

Standard Care Limited

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Inspection report

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21 March 2019
22 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Standard Care Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was supporting approximately 60 older adults living in the boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea.

Why we inspected:

This was a planned inspection based on our routine scheduling programme.

People's experience of using this service:

- People were supported by kind and caring staff.
- People using the service told us they felt safe and trusted staff members providing care and support.
- People's needs were recorded in support plans. However, support plans did not always provide sufficient detail about people's medical histories and current health status.
- Risk assessments were in place. However, these were often generic and did not always consider the specific needs of each person using the service.
- People were reminded to take their prescribed medicines. However, the recording of this task did not provide sufficient information as to whether people had actually been observed taking their medicines and medicines administration records (MAR) were not in use within the service.
- Quality assurance systems required further development to ensure the service provided to people was consistently safe and effective.
- People were supported to eat and drink enough where this formed part of an agreed care package.
- Systems in place to track and monitor all visits to people's homes were currently ineffective.
- Staff records contained relevant documentation to demonstrate appropriate checks had been undertaken prior to new staff members commencing employment.
- Staff completed an induction period that included shadowing more experienced members of staff before working with people on their own.
- Staff understood the provider's safeguarding policies and were familiar with reporting procedures including whistleblowing.

- Staff told us they were well supported by the management team and received training relevant to their roles and responsibilities.
- The service was working in partnership with other agencies, services and providers.
- When incidents had taken place or complaints had been received, the registered manager acted on these and investigated what had taken place.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. (Report published 28 April 2018).

Why we inspected:

This was a planned inspection based on our routine scheduling programme.

Enforcement: We found breaches of the regulations in relation to safe care and treatment and good governance. Please see the 'action we have told the provider to take' section towards the end of the report. We also made a recommendation about medicines management systems.

Follow up: We will speak with the provider following the publication of this report to discuss how they will make changes to ensure the rating of the service is increased to at least Good. We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

Not all aspects of the service were well-led

Details are in our Well-led findings below.

Requires Improvement ●

Standard Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector. Following the site visit, two experts by experience contacted 10 people using the service and six relatives for their views and feedback about the support they received. 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: is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people with a range of needs including physical disabilities and long-term health conditions. At the time of the inspection the service was supporting approximately 60 people. Not everyone using Standard Care Limited receives a regulated activity; CQC only inspects the service being 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.

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 provider 24 hours' notice of the inspection site visit because we needed to be sure the registered manager would be available to assist with the inspection.

Inspection activity started on 21 March and ended on 22 March 2019. We visited the office location on both days to talk with the registered manager, office staff and to review care records and other documents relating to the running of the service.

What we did: Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we have received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection: We reviewed seven people's care plans and related documentation and looked at five staff recruitment files including records related to training, supervision and appraisal. We looked at records related to the management of the service including a range of policies and procedures developed and implemented by the provider. We spoke with five office based staff members; this included the registered manager, two care coordinators, a field care supervisor and an IT administrator. Following the inspection, we spoke with three care workers over the phone to gather their views about the service and their roles and responsibilities.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Individual risks were not always being identified and considered during the assessment process.

Assessing risk, safety monitoring and management

- Risk assessments were not always undertaken in a timely manner.
- Completed assessments did not always identify or address known risks to people's health, safety and well-being.
- Risk assessments did not always provide staff with clear guidance on the action to be taken to keep people safe.
- For example, one person's package of care started on 14 March 2019. This person had no risk assessment in place despite having recently undergone hip replacement surgery. For a second person also recently discharged from hospital, the risk assessment was yet to be updated with important information related to fluid intake. No risks had been identified for a third person discharged from hospital with poor mobility, at risk of falls and of self-neglect. A fourth person had swallowing difficulties but this was not highlighted in their risk assessment. Staff told us about a fifth person who displayed challenging behaviour and physical aggression. These issues were not identified in this person's risk assessment.

