not always the case.
- Whilst a list of medicines people had been prescribed was recorded in care plans, there was no other information about these. For example, there were no assessments of risks relating to medicines management and no information about what medicines were for and any possible adverse effects. For most people, there were no records to show medicines had been administered, or if there were any problems with administration. One relative explained how a person had run out of their medicines and another described how the person had turned their care worker away one evening and therefore had not had their prescribed medicines. Failure to correctly record and audit medicines meant that there was an increased risk of these types of incidents happening.
- The deputy manager told us there were records for the administration of medicines to three people who used the service. We looked at the records for two. The administration charts and records were not detailed enough. One person was prescribed an 'as required' medicine, but there was no guidance to state when this should be administered. The administration records did not list which individual medicines had been administered. This meant it was not clear whether all medicines had been administered, and there was no system for recording a problem with one or some of the medicines. One person was prescribed a tablet which needed to be chewed. There were no specific instructions relating to this to differentiate this from the person's other tablets which were to be swallowed whole.

Failure to manage medicines in a safe way was a breach of Regulation 12(safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team explained that they had been instructed not to administer medicines to people by

one of the commissioning authorities and this was why there were no records about this. However, in reality, they were supporting people with this, because people needed this support. As a result, this had gone unrecorded and was not properly monitored. Before our inspection, the provider had recognised they needed to improve this and had arranged to introduce better record keeping from August 2021. Following our inspection visit, they told us they planned to make the improvements sooner.

- The provider carried out timely audits of the records which had been kept for the three people who they were recording medicines support with.

Assessing risk, safety monitoring and management

- The provider had assessed risks relating to people's health and wellbeing. However, they had not always assessed risks within people's home environments. Assessing these would help the staff to have a better understanding of how to minimise any risks, particularly when helping people to move safely around their homes. The management team agreed to address this shortfall.
- People using the service and their relatives told us staff kept them safe and followed safe practices. The staff were supported to understand how to use the equipment people needed.
- Risk assessments had been regularly reviewed and updated when people's needs changed.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us they were cared for by the same familiar staff, who arrived on time and stayed for the agreed time each visit. They told us they were informed if staff were delayed.
- The provider only took on new packages of care when they had the staff available to provide this care. The staff worked in small geographical areas to minimise travel time. Staff told us they were not rushed when caring for people.
- The provider had systems to make sure only suitable staff were recruited. These included checking their identity, eligibility to work in the United Kingdom and checks on any criminal records. Staff were invited for interviews, these were recorded and they were asked to complete applications detailing their past experience. The provider had sought references for each member of staff, but some of the records of these did not clearly state who was giving the reference. Sometimes only personal references had been provided, and the provider had not recorded if they had requested references from previous employers. We discussed this with the management team who agreed to improve these records. They told us no new staff had been recruited for over a year. There was good staff retention and many of the staff who gave us feedback had worked at the service for some time.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to protect people from the risk of abuse. Safeguarding policies and procedures linked to relevant guidance and legislation. Staff undertook training in safeguarding adults, and we saw the managers had discussed this with them during individual meetings and through handouts of information.
- People using the service and their relatives told us they felt safe. Some of their comments included, "I have learned to build trust in them because they do their job well" and "I am safe and I know they are trustworthy." Some people also told us the care workers supported them with shopping. They explained they were always given a receipt and they felt this was managed well.
- The provider had responded appropriately to allegations of abuse. They had worked with the local authority to make sure these were investigated and people were protected from further harm.

Preventing and controlling infection

- There were systems for preventing and controlling infection. These had been updated in line with

government guidance during the COVID-19 pandemic. Staff were provided with personal protective equipment (PPE). People using the service and their relatives confirmed they used this and had good hygiene procedures.

- Staff undertook training around infection prevention and control and had the information they needed about this.
- The provider had encouraged and supported staff to have vaccinations against flu and COVID-19. They also regularly tested staff for COVID-19 and responded appropriately following positive test results or when staff displayed symptoms.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The provider ensured all accidents, incidents, complaints and safeguarding alerts were investigated. They recorded this and there was evidence to show they discussed these with the staff so they could learn from these and improve the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. They told us they were involved in planning their care and could make choices. People and their relatives confirmed care workers were matched to their needs, for example those who could speak a specific language. They also told us they were well cared for. Their comments included, "[Care workers] are very professional", "They promote [person's] independence. [Person] makes chapatis and the carer supervises [them], they do it together and it works really well", "They asked us if we wanted male or female carers" and "They are very respectful, they respect the condition and have incredible patience."
- People's needs were planned for and regularly reviewed. We saw records of reviews which involved the person and took account of their choices and preferences. There were records of communication between the managers and other healthcare professionals. For example, when the agency had raised concerns with GPs about people's health deteriorating or changes in their skin condition. We also saw they had requested additional care hours from the commissioners, on behalf of the person, when this was needed.
- The agency had supported people to access services they found difficult to do on their own, for example applying for a parking permit for one person, supporting another person to access equipment they needed and helping to arrange repairs to another person's property.

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.

- People's communication needs were assessed and planned for. The agency tried to match staff with people who spoke the same first language and shared a culture so they could communicate with them using their shared language.
- Care plans included information about communication and sensory needs and how these should be met.
- Information about the service was available in different formats or languages if people needed this.

