

## Standard Care Limited

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## Inspection report

603 Fulham Road  
London  
SW6 5UA  
Tel: 020 3592 6072

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Requires improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

We conducted an inspection of Standard Care Limited on 30 November 2015. The service provides care and support to people living in their own homes. There were 26 people using the service when we visited. This was our first inspection of the service since the provider's registration with the Care Quality Commission (CQC).

There was a registered manager at the service. 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.

Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. All records were reviewed within six months or where the person's care needs had changed.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

# Summary of findings

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. However, records did not always contain details of people's capacity and how they should be supported to make specific decisions.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate

training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs and where two care workers were required for one person, this was accommodated.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. The registered manager reviewed all care records and daily notes completed by care workers. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The risks to people who used the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Good



### Is the service effective?

The service was not always effective. The service was not always meeting the requirements of the Mental Capacity Act 2005. Care records did not always contain details of people's capacity. Care staff were aware of their responsibilities.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision and training to carry out their role. The registered manager told us appraisals were planned for staff who had worked at the service for a year.

People were supported to eat a healthy diet and chose what they wanted to eat. People were supported to maintain good health and were supported to access healthcare services and support when required.

Requires improvement



### Is the service caring?

The service was caring. People using the service, relatives and referring social workers were satisfied with the level of care and empathy shown by staff.

People and their relatives told us that care workers spoke to them and got to know them well.

Good



### Is the service responsive?

The service was responsive. People were encouraged to be active and maintain their independence.

People told us they knew who to complain to and felt they would be listened to.

People's needs were assessed before they began using the service and care was planned in response to these.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. People and their relatives told us the registered manager was approachable.

Quality assurance systems were thorough. Feedback was obtained from people and their relatives in person and over the telephone. The registered manager also reviewed all care records every four weeks.

Good



# Standard Care 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.

The inspection took place on 30 November 2015 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency where office staff may be out of the office supporting staff. We needed to be sure that they would be in.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to three social workers who had referred people to the service to obtain their feedback.

We spoke with three care workers after our visit over the telephone. We spoke with three people using the service, four relatives of people using the service and the registered manager. We also looked at a sample of six people's care records, six staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when using the service. One relative told us “I trust the carers. My [relative] is safe” and another relative commented, “He [My relative] is safe. The carer is a very decent woman.”

The service had a safeguarding adult’s policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also said they would use the provider’s whistleblowing procedure if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right,

are illegal or if anyone at work is neglecting their duties, including if someone’s health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example some care workers told us they would call for an ambulance and others told us they would contact the person’s GP. Care workers we spoke with told us their emergency training would inform their responses to these situations.

We looked at six people’s support plans and risk assessments. Initial information was provided to the service from the referring social worker who completed their own assessments about the package of care required. Social services decided the amount of care required and commissioned the service to provide this. Thereafter, the registered manager visited the client and conducted a risk assessment on the safety of the person’s home environment and devised a support plan which was completed on a standardised document. This document contained details of emergency contacts, details of allergies, the nature of support required and assessments of risk to the person’s health and wellbeing and the best

outcomes or goals for the person. The information in these documents included practical guidance for care workers in how to manage risks to people. Risk assessments had been reviewed within six months in one file we viewed. The other files were for people who had not used the service for that long.

The registered manager told us she reviewed risk assessments and care records on a regular basis and in consultation with people and their relatives. The care workers we spoke with spoke knowledgeably about the individual risks to the people they worked with. For example one care worker was able to tell us about the nutritional requirements of one person and the consequences of not following this.

Relatives we spoke with told us enough care workers were provided to meet the needs of their family member. One relative told us, “They always send enough people and they always send the same people.” Another person told us their relative was always seen by the same care worker and this ensured they could develop a relationship and get to know one another well. They told us, “My [family member] does not use the word ‘carer’. He calls her ‘my daughter’. That just says it all.” Relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with the registered manager about how she assessed staffing levels. She explained that she conducted an assessment of peoples’ needs when they first contacted the agency. As a result she determined how many care workers were required per person and for how long. She told us that if as a result of their assessment, more care workers were needed than requested by the referring social worker, she would negotiate with them. The registered manager confirmed that to date, this had not occurred. The registered manager told us she hired enough staff to ensure consistency thereby maintaining continuity of care workers, which was important to people using the service.

We looked at the recruitment records for seven staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

## Is the service safe?

We spoke with the registered manager about how she managed people's medicines. We were told that care workers prompted people to take their medicines and recorded this on 'monthly medication sheets'. These sheets were then returned to the office and reviewed by the registered manager every month. We saw copies of the sheets for the three people whose files we viewed. These

were fully completed. The people using the service and relatives we spoke with told us care workers prompted them to take their medicines. One relative said "They do remind [my family member]".

All staff had completed medicines administration training within the last year. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and found that the provider was not always meeting the requirements of the Mental Capacity Act 2005 (MCA). For example, care records did not always record where people did not have capacity to make decisions. We were told by the registered manager that the social worker for one person had conducted a mental capacity assessment which determined that they lacked capacity, but they had not requested a copy of this for their file. Their care plan had been signed by this person's next of kin, but they had not determined whether this person had the legal authority to sign this document.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "They help with what [my family member] needs" and "They know what they're doing and they remember things too. I only have to tell them something once." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics prior to starting work. These topics included safeguarding adults, medicines administration

and first aid.

