The Social Care Ltd

London

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 December 2018 and was announced. This was the first inspection of the service since the provider registered with the Care Quality Commission in January 2018.

The Social Care - London Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of our inspection 12 people were using the service.

The service has a registered manager in post. 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.

Staff were trained to protect people from abuse and knew how to report suspected abuse. The registered manager understood their responsibilities to respond to allegations of abuse appropriately. Risks to people were assessed and management plans put in place to mitigate identified risks. Staff were sufficient and adequately deployed to support people with their needs. People received the support they needed to manage their medicines safely. Staff followed procedures to minimise the risk of infection. The service had systems in place to report incidents and accidents and staff knew about them. The registered manager reviewed incidents and took action to prevent them from happening again.

Needs assessments were conducted involving people, their relatives and other professionals where necessary. Care plans were developed to meet people's needs and requirements. Staff were supported to do their jobs through regular training and supervision. Staff supported people to meet their nutritional needs and requirements. People were supported to access the health care services they needed to maintain their health. The service had systems in place to ensure people received well-coordinated care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and ensured people consented before care was delivered.

People told us that staff treated them with kindness. People's needs, preferences and choices were considered when planning their care. Staff respected people's dignity and privacy. People were encouraged to maintain their independence as much as possible.

Staff supported people in a way which met their individual needs. Care plans were reviewed regularly to reflect people's current needs. Staff respected people's cultural, religious and belief systems. At the time of our visit no one was receiving end of life care. Training record showed that some members of staff had received end of life training and the registered manager told us they would work closely with other

professionals to meet people's need.

People knew how to report their concerns or complaints about the service. The registered manager knew to address complaints in line with their procedure. The quality of the service was regularly assessed and monitored through spot checks and audits.

The service had a registered manager who complied with the requirements of their registration. The service had a business development strategy and a business continuity plan in place which set out how the service would develop, achieve positive outcomes for people and manage unforeseeable situations. The service worked in partnership with the local authority and other local organisations to develop the service and meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff and the registered manager understood their roles and responsibilities to protect people from abuse. Staff knew how to recognise abuse and what actions to take to report it.

Risks to people were assessed and action plans devised to address risks identified. Staff knew how to report incidents and accidents. The registered manager reviewed records and took actions to reduce the chances of recurrence.

The service followed safe recruitment practices to employ staff. People received the care they needed from staff as planned. There were enough staff available to support people.

Staff supported people to take their medicines safely. Staff were trained to reduce risk of infection. □

Is the service effective?

Good

The service was effective. Senior members of staff assessed people's needs and developed care plans on how identified needs would be met.

Staff were trained and supported to be effective in their roles. People and their relatives consented to the care and support they received. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people to meet their nutritional needs and requirements. Staff liaised with other services to ensure people's care was well coordinated. Staff supported people to access healthcare services they needed to maintain their health.

Is the service caring?

Good

The service was caring. People told us that staff were caring and kind towards them. Staff respected people's choices and decisions about their care.

Staff respected people's dignity and privacy. They encouraged

people to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People had care plans which set out how their identified needs would be met.

Staff supported people with their cultural and religious needs. Staff had knowledge of equality and diversity. The service made information available to people in a format they understood.

People knew how to complain about the service and the registered manager responded to complaints in line with the provider's policy. Some staff members had received end of life training. No one required this service at the time of our inspection.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who understood their role and responsibilities. Staff told us they felt well supported in their roles; and they had the leadership they needed.

The views of people were sought about the service and feedback used to drive improvement. The service was subjected to regular checks in order to assess and monitor the quality of care provided to people.

The registered manager worked in partnership with the local authority to improve and develop the service.

London

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 checked 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 announced inspection took place on 11 December 2018. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector and an expert-by-experience (ExE) who made phone calls to people to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with four people using the service, eight relatives, the care manager, the registered manager nominated individual/provider and a consultant working with the provider. We reviewed five people's care records which included their medicines administration records (MARs). We looked at five staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments.

After the inspection, we spoke to three care staff to find out how they supported people, and the support they received from the management.

Good

Is the service safe?

