

Standard Care Limited

# Standard Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Standard Care is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides personal care to older people, some of whom have dementia. At the time of our inspection there were 75 people using the service.

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 and their relatives gave good feedback about the support they received from care staff who helped to keep them safe.

Risks to people's care were not always appropriately managed. The provider was in the process of updating people's care records. Where people's records had been updated, we found risk assessments had identified risks and included clear risk management guidelines to assist staff. Where care records had not been updated, we found risk assessments were lacking in clear instructions for staff on how to manage identified risks.

People were safeguarded from the risk of abuse and avoidable harm. The provider had systems in place to manage allegations of abuse. Care staff had received training in how to identify and manage concerns relating to abuse and they demonstrated a good understanding of their responsibilities.

People's care was monitored to ensure it was delivered on time and there were no missed care calls. The provider used an electronic system to monitor care calls, which was constantly reviewed. Where concerns were identified, these were followed up immediately.

Staff felt supported working for the provider and enjoyed working at the service. They confirmed they had received an appropriate induction, training and ongoing support.

The provider had effective monitoring and auditing systems in place to identify issues with the quality of the service. The provider had identified concerns relating to their risk assessments and were in the process of updating these.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection:

The last rating for this service was requires improvement (published 14 May 2019) and there were multiple breaches of regulation at this inspection. The provider completed an action plan following this inspection to

show what they would do and by when to improve. We re-inspected the service on 1 October 2020 and found improvements had been made, but we were unable to change the rating.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and recommendations

We have found a breach in relation to risk management. Please see the action we have told the provider to take at the end of the full version of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# 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. 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

Standard Care is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the provider one day's notice because we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 7 December 2022 and ended on 6 February 2023. We requested a range of documents that were sent to us by the provider between 7 December and 6 February 2023. We visited the office location 7 December 2022 to see the registered manager and to review further records related to the service. We made calls to people, their relatives and care staff between 7 December 2022 and 13 February 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service.

We reviewed information from the local authority commissioning team and also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to nine people's care and support. This included people's care plans, risk assessments, medicines records and 7 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included safeguarding incidents, quality assurance records, minutes of staff meetings and a range of policies and procedures.

We spoke with 8 staff members. This included the registered manager, two senior members of staff and 5 care workers. We contacted 26 people and managed to speak to with 6 people and 2 relatives.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records and correspondence with a range of professionals related to people's care.

We provided formal feedback to the registered manager via email on 12 December 2022.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider was not always appropriately assessing and mitigating risks to people's health and safety. The provider was already aware that their risk assessments and support plans required updating and had hired external professionals who were in the process of updating these records.
- We reviewed five updated records and four records that had not been updated. Updated risk assessments were clear about the risks to people's health and safety and included clear guidance for care workers in how to mitigate these risks. For example, we saw risk assessments and risk management guidelines were in place for people's individual physical and mental health conditions and included specific information about how these conditions manifested for individual people. However, we found in records that had not been updated, there were indications of risk, without clear risk management guidelines in place. For example, we saw one person had a wound on their body, but it was not clear whether they had ongoing skin integrity issues.
- We saw a record for a person who was not at risk of choking, but their risk assessment had incorrectly recorded that they were at risk of choking. This meant staff would not have the correct information to care for people in a safe way.
- We spoke with the registered manager about these concerns, and they confirmed they had reviewed and updated approximately 40% of records to what they described as the "new standard".

This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers demonstrated a good understanding of the risks to people's care. For example, one care worker was clear about one person's mobility issues.

### Systems and processes to safeguard people from the risk from abuse

- The provider had appropriate systems and processes in place to safeguard people from abuse. People told us they felt safe using the service. Their comments included "They're a very, very good service. I feel safe with the carers" and "I have a very nice girl who comes."
- Care workers demonstrated a good understanding of safeguarding policies and procedures as well as signs to look out for. One care worker told us "I have read the Standard Care safeguarding policy handbook, which I have fully understood. I understand that it is my responsibility to protect my client from abuse and harm. If I feel that there may be an abuse, I will report to my manager. I also completed adult safeguarding training."
- Records indicated that safeguarding concerns were being investigated and reported to the local authority

and the CQC. For example, we read about the measures staff had taken to safeguard one person from the risk of abuse in coordination with the local authority and the police.

