

# Stockwellcare Support Services Limited

# Stockwellcare Support Services

## Inspection report

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Date of inspection visit: 22 July 2015  
Date of publication: 16/09/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

Stockwellcare Support Services provides personal care to people in their own homes. At the time of our inspection 18 people were using the service.

We undertook an announced inspection to the service on 22 July 2015.

The service had a registered manager. 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.

People were provided with the support they needed with their personal care. Information was provided by the referring local authority and assessments were undertaken by the service's operations manager to identify people's support needs. This included identifying what people were able to do independently and when people required support from staff. People were involved in decisions about their care and staff respected people's choices. Staff were aware of their responsibilities under the Mental Capacity Act 2005 and ensured people

# Summary of findings

consented to the care provided. If people did not have the capacity to consent to their care information was provided from the referring local authority about what decisions had been made in the person's 'best interests'.

Risks to people's health and welfare were identified and managed appropriately. However, we found that some care records did not contain sufficient information about how certain risks were managed. Staff liaised with their managers if they were concerned about a person's health. Discussions were held with health and social care professionals involved in the person's care to ensure they received the support they required.

There were adequate staffing levels to provide a safe service. People told us they liked their care worker. However, people told us that staff were often late to

appointments and we saw that adequate travelling times were not scheduled between appointments. Staff received on-going training and supervision. People received support from staff that had the knowledge and skills to meet their needs.

The management team undertook checks on the quality of service provision. We saw that no concerns had been raised about the quality of care provided and people were satisfied with the support they received. However, the system to track the frequency of checks on staff performance needed strengthening to ensure internal procedures were met. The registered manager was not aware of all requirements of their registration with the Care Quality Commission.

# 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. There were sufficient staff to provide a safe service, however, some people said care workers were often late to appointments.

Risks to people's safety and welfare were identified. However, care records needed to be clearer about how they were managed and how health conditions impacted on the support provided, particularly in regards to pressure ulcers.

People were supported with their medicines in line with their needs. However, care records needed to be clearer in regards to medicine administration and the level of support people needed.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff had the knowledge and skills to support people. They received updated training and support through supervision, appraisals and team meetings.

Staff supported people in line with the Mental Capacity Act 2005 and respected people's choices and decisions.

Staff supported people as required with meals and liaised with people's GP and social worker to ensure they received support with their health needs.

**Good**



### Is the service caring?

The service was caring. People were supported in line with their wishes and preferences. Staff were aware of people's communication needs and communicated with people in a way they understood. People were supported to make decisions about their care.

**Good**



### Is the service responsive?

The service was responsive. People's support plans included details about what aspects of their personal care they needed support with, and what tasks they were able to undertake independently. The management team informed the referring local authority if they felt people's needs had changed.

The management team obtained feedback from people about the quality of care received. The feedback we viewed was positive and people were satisfied with the support provided. Complaints were investigated and dealt with appropriately.

**Good**



### Is the service well-led?

The service was well-led. People and staff felt able to approach the management team. Staff said they were well supported and they were able to contact a member of the management team if they needed any advice or guidance.

**Requires Improvement**



# Summary of findings

Spot checks were undertaken to review the quality of care provided. The spot checks we viewed did not identify any concerns about the quality of care. However, the system for ensuring spot checks were carried out in line with the service's procedures needed strengthening.

The registered manager was not aware of all requirements of their registration with the Care Quality Commission. Following information provided on the day of the inspection, the registered manager submitted the required statutory notifications.

# Stockwellcare Support Services

## 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.

This inspection took place on 22 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Two inspectors carried out the inspection.

Prior to the inspection the registered manager completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed the information included in the

PIR and reviewed information we held about the service, including statutory notifications received. Questionnaires were sent to five people before the inspection. One person completed and returned the questionnaire. We used the responses in our planning of the inspection.

During the inspection we visited the service's offices. We spoke with the registered manager and the operations manager. We viewed four people's care records. We looked at four staff records including induction, training, supervision and appraisal records. We looked at records relating to the management of the service, including complaints and quality checks.