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

- Where possible, staff supported people to maintain relationships and keep active. For example, they had supported one person to rebuild relationships with their neighbours following a dispute. They also supported people to stay in touch with friends and families. Relatives told us they were well informed about people's care and if anything changed. The staff had supported one person to attend an online dementia

choir.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for dealing with complaints and learning from these. People using the service and their relatives told us they knew how to make a complaint and felt this would be dealt with appropriately. Information about the complaints procedure was included within packs given to people who used the service and staff.
- The provider had recorded all complaints and concerns. Records showed how these had been investigated and responded to.

End of life care and support

- The management team told us that no one was receiving end of life care at the time of the inspection. They did not specialise in this type of care, although they told us staff had received relevant training and information to help them to understand how to care for people sensitively and well.
- The staff worked closely with other healthcare teams, including palliative care teams, to make sure people's needs were being met when they were being cared for at the end of their lives.

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.

Continuous learning and improving care

- The provider's systems for monitoring and improving the quality of the service had not always been operated effectively because they had not ensured medicines were being managed safely. Whilst they had identified there was a need to improve systems for managing medicines, they had not made these improvements and were not planning to until August 2021. This meant people were at risk of receiving unsafe care and treatment. Failure to correctly assess and plan for the role staff played in supporting people with medicines meant this support was not being monitored to make sure it was safe.
- The provider told us new members of staff took part in an induction, which included shadowing experienced workers and competency checks. However, there were no records to show this had taken place. There were no records to show the provider had assessed staff competencies at administering medicines or moving people safely on a regular basis following their induction. This meant there was a risk people were not receiving safe or appropriate care.
- We identified some records were incomplete or did not provide enough information. For example, some of the references obtained during staff recruitment were incomplete. Additionally, there were not always recorded assessments of the risks within people's home environments or relating to their prescribed medicines.

Failure to effectively implement systems to monitor and improve the quality of the service was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The management team assured us they would respond to the identified concerns relating to medicines records straight away and not wait until their planned date of August 2021.
- The provider carried out timely audits of care records and had acted when they identified areas for improvement. For example, they met with staff and discussed what needed to improve.
- There were regular reviews of people's care and the management team met with people and their relatives for these reviews. They also carried out spot checks where they assessed staff supporting people.
- The provider had plans to use technology to improve the service. They had started the process of introducing electronic care planning and care recording so that information could be updated in real time, allowing for better monitoring of care. They were also investing in companion robots which they were going to trial with some people. These robots provided checks on people's safety as well as company and reminders for the person.

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

- People using the service and their relatives were happy with the care they received. They told us they had the same familiar staff who were kind and they had good relationships with them. Some of their comments included, "[Care worker] is absolutely lovely", "They are professional but caring and treat [person] like one of their family", "you can always see the way they greet [person] is respectful and welcoming, they have a nice manner", "They are calm and get on with the job" and "They put the family at ease and treat you like a human being, they are responsive and provide the service we asked for."
- The staff also explained they enjoyed working for the company, telling us they were well supported. They told us they would recommend it as a place to work to others.
- Care plans had been developed with people using the service and there was clear information about their preferences and how they wished to be cared for. Feedback the provider had received directly from stakeholders was positive and showed people were generally happy with the service.

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

- The provider understood their responsibilities under the duty of candour. They submitted notifications to CQC as required. They had appropriate policies and procedures for dealing with complaints, safeguarding alerts and other adverse events and they knew to be open and transparent when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a team of other managers. They were appropriately experienced and qualified. The provider was an accredited training centre providing training for their own staff and offering this for care staff working for other services.
- There was a range of policies and procedures which included relevant guidance and links to legislation.
- The management team had a good knowledge about the individual people who used the service and staff. People we spoke with, their relatives and staff gave positive feedback about the management team and explained there was good communication from them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders, asking them for their feedback during telephone monitoring calls, visits to people's home and through written surveys.
- Relatives told us the provider was in regular contact if they had any concerns, for example changes in people's health or skin condition.
- The provider respected people's choices regarding care workers, for example if they wanted same gender care workers, or those from the same religious and cultural background. People and their relatives confirmed this worked well. They also explained that care workers from other cultural backgrounds showed respect and made an effort to understand people's religion and what was important to them.
- The management team had regular contact with the staff, inviting them to visit the office and through online video calls. They used a messaging application to share important news and provided regular written updates with staff. For example, information about COVID-19, where to access vaccinations and myth busting around this as well as information about key procedures such as safeguarding, infection control and communication.
- Feedback from recent satisfaction surveys showed that most people using the service and staff were happy. Where people had raised concerns, we saw the provider had addressed these.

Working in partnership with others

- The provider worked in partnership with other organisations. They made referrals to and liaised with health and social care professionals when they identified specific needs. Some care workers had trained so they could help with dressing wounds. This had been approved by visiting nurses and meant that they could undertake this role to reduce the need for the nurses to visit people as often. This had also provided the care workers with additional skills and knowledge about caring for people's skin.
- The care coordinator had carried out joint assessments with occupational therapists to assess people for their equipment needs and help to train staff about how to use this equipment.
- The management team attended local authority forums where they were giving information about changes in guidance and legislation and could share ideas with other care providers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users because the registered person had not ensured the proper and safe management of medicines;</p> <p>Regulation 12</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not always effectively operated systems and processes to assess, monitor and improve the quality of the service or to assess, monitor and mitigate risks.</p> <p>Regulation 17</p>