

Stockwellcare Support Services Ltd

Stockwellcare Support Services

Inspection report

215 Amesbury Avenue
London
SW2 3BJ

Date of inspection visit:
25 June 2019

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11 July 2019

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

About the service

Stockwellcare support services is a domiciliary care agency providing personal care to 53 people aged 65 and over. At the time of inspection this was across the boroughs of Lambeth, Wandsworth and Haringey.

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 felt safe receiving the service, with appropriate action taken to ensure that potential risks to people were monitored and mitigated. Where we identified that some staff were not clear on their understanding of safeguarding the provider took prompt action to organise additional training. Medicines were administered safely and in line with people's requirements. Incidents and accidents were investigated appropriately. Staff were safely recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider arranged for staff training and team discussions to improve their understanding of the Mental Capacity Act (MCA) following the inspection. Staff received regular training, supervision, appraisal and spot checks of their work. People were supported with their eating and drinking preferences; and to access healthcare professionals.

Staff knew people they looked after well and relatives felt they were well cared for. People's privacy and dignity was respected; with staff taking steps to promote their independence.

At the time of inspection people's end of life wishes has not always been highlighted, when raised the provider took immediate action to address this. People received personalised care that provided support in the ways they preferred. Complaints were appropriately responded to.

The service had suitable systems in place to support the review of the quality of care, and make improvements where necessary. Relatives and staff were positive about the management team and the support they received.

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

Rating at last inspection (and update)

The last rating for this service was Good (published 20 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stockwellcare Support Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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 25 June 2019 and ended on 01 July 2019. We visited the office location on 25 June 2019 and made calls to people, relatives and staff on 27, 28 June and 01 July.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the care manager and the administrator. We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives and four staff.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The majority of the staff that we spoke with were clear on how to raise any safeguarding concerns. One staff member said, "I would contact the office and let them know [if I suspected abuse] and they would investigate. If the office staff didn't do anything I would report it higher. If no one in the organisation did anything, I would whistleblow."
- One staff member did not clearly express to us their understanding of safeguarding. We raised this with the registered manager who immediately arranged refresher training with all staff and for ongoing discussions to be held at team meetings.
- Records showed that safeguarding incidents had been satisfactorily reported and investigated. There were no ongoing concerns at the time of this inspection.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored to ensure that staff supported people safely.
- People's care records included a range of risk assessments, that reflected individual need. Where people needed support with mobilising, risk assessments detailed how staff should support them and any specialist equipment they needed to use.
- Risk assessments were clear in highlighting control measures to reduce the risk of an incident occurring and the positive outcomes people wanted to achieve.

Staffing and recruitment

- Staff were safely recruited, being subject to two references and a record of their employment history prior to commencing their employment. Each staff file held evidence of the provider's interview assessment to ensure they were suitable for the role.
- All staff had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Relatives told us that staff stayed for the duration of their required visit and usually informed them if they were running late.

Using medicines safely

This KLOE is for services that administer medicines as part of providing a regulated activity.

- People's records held relevant medicines information so that staff knew the medicines people required

and at what times they should receive them.

- A relative said, "I'm not aware of any errors, staff do help relative with her medicines." Staff told us they understood how to give medicines to people and their competencies were assessed through regular spot checks.

Preventing and controlling infection

- An infection control policy was in place that guided staff in appropriate hand hygiene and the personal protective equipment they should use.
- Staff told us, "We have always got gloves and aprons with us. We can go to the office and collect more if we need them."

Learning lessons when things go wrong

- Since our last inspection there had not been any new occurrences of any incidents or accidents.
- Records showed that previous incidents and accidents had been investigated. Any updates in people's care needs were discussed in staff supervision and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Not all staff communicated to us that they understood the principles of the MCA and how this applied to their roles, with two of the staff we spoke with telling us they didn't know what it meant.
- We raised this with the registered manager who arranged refresher training for staff and for a learning discussion to be held at the next team meeting.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the commencement of their care. Records showed that the provider conducted their own assessment of need as well as using information from the local authority where necessary.
- People's relatives were consulted where appropriate to ensure that the proposed package of care met people's needs.