We asked the registered manager to send us information following the inspection which we received. After the inspection we undertook phone calls to three people, two relatives and three care workers to obtain their views about the service. We also spoke to the contract monitoring officer from the main referring local authority.

# Is the service safe?

## Our findings

There were sufficient numbers of staff to provide people with a safe service. Staffing levels were determined by the number of people using the service and their needs. Staffing levels were adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. Staff told us they had enough time at appointments to meet people's needs and carry out all their tasks. However, the majority of people spoken with said that whilst their care workers attended all their appointments they were sometimes late. Records showed staff were allocated to attend consecutive appointments with no allocated travel time between the appointments. Records also showed staff were allocated to support two people at the same time. The operations manager informed us that people's health needs were taken into account but that people had agreed to some flexibility with their visit times. On occasions when staff were late they let the main office know so people were informed about staff being delayed. People told us they did not have consistency in the care worker that supported them and that different care workers came to their home. However, the majority of people were not concerned about this and felt it did not impact on the service they received.

There were suitable recruitment procedures in place and the required checks were undertaken prior to staff starting work to ensure they were suitable to work with people using the service. This included completed application forms, attendance at interviews, references from previous employers and completed disclosure and barring checks. The staffing records we looked at showed that staff had previous experience of working in health and social care settings. For example, National Vocational Qualifications in Health and Social Care.

Staff were supported to undertake training to enable them to ensure that people were safe. Staff received mandatory training, including safeguarding vulnerable adults. Staff were knowledgeable of how to safeguard adults and protect them from harm. A reporting process enabled any concerns to be recorded and reported, and staff confirmed that if they had any concerns about a person's safety they would discuss this with their manager. The service had worked with the local authority to investigate a safeguarding concern previously raised, and had taken the necessary action to address the concern and prevent it

from happening again. The registered manager informed us that disciplinary action was being undertaken with the care worker involved and a referral to the disclosure and barring service will follow to ensure that information was shared and relevant authorities were notified.

Staff were aware of the risks to people's safety and how to manage those risks. Information was provided from the funding authority about the risks to people's health and welfare. There was clear information in people's records about those at risk of falls and who required additional support with their mobility. This included supervising people who were unsteady when mobilising, and supporting those with limited mobility to transfer between their bed and a chair. Staff had received training on the equipment people required to help them mobilise and one staff member told us they received support from a more experienced member of staff for a few days when using new equipment to ensure it was used safely. We saw from people's care records that two people had pressure ulcers grade three and above. These pressure ulcers were being managed and treated by a district nurse. However, there was a lack of information in these people's care records about how these people were to be supported in regards to their pressure ulcers and to prevent further breakdown of their skin integrity. There was also a lack of information about how the person was to be supported when transferring to prevent causing additional pain to the person in regards to their pressure ulcers.

Information was provided about any environmental risks and what the potential risks were to people's safety. For example, any trip hazards particularly for people with restricted sight. We also saw that one person was at risk of forgetting to turn gas and electrical appliances off. Information was provided to staff to always check these appliances at each visit and one care worker spoken with confirmed this happened.

It was unclear in people's care records about how much support people required with their medicines. We saw that one person's care records stated that care workers administered medicines for the person as well as stating elsewhere in their records that they managed their own medicines. The people we spoke with said they managed their own medicines but that the staff checked that they had taken them. Care workers confirmed that they checked that people had taken their medicines and that they did not administer them for people. Some of the daily records



## Is the service safe?

we viewed stated that staff administered medicines or “gave them their medicines.” The records needed to be clearer to accurately reflect the support provided to

people, and ensure people were supported in line with their needs without compromising their independence. Staff had received training in medicines awareness and safe management of medicines.

# Is the service effective?

## Our findings

One person said they were “very happy” with their care workers and they “couldn’t fault them”.