Our findings

People were safeguarded from the risk of abuse. The provider had a safeguarding procedure in place and all staff had completed training in safeguarding adults from abuse. Staff knew how to recognise the signs of abuse and were aware of the procedures for reporting their concerns. Staff knew what action to take to report any concerns relating to abuse. They told us they would report to their line manager in the first instance and if no action was taken they would whistle blow to external agencies. The registered manager, care manager and provider understood their responsibilities to address any safeguarding concerns appropriately, including alerting the local authority safeguarding team, carrying out an investigation, notifying the Care Quality Commission (CQC) and working jointly with relevant agencies. There had not been any safeguarding concerns since the service started in 2018.

People were protected from the risk of unsafe care. Risks to people were assessed; looking at their mental and physical health conditions, behaviour, personal care, medicines management, moving and handling and the environment. Risk management plans were devised on how identified risks would be mitigated. There were moving and handling plans in place to guide staff to support people with their mobility and transfers in a safe way. People who were at risk of developing pressure sores also had guidance in place to reduce the risk. For example, staff were reminded to use barrier creams to moisturise people's skin, and to encourage people to reposition regularly. The care manager and registered manager told us they used team meetings to discuss the risks people were exposed to and how to manage them.

There were enough staff to support people with their needs at the time agreed. One person told us, "The carers are usually on time, they have not missed any visits." Another person said, "They [care staff] are usually regular. I can only recall one occasion when they came late due to traffic." A relative commented, "There are enough staff. They have been reasonably prompt so far and not usually late for more than 10 minutes if it happens." Staff told us the time allocated to them to support people was enough. Staff rotas were planned in advance so staff knew what care visits they were scheduled to cover. The provider used both electronic and manual systems to plan and manage care visits. They explained that this helped manage call visits more efficiently. The provider had a pool of staff who were available to cover planned and unplanned absence. We looked at the rota and the electronic monitoring system and found that there had not been any missed visits. Late visits were within the flexibility margin agreed with people.

The provider recruited staff in a safe way to ensure they were suitable and fit to work with people. The registered manager examined potential staff suitability for the job through interviewing, exploring employment histories, obtaining two satisfactory references, proof of identify and right to work in the UK. They also checked the Disclosure and Barring Services (DBS) database to ensure applicants had not been barred from working with vulnerable people. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions.

People received their medicines in a safe way. Where people were supported to take their medicines, this was stated in their care plans including the level of support required. Staff had received training in medicine management and on how to support people safely. Medicines administration records [MARs] we checked

were clearly completed to show what medicines people had taken and the time. The registered manager regularly audited MARs to ensure they were accurate.

Staff were trained in infection control. Staff told us they were provided with and reminded to use personal protective equipment (PPE), and disposing of waste appropriately. The registered manager told us they used spot checks and practice observations to monitor staff adherence with infection control procedures.

The provider had systems for the reporting of incidents and accidents. Staff knew to report incidents, accidents and near misses. Records showed incidents were reported and the action taken to reduce or prevent them from happening again in the future. People's risk assessment and care plans had been updated following falls.

Good

Is the service effective?

Our findings

People's needs were assessed before they started using the service and on an on-going basis to ascertain their current needs and the support required. Assessments covered medical conditions, physical and mental health; personal care, and nutrition. Where necessary, other professionals were involved in carrying out the assessment. For example, a dietician had been involved to assess one person's needs around their nutritional intake due to their fluctuating weight. The registered manager and care manager knew to seek the input and views of other professionals with regards to establishing and meeting people's needs.

People told us that staff were trained and had experience to do the job. One person said, "I do think the staff have basic care training which is good." A relative mentioned, "The carers get the training they need. They have been here for a training course with an occupational therapist to learn how to use the hoist. They are competent and have the skills in using the hoist and moving people safely." The relative added that staff were aware of the care needs of their relative and how to support them.

Staff had the training to care for people effectively. Records showed and staff told us that they completed an induction programme when they first started working at the service. Staff members without previous care experience completed the Care Certificate Induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours for health and social care workers. Induction programmes comprised of a period of classroom based training and shadowing experienced care staff to gain practical skills and experience in the job. Staff told us it was valuable to them. Staff told us and records showed that staff received regular training relevant to their jobs. Training completed included safeguarding, medicine administration, infection control, health and safety, Mental Capacity Act 2005; and moving and handling. Staff also received training in areas specific to the needs of people they supported such as dementia, epilepsy and diabetes.