- The provider had measures in place to protect people from the risk of financial abuse as records were kept of any expenditure incurred for people and these records were audited. Records also demonstrated all care workers had received safeguarding training in the last year.

### Staffing and recruitment

- The provider conducted appropriate pre-employment checks before hiring anyone to work with them. We reviewed seven care workers' files and saw they included passport and residence checks, application forms with a full employment history as well as two references. The provider also conducted criminal record checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

- The provider used an electronic call monitoring system, which they reviewed constantly. Where care workers failed to log in for a call, the system would flag this and an alert would be sent to the provider. This was then followed up immediately by a member of staff in order to identify whether this was a technical issue or a missed call. Care workers confirmed they had enough time to support people and they were given adequate travel time between care calls. One care worker told us, "Yes I do have enough time to support people and travel between calls as most of my clients live in the same area and I have the ability to drive to and from."

- People also confirmed their care workers arrived for their calls on time and stayed the full length of the call. One person told us their care worker was, "Always here when he's supposed to be and he comes on time. I'm happy with the way things are going."

### Using medicines safely

- People received their medicines as prescribed. People confirmed they received their medicines on time. One person told us "They help me with meds [medicines] and I get them on time."

- People's records included full details of what medicines they were taking, what they were for as well as any known side effects to look out for. Care workers signed electronic medicines administration records charts (MARs) after administering people's medicines. We reviewed copies of charts for people whose records we reviewed and saw these were fully completed. The provider also audited people's MAR charts on a monthly basis and we saw these did not identify any concerns.

- The provider had a clear medicines administration policy and procedure in place and care workers had received training in medicines administration within the last year along with checks of their competency. Care workers demonstrated a good understanding of their responsibilities as well as the procedures they were expected to follow. One care worker told us "I have to make sure the medication is correct, for the right person. I check the expiry dates on the medication and find what the medication is to be used for. I also record the medication on the chart provided to me."

### Preventing and controlling infection

- The provider had clear procedures in place for preventing the spread of infection. Care workers confirmed they wore appropriate Personal Protective Equipment (PPE) when supporting people, and people confirmed their care workers followed good hygiene practices. One person told us their care worker, "Wears PPE- the mask, gloves, apron and shoe covering. There are no problems."

- The provider questioned people about care workers' hygiene practises when conducting their quarterly reviews and these did not identify any issues.

- Care workers had received annual training in infection control and they demonstrated a good understanding of their responsibilities.



### Learning lessons when things go wrong

- The provider learned lessons when things went wrong. The provider required all care workers to report accidents and incidents to the office and we saw records were kept of these. Accidents and incidents were then investigated and reported to the relevant people to ensure appropriate actions were taken.
- The provider reviewed all accidents and incidents to ensure lessons were learned. We reviewed the provider's analysis of accidents and incidents for 2022 and this showed all accidents and incidents were investigated and where necessary further lessons learned as a result were recorded. We noted all care workers had acted appropriately by calling the emergency services in the accidents and incidents that had occurred under their care.
- Care workers demonstrated a good understanding of their responsibilities. One care worker told us "When there is an incident, paramedics are called if necessary. I then call my supervisor to inform them of what happened. Then, I log the incident in the client book with the date and time of day that the incident occurred."

# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider conducted initial assessments once people started using the service. Each care record included their assessment of needs as well as a support plan for care workers to meet these needs. The assessments identified whether people were at risk in specific areas and included the level of risk they were under.
- The provider had a range of key policies and procedures which highlighted specific legislation and guidance that care workers needed to be aware of when providing care. This meant care workers had access to up to date, relevant guidance in different areas of their role.

Staff support, training, skills and experience

- The provider ensured staff had the support, training and skills in place to conduct their roles. Upon joining the service, care workers had an induction which covered the principles of the Care Certificate. The Care Certificate is an agreed set of standards for health and social care professionals. Care workers we spoke with confirmed they had received an induction and found this useful to their roles. One care worker told us "I was given an induction, training, shadowing and it did prepare me for my role".
- Thereafter, the provider supported care workers with quarterly supervision sessions as well as annual appraisals of their performance. We reviewed a sample of supervision and appraisal records and saw these included details of any areas in which care workers were required to improve as well as any support they needed.
- Care workers confirmed they felt supported in their roles. One care worker told us "I feel supported in my role and I feel that I have had enough training to carry out the role".