Staff support: induction, training, skills and experience

- Staff received regular training, supervision and appraisal to support them in their roles. Staff told us, "We do get a lot of training, there's more in two weeks' time. It's not that often but we do have training. The training really does help me, I know more and learn more" and "We have had many supervisions. We talk about whether I'm happy, any support I need and if there's anything I'm not sure about. It's very good"

- Records showed that staff were up to date with the provider's training requirements and that their work was regularly reviewed to ensure they received appropriate levels of support.

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

- Where people were supported with eating and drinking this was reflected within their care plans. Staff ensured that following each visit the daily notes showed what the person had consumed that day.
- One staff member told us, "You have to read the care plan, you will know what people like to eat because the care plan tells you what they want. But I always ask them what they would like to eat and then I will make it."

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

- People were supported to access healthcare professionals. The care manager told us that chiropodists were arranged for nail appointments as well as any health issues being notified to a GP.
- Records showed that advice was sought from occupational therapists when required and that staff liaised with other professionals such as the community nurse when they provided other services to people. This supported continuity of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now or remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us they felt their family members were well supported. Comments included, "The carers are very friendly, efficient at what they do and helpful" and "Yes, she is happy with the care she receives."
- Staff were familiar with the people's care plans and how they supported their day to day work. They told us, "When you go into their house, the care plan will tell you what their illness is, or what their needs are. It covers all their needs" and "The care plan is how we go about the day to day things for the service, it tells us what needs to be done, it's like a rota and tells us where to go and what to do."

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

- People's records showed that they and their relatives were consulted about their care needs. A relative told us, "I probably have seen the care plan, but in the beginning, there was so much going on it's hard to remember. I know they are calling me next week for a review."
- People and relatives received regular questionnaires to seek their views. We reviewed the provider's most recent responses and saw that people were satisfied with their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to respect people's privacy with one telling us, "When we go to the service user, whatever we do there we don't speak about it to other people."
- A relative told us, "They always done professionally, and they cover him when doing personal care."
- Staff understood the importance of supporting people to be independent. They told us, "We have to encourage them and praise them when they do things for themselves" and "When I go into someone's house, I will encourage them to do some things themselves but I'm always observing them. It's good for them to do things for themselves and I make sure I praise them."

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's care plans identified their preferences in how they wished to receive their care. Each daily task that people required support with highlighted areas they could be independent in and those where staff needed to assist them.
- Staff completed daily records after each visit to detail the care they had delivered to people. A staff member told us, "I ask people what they like, what they want and let them know I'm here to assist."

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 recorded within the provider's electronic care plan system. This supported staff to understand how people preferred and needed to be supported to communicate.

Improving care quality in response to complaints or concerns

- The provider responded appropriately to any complaints or concerns that were raised and ensured outcomes were recorded and responded to in a timely manner.
- People's care files included a copy of the complaints policy so that they were informed of the process. A relative told us, "We would just phone the office if there was a problem. I think they would take notice of it."

End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- We identified that people's end of life preferences were not always recorded should an unexpected death occur. Where one person had a Do Not Attempt Resuscitation order (DNAR) in place this had not been clearly highlighted in the care plan.
- We raised this with the care manager who immediately updated the record to ensure clear guidance was in place. The care manager assured us that all records would be updated to reflect people's end of life wishes if they chose to discuss them. We will review this at our next inspection.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives were positive about the management of the service telling us, "Sometimes if we need to ring the office they will respond. Sometimes they are engaged or sometimes it'll go to answerphone, you don't have to wait that long for them to come back to you."
- People and relatives were invited to provide feedback about the service. Recent feedback included, "[Staff] is very humble and listens to my instructions" and "Care workers are fantastic."

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

- The registered manager understood the importance of informing the Care Quality Commission of important events as they occurred, and did so in a timely manner.
- The provider was aware of their responsibilities under the duty of candour.
- An electronic case management system was in use that highlighted to management when people's and staff records required updating. The service administrator reviewed this system daily for changes to people's needs that management addressed promptly, with actions taken recorded.

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

- The care manager told us of the action they took to ensure discussions were held with other healthcare professionals to ensure people received the care they required.
- Staff were regularly invited to attend team meetings and share their views on the developments of the service. We reviewed the provider's team meeting minutes and saw that these covered a range of topics such as communications with the office team and working practices.

Continuous learning and improving care

- The provider took steps to improve care by reviewing incidents, accidents and complaints and recording lessons learnt from them.
- Where we provided feedback at the time of inspection the care manager was prompt in acting on our feedback.