Staff were supported in their roles. One staff member told us, "I feel supported. Anything I need support with I ask my line manager or any office staff." Care managers and field supervisors provided care staff members with supervision and direct observation at work. These were used to discuss any issues staff faced at work, give feedback on their work and discuss training needs. Annual appraisals were completed for staff who had been in post for over one year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and understood people's rights under this legislation. One member of staff told us, "We [staff] have to ask people for their approval before we do anything. Their consent is very important and we must respect what they say to us." Records showed people had consented to their care and support. Relatives had given consent where people had not been able to do so. The registered manager understood their responsibilities under the MCA and knew to arrange a best interest meeting where required.

People were supported to meet their nutritional and hydration needs. One person told us, "The carers prepare my breakfast and dinner and I do my tea. I make my own choices about what I want to eat and they [carers] allow me." Care plans stated what support people required with regards to meeting their nutritional needs including meal preparation, shopping and assistance with eating . Where relatives provided this support, it was stated in people's care plans. Staff knew to report any concern they may have with a person's eating or drinking.

Staff supported people to arrange visits or appointments with professionals if required. Records showed that the care manager liaised with health professionals where required. For example, a dietician was involved for one person due to concerns about their nutrition.

The service worked jointly with other services to ensure people got the support and care they required when they moved to use other services. The registered manager and care manager told us that staff were aware to ensure people had a copy of their personal profile sheet, care plan and other personal items such as dentures, glasses and mobile phone when they went to hospital or other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care people receive. They also said they liaised with hospital staff to send a copy of people's discharge summary when people leave the hospital so care staff would know of any changes in health, care and medicines.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and compassionate. One person said, "My carer is lovely. They are really kind and respectful to me." One relative commented, "They [care staff] honestly treat my relative well. They treat them like they were their own relative." Another relative said, "The carers are extremely friendly. They always greeted them with a smile and they did their best to communicate with them [relative] even though their communication is quite garbled now."

People were supported by staff who knew them. One person commented, "The carer has gotten better as we [person and carer] have got to know each other. The carer knows the way I have things done now and encourages me to do as much as possible myself." A relative said, "My relative receives four visits a day and usually from the same carer which is fantastic for continuity." The care manager and provider explained that they matched staff to people taking into consideration personalities, language requirements and skills. They told us that they endeavoured to maintain consistency in staff allocated to work with people as it helped reduce anxiety people may experience due to having different care staff visit them.

People's choices and wishes were respected with regards to how and when their care is delivered and by whom. Care records detailed people's likes and dislikes, and preferences. One person stated that they preferred female care staff to attend to their personal care and their wishes had been respected. Another person said their independence was important to them and they liked to be involved in simple tasks. They said, "I'm slow but staff encourage me to do things on my own." Staff told us they allowed people to decide what they needed and how they wanted it. One staff member said, "I always ask people what food they want, what clothes they want to wear. I give them choice about everything." Care plans showed and relatives confirmed that people and their relatives, where necessary were involved in planning their care and support. One relative said, "I have been involved every step of the way with the care planning. They have been very open and supportive."

People's privacy, dignity and independence were respected. A relative told us, "[Relative] is treated with respect and dignity." They said their relative feelt comfortable with staff. Staff had completed training in dignity in care and knew how to promote people's dignity. Staff gave us examples of how they respected these values in their work. They said they supported people with their personal care in a dignified manner and they kept information about people confidential. Staff also told us they promoted people's independence by encouraging them to do what they could for themselves. People confirmed staff encouraged them to be as independent as possible. One person said, "I had an independent assessment and we discussed how much I can do and what I needed help with. They allow me do what I can for myself." Another person commented, "They [carers] supported me to get back up and running after my hospital admission. I would not be where I am now without them, I'm still a bit slow but can manage on my own. They gave me ideas on how to do things, like moving around safely."

Good

Is the service responsive?

Our findings

The views of people differed as to the level of care they received. One person said, "The carers help me with getting out of bed, washing, getting dressed, preparing meals and with anything I need help with. They also encourage me to be independent as much as possible." A relative commented, "The care visits are specific to my relative's care needs. They [staff] look after my relative and make sure they are happy." Other comments from people and their relatives included, "They [care staff] provide basic care rather than a person-centred experience." "They [Care staff] do the basic but no more than that." We however found that care was delivered to people in line with their assessed needs and requirements.