The registered manager told us and care workers confirmed they discussed person centred care on their induction. Care workers told us these discussions focussed on how to deliver a service which focussed on people's individual needs. Care workers gave us practical examples of how people's individual choices were at the centre of the work they did and were able to describe people's individual routines and their specific preferences regarding food and drink. Care workers

also demonstrated knowledge of people's relatives and other people important to them.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date. One care worker told us, "We get lots of training and can ask for more. I am talking to the manager about doing the next level of training."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work and this included formal observations. We saw records to indicate that staff supervisions took place every three months. The registered manager told us annual appraisals

would be conducted of care workers performance once they had worked at the service for one year. At the time of our inspection no staff member had worked for this period of time. We were told by the registered manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Care workers told us they helped people to go shopping and sometimes

cooked their meals when this was part of the package of care provided. We saw records that detailed people's nutritional needs, allergies and likes and dislikes in relation to food. Care workers demonstrated a good knowledge of this area of people's lives.

Care records contained information about people's health needs. The service had up to date information from healthcare practitioners involved in people's care, and



## Is the service effective?

senior staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. When questioned, care workers demonstrated they understood people's health needs.

# Is the service caring?

## Our findings

Relatives we spoke with gave good feedback about the care workers. One relative told us, “They are very caring here. Very nice. We’ve had no problems” and another relative commented, “They are very nice people. We are very, very happy.” The people we spoke with said staff communicated well with them and care workers knew them well. One person said, “The carer knows me. She is great.”

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same person so they had developed a relationship and got to know each other well. All staff gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people’s habits and daily routines and the relatives we spoke with confirmed this.

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said “They help me with what I need.” Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, “I do what the client tells

me. I don’t do what I think they need. I listen to them.” A relative confirmed this. They told us “They listen to my [family member] first and me second. That’s the way it should be.”

All of the care plans we looked at had been completed together with the people who used the service and their relatives where appropriate. They provided information about how the person’s needs and preferences should be met.

Care workers explained how they promoted people’s privacy and dignity. For example, one care worker said “I knock on their door. I respect their home.” People we spoke with also confirmed their privacy was respected. One person told us, “She [the care worker] respects me. She is polite and kind.”

Care records demonstrated that people’s cultural and religious requirements were considered when people first started using the service. The registered manager gave us a specific example of how they met one person’s religious requirements on a daily basis with the care provided. We

looked at this person’s care records and saw it contained details about how the person’s faith informed their daily living needs. When we spoke with this person’s relative, they confirmed this person’s needs were met. Their care worker also demonstrated a good understanding of the person’s faith.

# Is the service responsive?

## Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. One relative told us “They do what we need even if it takes them longer. She [the care worker] always does little jobs to help us.”

People’s needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising. The care records we looked at included a support plan which had been developed from the assessment of their individual needs. Care records showed staff prioritised people’s views in the assessment of their needs and planning of their care. Care plans included details about people’s preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were detailed and legible. They told us they found these records useful in keeping updated about their family member’s daily activities. Care records showed people’s involvement in activities.

The registered manager told us they worked with people to keep them active by encouraging them to participate in activities they enjoyed and where they had concerns, they would discuss this with relatives and people using the service to formulate a workable solution. The relatives we spoke with confirmed the care worker supported their family member’s to be active. One relative said “They encourage [my family member] to do what she can do.”

People expressed their views and these were prioritised in decisions about the support they received. People were given information when first joining the service in the form of a ‘service user guide’ which included details about how to make a complaint and specific details about the service provided. The registered manager told us they could arrange for this to be provided in an easy read format on request.

The service had a complaints policy which outlined how formal complaints were to be dealt with. The people using the service and relatives we spoke with confirmed they had never had any complaints, but told us they would speak with the registered manager if they had reason to complain. The registered manager told us they had never received any formal complaints but would deal with these by discussing any issues with staff. Care workers we spoke with confirmed they discussed people’s care needs in their supervision sessions and their team meetings. They told us if there were any issues they would discuss them at these times.

# Is the service well-led?

## Our findings

The organisation had adequate systems in place to monitor the quality of the service. The registered manager told us she reviewed all care records and written daily notes every four weeks.

The registered manager told us she made additional ad hoc visits to people as all clients lived locally. Relatives confirmed that the registered manager had visited to see if their family members were well and whether the care package was going well. One relative told us, “She has visited. She is very helpful and understanding. She is always available on the phone. We have her mobile number.”

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought in the form of a telephone monitoring interview which was recorded and placed in people’s files. We were told that if issues were identified, these would be dealt with individually. The registered manager told us she had not identified any issues to date and this was supported by the records we looked at and the relatives we spoke with.

The registered manager and care workers gave a consistent view about their vision of the service and their purpose in working for the organisation. The registered manager told us, “We want to provide individual care. We want them to be comfortable with us and give them what they need.” A

care worker told us, “I want to help my clients with what they need.” Care workers confirmed that the provider’s vision for the organisation was covered in their induction when they started working at the service and this was also something that was reinforced in supervision meetings and in general discussions with their manager.

Care workers confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with her. One care worker said, “She is very helpful. She gives you her time,” and another care worker said, “She’s good. I can talk to her.”

The provider had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. Forms included further actions which were to be carried out following an incident. The registered manager told us accidents and incidents would be discussed at team meetings, however, none had occurred.

The registered manager told us that any safeguarding concerns or complaints would be discussed in a similar way so that they could learn from these and improve the service. The registered manager told us they would check every concern individually and devise an action plan as well as monitor for trends. However, to date, the service had not had any complaints or safeguarding concerns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider did not act in accordance with the Mental Capacity Act 2005 in circumstances where service users may have lacked capacity to consent to decisions regarding their care (Regulation 11(3)).</p>