

Standard Care Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

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.

People's experience of using this service and what we found

Risks to people safety were assessed and managed appropriately. The provider had clear systems in place to manage infection control risks. There was enough Personal Protective Equipment (PPE) available and staff had received up to date training.

People's medicines were managed safely and the provider had clear safeguarding policies and procedures in operation.

The provider conducted comprehensive assessments of people's care and had clear plans of people's care in place.

The provider supported people with their nutritional needs and took appropriate action when their healthcare needs changed.

The provider acted in line with their duty of candour obligations and had adequate auditing systems in place to monitor the quality of the service. The provider was operating an electronic monitoring system to ensure care was provided to people as and when needed.

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staffing levels, safeguarding concerns and infection control risks. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe, effective and well- led sections of this full report.

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

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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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Detailed findings

Background to this inspection

About the service

We undertook this targeted inspection to check whether the requirement notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains "requires improvement".

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 carried out by a single 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 provider 48 hours notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 September 2020 and ended on 20 October 2020. We visited the office location on 1 October 2020 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

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. We also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed seven people's care plans and related documentation and 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 one office based staff member and a director of the service.

After the inspection

Following the inspection, we spoke with seven people using the service and three care workers over the phone to gather their views about the service.

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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check on concerns we had about the service. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider was not appropriately assessing risk to people's health and safety and putting plans in place to mitigate these. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care records included risk assessments in different areas such as their moving and handling needs or their skin integrity and there were clear written instructions for care staff in how they were supposed to manage these risks. For example, we saw one person's skin integrity risk assessment stated staff were required to use a specific cream for their skin and a pressure relieving cushion as well as requiring assistance to move at each visit.
- The provider also assessed the risks posed by people's home environments in the course of their care. We saw each person had a standardised environmental risk assessment conducted before they started receiving care. Although the risk assessments we saw did not identify any concerns, the manager of the service confirmed they would manage any issues with people and their relatives.
- Care workers demonstrated a good level of understanding about the risks involved in caring for different people. They gave us examples of risks to people's health as well as how they would manage these. One care worker told us risk assessments "are updated regularly, especially when carers report issues. Sometimes with moving and handling, there could be a risk, so we need to make sure that these are dealt with."

Using medicines safely

At our last inspection we recommended the provider sought advice on safe medicines management. The provider had made improvements.

- People had individual medicines risk assessments in place which stated the medicine they were required to take as well as possible side-effects relating to these. A written record was taken of the medicines people took on Medicines Administration Record Charts (MARs) and these documents demonstrated people were being given their medicines when needed. People's MAR charts were reviewed on a monthly basis by the

manager of the service to ensure they were being filled in appropriately. We identified one minor discrepancy in recording which we reported to the manager on the day of our site visit.

- Staff demonstrated a good level of understanding about the procedure they were required to follow when administering people's medicines. All staff told us they were required to check people's medicines before giving these to people and then recorded when they did this on their MAR chart. Staff had received medicines administration training and competency checks prior to assisting people in this area.
- The provider had a clear policy and procedure in place relating to medicines administration. This covered different areas such as the training staff were required to undertake as well as the procedure they were required to follow when administering people's or making records.

Systems and processes to safeguard people from the risk of abuse

- At our previous inspection we found the provider did not have clear systems in use to prevent the risk of financial abuse. At this inspection we found there were appropriate procedures in place to minimise the risk of financial abuse. There was a clear policy and procedure in place which was being followed. This stated that all allegations of abuse needed to be reported to the relevant authorities for investigation and immediate actions needed to be taken to keep people safe.
- The provider had clear systems in use to mitigate the risk of abuse. People told us they felt safe using the service and with their care workers. One person told us "I feel safe with them, they know what they're doing."
- Care workers had a good level of understanding about how they were supposed to act to minimise the risk of people being abused and confirmed they had received appropriate training. One care worker told us "The clients are safe, but if I was worried about anything, I would report it."

Preventing and controlling infection

- The provider took reasonable measures to minimise the risk of infection. People told us staff observed good infection control practises. One person told us "They wash their hands. They always wear a mask. They're top notch" and another person said "She [staff member] does a great job with the cleaning. I don't have any issues with germs or anything like that. I feel very safe."
- The provider ensured care workers had enough Personal Protective Equipment (PPE) to keep people safe. The registered manager confirmed and the local authority reported separately that they worked together to manage aspects of the service, including the provision of PPE. At the time of our inspection no concerns had been reported regarding the provider's infection control practises.
- Care workers demonstrated a good level of understanding about how to maintain safe infection control and confirmed they had adequate supplies of PPE. They told us they had received recent infection control training and records confirmed this. One care worker told us "We have everything we need. They wouldn't send us out without everything we needed."
- The provider had a clear policy and procedure in place regarding safe infection control. This included up to date information about how to manage the risks posed by the recent pandemic.

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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check on concerns we had about the service. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure that was information was transferred into comprehensive and detailed care and support plans meaning staff were not always informed about people's healthcare needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was conducting assessments in line with current guidance in areas such as skin integrity and moving and handling as well as seeking guidance directly from professionals where needed.

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

- At our previous inspection we found 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 was not included in their care plans. At this inspection we found people's dietary needs were appropriately recorded along with any specific needs such as diabetes or any allergies and there were clear written instructions for care workers to follow.
- At the time of our inspection nobody using the service had a high level of dietary needs such as swallowing difficulties or medically restricted fluid intake, but people were supported with their meal preparation and notes of people's daily care demonstrated they received this support when needed.
- People told us they were given the support they needed with their food intake. One person told us "They help with my food. There are no issues." Care workers demonstrated a good level of understanding about people's dietary needs and gave us examples of how they met these.

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

- At our previous inspection we found 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 wellbeing.

- At this inspection we found staff were still able to properly explain what they would do in emergency situations and they had a good level of understanding about specific risks in people's care. For example, one care worker told us "We need to be vigilant about people's safety and any risks to them. We need to report issues straight away and make a record of this."
- Staff were making clear records about changes in people's healthcare needs and there was a clear audit trail about how this was managed. For example, we read in one person's daily notes of their care that the care worker had noticed they were unwell. Records demonstrated that they had called an ambulance and reported this change to the office. The person was subsequently hospitalised due to their presenting condition and was later discharged.

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 requires improvement . At this inspection this key question has remained the same. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check on concerns we had about the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure 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. There was also no record of audits taking place and staff were not completing full records when they visited people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider was fully utilising an electronic monitoring system and were able to tell us how many people were using the service on that day and when their care worker had visited or was due to visit them. We therefore found the provider was no longer in breach of this regulation.
- Care records and MAR charts were audited to check they were being completed accurately.
- Clear daily notes were being kept after care workers visited people using 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

- At our previous inspection we found 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 as care documentation was not always being completed in full and systems in place to monitor visits were not being used effectively. At this inspection we found care documentation was being completed in full and the provider was using effectively using an electronic monitoring system.
- At our previous inspection we found that although the registered manager notified the Care Quality Commission (CQC) and other agencies of safeguarding concerns they were not always doing so 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 two months prior to our last inspection. At this inspection we found the provider was aware of their duty of candour obligations and were reporting matters to the CQC in a timely manner.