The above shortfalls relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection, electronic call monitoring (ECM) systems were not operating effectively and available data about the timeliness and completion of visits was inconsistent.
- People provided a mixed response when asked if staff arrived on time and stayed for the allocated length of time. Comments included, "On Saturday [member of staff] did not come. I had to ring. Meant to come at two o'clock and someone came at four o'clock", "Not always no, sometimes they're delayed with previous calls", "They usually come twice a day and ring me if not coming" and "They arrive on time. The company will call if they don't." Relatives told us, "I phoned the agency and no one came", "I think they come on time", "The carers usually arrive on time" and "They're always on time."
- The registered manager was aware that call monitoring systems required further development and told us that visits were also monitored via staff timesheets, daily logs and telephone contact with people using the service and their relatives.

Using medicines safely

- On 20 March 2019, we received a notification informing us of an alleged incident relating to missed medicines. This matter is currently being investigated by the provider and the local safeguarding authority. We have asked the registered manager to provide us with an update once the investigation is concluded.
- Staff were required to read the provider's related policies and procedures and complete training before carrying out medicines related tasks.

- Staff prompted people to take their medicines where this formed part of an agreed package of care and recorded this task in people's daily logs by writing, 'prompted meds'. However, the recording of this task did not always provide sufficient information as to whether people had actually been observed taking their medicines. Medicines administration records (MAR) were not in use to evidence the effective management of people's medicines.

We recommend the provider seeks guidance from a reputable source on safe medicines management procedures in domiciliary care settings.

Systems and processes to safeguard people from the risk of abuse

- We asked people and their relatives if they felt safe and trusted the staff providing care and support. People told us "I feel safe with them, I've heard about people who don't trust their carers but I do", "Yes, I always feel safe" and "I feel safe." Relatives commented, "Yes, my [family member] is safe – I am also here to do what I can too" and "Of course! 100% if there were issues I would bring them up."
- The provider had an effective safeguarding policy and procedure in place and staff completed relevant training in this subject. Staff were clear about the action they would take to keep people safe from abuse and avoidable harm including; using the provider's whistleblowing policy and reporting any concerns to the registered manager, senior staff members, family members and the police if required.
- Staff supported people with shopping tasks where this formed part of an agreed package of care. People told us, "They shop for me so I trust them with money", "If I need milk and bread then I give them a couple of pounds here and there", "I might ask them to buy me bubble bath or something. I trust them – they always bring me back my receipt and change". Relatives told us, "We do trust our carers", "We don't usually give any more than £10 - £15 but receipts are always given to [our family member]" and "I have to trust them because I am very rarely there."
- Staff were required to record details of any purchases they made on behalf of people using the service. However, staff were not always following the provider's policies and procedures in relation to the management of people's finances. One person's daily log recorded the following on 14 March and 25 February 2019 respectively, 'Client asked me to go shopping for [them]' and 'I bought some stuff.' There was no further information as to what had been purchased and cash reconciliation balances had not been recorded.

Preventing and controlling infection

- People told us, "[Staff] always wear gloves and aprons" and "They put gloves on and covers on their shoes as we have new carpet."
- Staff received training on infection control and had access to protective personal equipment such as disposable gloves, aprons and shoe covers.
- Care records reminded staff how to promote and support good hygiene for the people they supported.

Staffing and recruitment

- The provider followed safe recruitment practices.
- Staff records contained relevant documentation to demonstrate appropriate checks had been undertaken prior to new staff members commencing employment. These included employment histories, written references, identification and criminal record checks.

Learning lessons when things go wrong

- The provider had systems in place to record, investigate and learn from accidents and incidents.
- Staff told us about documentation formats had been amended to improve recording and we saw from meeting minutes that they considered their practice and discussed where things could be done differently

to improve the support they provided to people.

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

Requires improvement: People's care documentation didn't always provide staff with up to date, accurate information about the people they were supporting.

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

- Care co-ordinators and field supervisors produced support plans based on initial assessment details provided by referring local authorities and information gathered directly from people requiring support and where appropriate, their relatives. However, this information was not always being translated into comprehensive and detailed care and support plans meaning staff were not always informed about people's healthcare needs.
- For example, one person's care plan recorded allergies to some medicines. No further specific information was noted. For another person, sections of their care plan had been left blank and information was missing, signatures were undated and there was no information stating that this person had been diagnosed with diabetes. For a third person, a support plan was yet to be completed, despite staff supporting this person since 20 February 2019. For a fourth person discharged from hospital on 21 March 2019, we were told the care plan would be updated on 25 March 2019. A fifth person's care plan contained information pertaining to an entirely different person.