Each person had a care plan available to them. Care plans set out people's needs and what support they required. Care plans were agreed with people and their relatives beforehand. Care plans showed what care and support people needed to maintain and manage their physical health, personal care, mental health, nutrition, skin integrity and domestic tasks. It also included times of care visits, the duration of the visits and the tasks to be undertaken. Staff told us they received updates from the care managers or field supervisors about people's needs and care plan so they knew how to support people. Daily notes we reviewed showed people were supported with their personal hygiene, skin care, nutrition, incontinence and medicines as detailed in their care plans. Care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.

From April 2016 all organisations that provide NHS care or publicly funded adult social care services are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. The provider told us that they would make information available in different formats and languages if people required this.

The service promoted people's religion, faith and culture. They also provided information about people's disabilities. They gathered information as part of their assessment process. One person's care plan stated, "I have strong religious beliefs and I am of the [person's faith]. It is important that you respect my beliefs and support me practice my faith." Records showed that the care worker matched to this person was of the same faith, culture and belief. People's requirements in terms of their cultural food were included in their care plans and staff supported them accordingly. Staff had completed training in equality and diversity.

People knew how to complain if they were unhappy with the service. They said they would speak to the registered manager or care manager about their concerns. Details about how to complain were included in the service user's handbook which people received when they started using the service. The service had not received any complaints since they started. The registered manager understood their responsibility to investigate and respond to complaints in accordance with the provider's complaint procedure.

At the time of our inspection no one was receiving end of life care. Training record showed that some

members of staff had received end of life training. The registered manager told us they would work closely with relatives and other professionals to care for people who required end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager who was supported by a care manager, a team of field supervisors, a business consultant and the nominated individual/provider. The registered manager, care manager and nominated individual understood their roles and responsibilities in line with their CQC registration requirements including submitting notifications of significant incidents. They also showed they knew how to deliver an effective care service to people.

People and their relatives made positive comments about the service. One person said, "The carers are excellent. I cannot fault the service." A relative mentioned, "We have used two agencies prior to this agency and would say this is the best. We are happy with the service." The provider had a business strategy that set out how the service would develop and deliver care and support to people that achieves positive outcome for them. There was also a business continuity plan which provided actions the service would take to address unforeseeable situations and emergencies such as bad weather conditions. At the time of our visit the service had developed a plan to manage the challenges of the Christmas and New Year period. They had developed a rota to cover the period. The registered manager explained that their approach was 'risk based' meaning they assessed people's situations including their health conditions and used it to plan for the period. They told us they informed people of the arrangements for that period.

The views of people and their relatives were sought and used to improve the service. People told us they had monitoring visits from members of the management team to check they were happy with the service and to assess the quality of work performed by staff. One person said, "The manager has visited us to find out how we are getting on. They said they would visit again soon. They listened and was empathetic." A relative told us, "The staff communicate regularly with us to make sure we are happy with everything." Records showed that regular spot checks were used to identify areas of improvement and improve staff performance. For example, staff were reminded how to complete medicine administration records (MARs).

The registered manager, care manager and nominated individual conducted regular audits of records such as MARs, care plans, staff files including recruitment and incident and accident logs to identify where improvement was needed. We noted that actions were developed and issues were discussed openly with staff at meetings. For example, the importance of good record keeping was emphasised and addressed with staff.

Staff received the direction and leadership they needed. Staff told us they felt supported by their line manager and were able to ask for guidance from any member of the management team. Staff knew to go to their local office or contact their managers by phone if they needed support. There was an on-call duty system available which meant staff could get support outside office hours if they needed support. The management team held regular meetings with staff to listen to their views, consult and provide updates. Staff told us these meetings gave them opportunities to discuss issues they faced as a team and they discussed ways to resolve the issues. Team meetings were also used as an opportunity to share good practice and learn from incidents and accidents.

The service worked closely with the local authority commissioning team and other local organisations such as religious groups and charities to meet the needs of people. They partnered with a charity organisation to provide hot meals and a befriending service to people who may be alone on Christmas day. The service also supported people to access advocacy services if needed.