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

- People were supported to eat and drink to maintain a balanced diet. People's care records included details of their nutritional needs and whether they required any specific support. For example, one person's care record included details of a nutritional condition they had. It included dietary advice for care workers to refer to in ensuring the person had a diet that suited their needs.
- Care workers demonstrated a good level of understanding about people's dietary needs as well as their likes and dislikes in relation to food.

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

- The provider supported people to live healthier lives. People's care records included details of their health

conditions and usually contained information about how these affected people. The records we reviewed that had been updated, included detailed descriptions of people's health conditions, how it affected them as well as signs of deterioration that care workers were required to look out for. However, we identified some records that had not been updated said what people's health conditions were and what medication they were taking for these. However, there was limited information about how the health condition affected people.

- Care workers demonstrated a good understanding about people's health conditions as well as how it affected them. One care worker gave us a description of one person's health conditions and signs of deterioration they were required to look out for.
- Care workers worked with other agencies to provide consistent and timely care. We saw an example where the provider had worked closely with a number of agencies when supporting one person.

#### 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA. People had signed consent forms as well as their care records to demonstrate they consented to their care. Where people were unable to sign their records due to their health condition, office staff signed this, annotating the record with an explanatory note saying when they had done so.
- Care workers demonstrated a good understanding about the importance of providing care in line with people's valid consent. One care worker told us, "I always ask for consent before I do anything for the client".

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers and staff were clear about their roles and responsibilities, but at the time of our inspection had not taken timely action to ensure all risks had been managed. People's care records did not always include clear guidelines for staff in how to manage risks to their care. The registered manager understood their obligations to update care records and accepted there were issues with some of the records that needed to be updated.
- The registered manager ensured policies and procedures were reviewed annually and we saw these were up to date.
- Care workers demonstrated a good understanding about their roles and their obligations towards people in their care. Care workers demonstrated a good understanding about the different aspects of their role, which included their responsibility to ensure concerns of any nature were reported to the management team and people's relatives.

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

- The provider promoted a positive culture, that achieved good outcomes for people. People told us they found office staff accessible and they could discuss any concerns they had. One person told us "The office staff are very helpful when I've spoken to them."
- Care workers told us they enjoyed working for the service and they felt confident approaching any member of the office staff, including the registered manager with any queries or concerns. One care worker told us "The managers are very supportive and attentive and are always available when needed."

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

- The provider complied with their obligations to be open and honest when things went wrong. Records indicated that the provider communicated with the local authority in relation to people's care needs or incidents that had occurred. The provider sent notifications of incidents to the CQC in line with their obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved staff and people using the service. Quarterly care worker meetings were held and

minutes were kept of these. We reviewed a sample of these and saw various matters were discussed such as rotas and reminders of care workers obligations on various matters. This showed care workers had a forum to discuss any issues and were supported with the knowledge needed to deliver care in line with people's support plans.

- The provider sought people's feedback on their delivery of care through annual surveys, telephone surveys and visits. Records were kept of these and we saw people's feedback was consistently good. The local authority also conducted annual visits and reported their feedback to the provider. We reviewed the emailed feedback for people whose records we reviewed and saw these were consistently positive. One person told the local authority monitoring officer their care workers were, "Absolutely beautiful people".
- People using the service and care workers told us the provider involved them and asked for their feedback. One person told us "A man came and spent about an hour asking questions and making sure everything was fine. It's all good."

#### Continuous learning and improving care

- The provider had a system of audit in place that identified issues as well as areas that required improvement. The provider was aware of issues with their care records and was in the process of updating people's care records with detailed information that was required for consistent and safe care delivery.
- The provider conducted audits which included care records, MAR charts and financial transactions among others. Where issues were identified necessitating follow up action, we saw these were recorded and actions were taken.
- People's care was monitored to ensure it was delivered on time and there were no missed care calls. The provider used an electronic system to monitor care calls, which was constantly reviewed. Where concerns were identified, these were followed up straight away.

#### Working in partnership with others

- The provider worked in partnership with multi-disciplinary professionals to meet people's needs. We saw evidence of liaison with people's pharmacists, GP's as well as the local authority as needed.

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>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not always assessing the risks to the health and safety of service users receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks (12(2)(a) and (b)).</p>