The above shortfalls relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- New staff completed an induction and where required spent time shadowing other staff members before going on to support people on their own.
- Staff records contained up to date copies of certificates in a range of subjects based on the Care Certificate. The Care Certificate is a set of standards that care and support staff adhere to in their daily working life.
- Staff told us and records confirmed that they received support through regular one to one supervision and annual appraisals.

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

- People were supported with meals, snacks and drinks where this formed part of an agreed package of care. People told us, "[Staff member] has the key, [they] wake me and bring me my breakfast", "It's lovely that someone comes and says hello and does something like my breakfast if I want them to and gets me tea after breakfast and tidies up the kitchen" and "[Staff] check the fridge and if they see I'm low in something like milk they will bring it in."
- One member of staff we spoke with was able to explain the specific dietary needs of a person with diabetes and told us they always left snacks and drinks for them at each visit. However, we did not see any

information or specific guidelines in place where a person's fluid was being medically restricted or where a person had been diagnosed with swallowing difficulties. A relative voiced concerns as follows, "The key thing is food. [My family member's] nutrition is important so [they] do need prompting for food but often when I do visit, I can see that food has gone off in the fridge so I do wonder what [they've] been eating."

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

- Care records included key contact details for family members, GPs and health and social care professionals.
- Staff were able to explain what they would do in emergency situations such as contacting and reporting concerns to the registered manager, senior staff and health and social care professionals. However, staff were not always recording what action had been taken in response to changes in people's health and well-being. For example, staff had recorded in a person's daily log that they had vomited and were not feeling well. This situation had continued for two days. There was nothing recorded in the log to confirm that staff had taken appropriate action, reported the matter to the management team or sought appropriate medical advice.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Care plans were developed with people and their relatives. Where possible, people had signed to show their agreement to give consent to the care and support.
- Staff received training on the MCA and told us they worked closely with people and their families and encouraged them to make their own decisions. Staff told us, "We give people choices, in the way they dress, food, everyday life. We can not assume unless there is medical evidence" and "[People using the service] can decide what they want us to do. I don't force anything, I just encourage them."
- The manager understood her responsibilities in ensuring people were assessed should a person lack capacity or require restrictions for their safety. We saw evidence that the best interests decision-making process was used where people lacked the capacity to make specific decisions for themselves.

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

Good: People were respected and valued as individuals.

Ensuring people are well treated and supported; equality and diversity

- Staff developed positive relationships with people and their family members. People spoke highly of staff and were happy with the support they received. One person told us, "[Staff] always treat me with kindness, and we have a right laugh together." Another person commented, "[Staff] are very supportive. I've been through some hard times and they always ask how I am and they ask about my [family member]."
- Where possible, people were allocated a regular team of staff members to ensure care was delivered in a consistent manner.
- A member of staff told us, "I love [my job], you get to meet a lot of different people."

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

- One person told us, "The carers are good at their job. I showed them what to do in the beginning and now they're so good." A relative told us, "I'm happy as they supply me with what I want and that's a great carer."
- A member of staff told us, "We respect people and we support whatever decisions they want to take."
- People were provided with a copy of their care plan and a service user's guide. The registered manager told us that information could be provided in other formats upon request.

Respecting and promoting people's privacy, dignity and independence

- A person using the service told us, "My carers do what they're meant to do and they always treat me with dignity and respect." Another person told us, "I'm treated with dignity and respect and given my privacy so I've had no problems there." Relatives told us, "They treat [my family member] with dignity and respect" and "They always say 'Excuse me we're going to change your [family member]' so [they] are always given privacy."
- People were asked if they had a gender care preference regarding staff who might be providing personal care support and their preferences were respected.
- People told us that staff encouraged them to do as much as they could for themselves and supported them to do the things they wanted or needed to do. One person told us, "The carers are so lovely. They're really, really good and very accommodating to me and help me when they can. I had an issue this week. I wanted to go to my [family member's] assembly. It was a Mother's Day assembly and they sent a carer to come with me! I thought that was very kind."
- The provider was aware about keeping people's personal information private and confidential records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Where possible, people received a flexible service and were cared for by the same members of staff.
- People confirmed that they were involved in the care planning process. People told us, "Yes, I do have a copy of the care plan. There is a folder with all of the notes", "There is a folder with everything" and "When [member of staff comes in [they] will go straight to that and start writing. [They] write everything. I don't read it but everything is in there."
- Information was shared between staff through the records kept after each visit.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people using the service were provided with relevant contact details should they need to make a complaint.
- People were confident that any concerns they raised would be addressed and solutions offered. People told us, "I feel very comfortable to raise issues when they arise", "[The provider] will sort out anything you want" and "I don't have any major complaints and I am happy with the service."
- The provider logged, investigated and responded to formal complaints appropriately.
- The provider had received a number of compliments from people using the service, relatives and health and social care professionals.
- People told us they would recommend the service to others. Comments included, "I would definitely recommend this agency, we have had a good experience", "We're happy with everything. So yes of course, we would recommend" and "I would recommend this agency, but everyone likes different things".