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff were required to complete an induction programme which was in line with the common induction standards provided by Skills for Care. The registered manager was in the process of updating their induction process to include the Care Certificate. Staff records show that mandatory training courses were attended, including manual handling, first aid and food hygiene, and also some additional courses such as dementia awareness. People told us that staff had the skills to support them and provide the support they required. This was also evidenced in one of the comments recorded by the managers on spot visit documentation stating people were “happy, impressed and grateful for services provided by Stockwellcare Support Services”. However, one person was concerned that two recently employed staff had been to see them and they did not always know how to meet that person’s needs. They told us in regards to the care workers, “They don’t know me, and don’t know what they’re doing.” The registered manager told us and records confirmed that staff were matched to the people they supported according to the needs of the person ensuring communication needs and any cultural or religious needs were met. For example, people with dementia were supported by staff who were trained and skilled to meet their needs.

Staff received support and supervision to develop their skills and knowledge to ensure they delivered care that met people’s needs. This included through team meetings, one to one supervision and appraisal sessions. Staff told us they were well supported by their managers. They felt they received the training they required, had good induction processes, and had received some supervision.

Staff were aware of their requirements under the Mental Capacity Act 2005. Staff were aware that they were to provide people with support in line with their decisions. One staff member told us the person they supported refused them to help with aspects of their personal care and they respected the person’s decision. One person told us the staff supported them as they wished and that staff “always do what I ask them to.” The referring local authority provided information to the service about any areas of people’s care they were unable to consent to because they did not have the capacity to make the decision. Information was provided about what support was to be delivered in line with ‘best interests’ decisions made for the person.

People’s support plans outlined what support they required with meals and hydration. We saw from the daily visits that people were supported with meals at their appointments, if needed, and that meals were prepared in line with people’s preferences and choice. People confirmed that care workers got them the meals they wanted. Care workers ensured, for people unable to obtain a drink and snack themselves, that these were left within the person’s reach so they were able to stay hydrated in-between appointments. One person’s relative told us staff gave the person a cup of tea before they left.

People’s support plans included their GPs details so staff were able to contact them if they had any concerns about a person’s health. One person’s relative confirmed that staff had called the person’s GP when they had concerns the person was unwell. Staff called for assistance from the emergency services as required if they had concerns about a person’s health. We saw that the managers liaised with people’s social workers and the funding authority if they were concerned that a person’s health was deteriorating and they required additional support.



# Is the service caring?

## Our findings

People told us they liked their care workers and one person said they “get on well with them”. Another person said their care workers were “friendly” and “polite”. They said the care workers respected their privacy.

Staff maintain people’s privacy and dignity. One care worker told us the person they supported did not like staff being in the bathroom when they needed personal care, so they stayed outside with the door shut. The care worker gave the person instructions and reminders so they were able to undertake their own personal care in private.

During the assessment of people’s needs, the manager gathered information about people’s communication needs. Staff communicated with people in a way they understood. One care worker told us the person they

supported had dementia and at times could not remember them and became frustrated and distressed. The care worker spoke to the person patiently and politely, to reassure them and help reduce their anxiety levels.

People were involved in decisions about their care and informed staff as to how they wished to be supported. We saw from people’s support plans and the daily records that support was provided in line with people’s preferences and choice. For example, people chose what they wanted to eat, what clothes were wanted to wear and how they were supported with their personal care. Two care workers told us they liked spending time with people and engaging them in conversations. This helped care workers to get to know the person and their likes and dislikes. One care worker told us they liked to do puzzles with the person they supported.

# Is the service responsive?

## Our findings

One person said “I’m happy with the service...They provide the support I need.” Another person said, “The personal care is excellent.”

The referring local authority provided the management team with clear detailed information about people’s support needs and what areas of their personal care they required help with. This information also identified the desired outcome for the person, for example, ensuring their privacy and dignity was maintained, and ensuring they received support which encouraged their independence. The operations manager used this information, in combination with discussion with people and their relatives, to develop people’s support plan.

A member of the management team discussed with the referring local authority if they felt a person’s support needs had changed and if people needed more or less support with their personal care. We saw that regular reviews had been undertaken for some people and the support provided was amended to ensure it met people’s needs.

People’s support plans included information about what people were able to do for themselves and when they required support. They also included information about how people wished to be supported and their preferences. For example, whether people preferred to have a bath or a shower. One care worker told us they always ensured they asked the people they were supporting whether they was anything else they needed, so they were able to provide support in line with people’s wishes. The daily records we viewed showed that people were supported in line with their support plan, including the level of support people required.

One care worker said the person they supported had dementia and lived on their own. The management team called the care worker daily to check on the person’s health

and to identify if there were any concerns or additional support needs developing. The care worker said they informed the operations manager if they felt the person’s dementia was deteriorating or if they were having a day where they were more confused than usual. The management team discussed with the person’s family and their social worker any concerns raised.

The management team undertook phone calls and visits to people to obtain their feedback about the service. We viewed the feedback received from the four people’s whose care records we viewed. All four people were satisfied with the service. Comments received included; “Care workers are doing a great job,” “they provide high quality care,” “they are caring and encouraging,” and “[the care worker] is respectful and respects my dignity.”

One person told us they had no complaints about the service and that the care workers, “do their job properly.” A complaints process was in place. We viewed the complaints received during 2015. We saw that complaints were listened to, senior staff investigated the concerns and appropriate action was taken to address the concern. We saw that one complaint was about the care worker and person’s relative making informal arrangements in regards to changing the time of care visits. Another complaint was in regards to two care workers making informal arrangements amongst themselves to switch appointments. The staff involved were reminded to not make informal arrangements without checking with the management team. The managers told us they were going to share the learning from these complaints with the staff team at the team meeting scheduled for the day after the inspection.

The service had a process for capturing and recording compliments received from people and their relatives. Some of the compliments received included; “She keeps me smiling at all times,” and “She make me feel safe in my own home.”

# Is the service well-led?

## Our findings

One person said the managers come to visit and “check to see if everything is ok.” Another person told us one of the managers sometimes came to see them, but that at times they did not listen to their concerns about newly employed staff coming to support them without an experienced member of staff who knew their needs. One person’s relative told us there was “good communication” with the managers of the service and that someone always rang them if they had any concerns or issues about their relative’s health or support needs.

There was a clear management structure providing leadership to the service. Care co-ordinators were employed to provide practical advice and support to care workers, and supervise them whilst undertaking their duties. An on call system was in place which enabled care workers to get advice from senior staff at all times, and staff confirmed they were able to speak to a member of the management team when they needed to. Care workers told us they felt able to approach the registered or operations manager if they had any questions. They said there was clear information sharing amongst the team and felt there was open communication with the management team. They found the management team “supportive” and said “whenever I need them, they’re there for me.”

The senior staff at the service undertook spot checks on the quality of care delivery. This included reviewing staff’s

timekeeping, their adherence to the service’s policies and observing interactions between people and staff. The spot checks we reviewed raised no concerns about the quality of service provision.

The managers of the service told us that spot checks were to be undertaken at least every three months. We saw spot checks on staff performance did not always meet the service’s procedures and this frequency. We asked the operations manager, who led on this activity, about this and they told us a new system had been introduced to monitor compliance with the service’s procedures in regards to the frequency and completion of spot checks. However, all the required data had not been inputted into the system and therefore they were not currently using a robust system to track adherence with internal procedures. The managers were unable to tell us when next spot checks were due or when staff were due to receive supervision. This meant there was a risk that the quality of staff’s performance was not consistently reviewed.

The registered manager was not aware of all their Care Quality Commission (CQC) registration responsibilities. They were unaware of what they were required to notify us of and how to submit the notifications. We informed the registered manager on the day of our inspection what required notification and where to find the statutory notification forms on the CQC website. Following our inspection the registered manager completed and submitted the appropriate statutory notifications.