End of life care and support

- At the time of the inspection staff were supporting one person with palliative care needs in conjunction with community healthcare professionals. A member of staff told us this person's care plan was in the process of being completed as they were new to the service.
- Staff told us they were confident supporting people with complex care needs and knew how to use specialised equipment such as hoists. One person told us, "The carers are good at their job." Another person told us, "[Staff] are consistent and they're very good at checking in with me."

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

Requires improvement: Quality assurance systems were not identifying shortfalls in risk assessment processes and related documentation.

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

- The registered manager had been in post since February 2015. She was supported in her role by a team of care co-ordinators, IT, finance and administration staff.
- Systems in place to record and monitor the number of people receiving a service were not being effectively operated. This meant that on the days we inspected, the provider was unable to provide accurate information on the precise number of people using the service.
- Quality assurance systems in place were not always effective and we saw no evidence of auditing taking place in relation to people's care documentation to ensure records were completed accurately and in full, were relevant, informative and up to date.
- Staff were required to complete daily logs recording information and details of the care and support they had provided. Daily logs were returned to the office. We were told these were checked for quality purposes. However, we found that logs were not always being completed in full, were not always legible and often lacked sufficient information to provide a useful account of people's health, safety and well-being.

The above shortfalls relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had key policies and procedures in place to help them meet health and social care regulations. However, staff were not always following these procedures. For example, care documentation was not always being completed in full and systems in place to monitor visits were not being used effectively.
- The registered manager notified the Care Quality Commission (CQC) and other agencies of safeguarding concerns. However, we were not always being notified of concerns in a timely manner as per the provider's registration requirements. For example, the day before our inspection began, we received a notification relating to a missed medicines event that occurred on 11 January 2019.
- The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to the care and support provided. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People and their relatives were positive about the way the service was managed. Comments included,

"This agency is well run. They send a lady down every six months to ask questions", "We're happy with everything", "I don't know too much about how the agency is run, but they are well managed in terms of communication" and "The managers regularly call for feedback. Several times at least, asking if there is anything they can do."

- The provider undertook unannounced spot checks to monitor staff performance and the quality of the care they delivered.
- People were contacted for their views by staff completing telephone monitoring surveys. We reviewed a small sample of these, all of which were positive.
- Staff told us they felt listened to and valued and able to contribute ideas about the running of the service. Staff commented, "[The registered manager] is really very supportive" and "[The management team] are doing very well. The manager is supportive to my clients and to my colleagues."

Working in partnership with others

- Staff worked closely with a range of health and social care professionals to promote good outcomes for people using the service.
- Information was shared between those involved in people's care to ensure the service continued to meet people's needs appropriately.
- Staff were enthusiastic about caring for older people and told us they worked well together as a team. One member of staff told us, "I enjoy what I'm doing, it motivates me more and more. I love being a carer."

Continuous learning and improving care

- There were systems in place for recording when things had gone wrong. This included obtaining details of an incident or accident and recording what action had been taken in response to this.
- The registered manager held meetings with staff to discuss service improvements, training and development needs and to share best practice information.
- The registered manager was aware that improvements were required in some areas of service delivery and told us she was working with a consultant to explore ways in which the service could become outstanding in the near future. She commented "We're a work in progress."

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>The provider was failing to ensure risks to people's health, safety and well-being were being effectively assessed, identified and mitigated.</p> <p>Regulation 12</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was failing to maintain accurate, complete and contemporaneous records in respect of each person using the service.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>