

Stockwellcare Support Services Ltd

# Stockwellcare Support Services

## Inspection report

215 Amesbury Avenue  
London  
SW2 3BJ

Date of inspection visit:  
14 June 2023  
20 June 2023

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Stockwellcare Support Services is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 55 older people were receiving personal care at home from this provider. The Care Quality Commission (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 receiving a home care service, their relatives and community health and social care professionals were positive about the standard of care provided by Stockwellcare Support Services. People using the service and those working with and for the provider also agreed the service had improved in the last 6 months. A relative told us, "I love everything about the agency. The company is now run very well and my loved ones needs are fully met." A social care professional added, "My colleague and I recently visited the provider and we found they had made great improvements since their last CQC inspection. Currently we have no issues with this provider and we are pleased with the improvement they have made."

At our last inspection we found the provider had failed to ensure; risk assessments and management plans were sufficiently detailed, staff wore personal protective equipment (PPE), call visits were well-coordinated, staff were suitably trained, and the service was well-led.

At this inspection we found enough improvements had been made. People had up to date care plans that contained detailed risk assessments and management plans to help staff keep them safe. Staff followed current best practice guidelines regarding the prevention and control of infection including, wearing appropriate personal protective equipment (PPE) as and when required. People received consistently safe, good-quality personal care from the same group of staff who were familiar with their needs and who now arrived on time for their scheduled call visits.

Staff received the right levels of training and support to deliver safe and effective care to people. Since our last inspection, the provider has created a new well-equipped training and education centre for staff to update their knowledge and skills.

People using the service and those who worked with and for the provider were all complimentary about the way the managers now ran the service, and how accessible and approachable they were. The quality and safety of the service people received was routinely monitored by the managers who recognised the importance of learning lessons when things went wrong.

People were protected against the risk of avoidable harm by staff who knew how to keep them safe. The fitness and suitability of staff to work in adult social care had been thoroughly assessed as part of the providers comprehensive checks on prospective new recruits. Medicines systems were well-organised, and

people received their prescribed medicines as and when they should.

Assessments of people's support needs and wishes were conducted before they were provided with a home care service and involved all the relevant stakeholders. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where staff were responsible for assisting people to eat and drink, their dietary needs and wishes were assessed and met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required.

People's care plans were person-centred, detailed, and kept up to date, which helped staff provide them with the individualised care at home they needed and wanted. The managers promoted an open and inclusive culture which sought the views of people receiving a care at home service, their relatives and staff who worked for the provider. People were confident any concerns they raised would be listened to and dealt with appropriately. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. The provider worked in close partnership with other external health and social care professionals and agencies to plan and deliver people's packages of care.

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 and update

The last rating for this service was requires improvement (published 26 May 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We conducted an announced comprehensive inspection of this service on 11 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they assessed and managed risks people might face, and ensure staff wore appropriate PPE as and when required, were well-trained and arrived on time for their scheduled call visits.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stockwellcare Support Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Stockwellcare Support Services

## **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

The inspection was conducted by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stockwellcare Support Services is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 48 hours of the inspection. This was because we needed to be sure that the managers would be in their office to support the inspection.

Inspection activity started on 14 June 2023 and ended on 20 June 2023. We visited the provider's offices on

the first day of this inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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.

#### During the inspection

We spoke in-person with various managers during our site visit including, the registered manager and operations manager. We also received telephone and/or email feedback from various people in relation to their experiences of using or working with or for Stockwellcare Support Services. This included 5 people who received a care at home service, 3 relatives, a friend, a community social care professional representing a local authority, and 9 care staff who worked for this provider.

Records we looked at as part of this inspection included, 6 people's care plans, 5 staff files in relation to their recruitment, multiple electronic medicines records, and a variety of other documents relating to the providers' overall management and governance systems.

After we visited the provider's offices, we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staffs call visit rosters and staff training.

# 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 changed to good. This meant people were now safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure people were protected from avoidable harm because risk assessments and management plans were not always sufficiently detailed to ensure staff knew how to prevent or mitigate risks people might face. This represented 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 were now supported to stay safe, and their rights were respected.
- People now had up to date care plans that contained a detailed risk assessment and management plans to help staff keep them safe. These plans addressed key areas such as risks people might face in relation to their mobility and potential injury through falls, their home environment, eating and drinking, and managing their own medicines safely.
- Risk assessments were routinely reviewed and updated at least bi-annually or more frequently if people's needs changed. This included equipment used to support people at home, such as mobility hoists, which were routinely serviced and maintained.
- People told us staff knew how to prevent and manage risks they might face. A relative told us, "The carers [care workers] who assists my [family member] to eat are very patient and always check to see if the food has been swallowed before giving anymore."
- Staff received relevant training and guidance about how to prevent or manage risks people might face,. This included training on how to safely support people living with dementia. Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or minimise those risks. A member of staff told us, "We've received lots of training and guidance about how to keep people safe, including how to prevent falls and pressure sores."

### Preventing and controlling infection

At our last inspection, the provider failed to ensure staff always wore the right personal protective equipment (PPE). This represented 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.

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using PPE effectively and safely. People told us care staff who visited

them at home always wore facemask. For example, 1 person said, "The carers are very good hygiene wise. They always wear aprons, gloves and a face mask, and disinfectant anywhere I ask them to and make sure everywhere is thoroughly clean."

- The provider gave staff up to date infection prevention and control training. A member of staff told us, "We wear masks, gloves, shoe-covers and aprons when providing people with any personal care to make sure there is no cross-infection between us and people using the service." Another added, "The managers organise regular infection control and PPE training for us and constantly check up on us to make sure we're wearing our PPE when we should."
- We were assured that the provider's infection prevention and control policy was up to date.

### Staffing and recruitment

At our last inspection we found the provider failed to ensure staff arrived on time for their scheduled call visits. We discussed this staff time keeping issue with the provider at the time.

At this inspection we found the provider had taken appropriate action to improve how they coordinated staffs call visit times.

- We were now assured the way the provider coordinated staffs call visits was well-managed and staff continued to be recruited safely.
- The provider's electronic call monitoring (ECM) system was now being used more effectively to coordinate and monitor staffs call visit times. The system electronically logged the exact times staff arrived and left their calls, and automatically notified the office-based managers if staff were late, left early or missed a call all together. A social care professional told us, "Their ECM system is now working well."
- People told us staff never missed their scheduled calls and were always on time. People also said they received consistently good personal care from a core group of staff who were familiar with their needs, preferences, and daily routines. A person told us, "I tend to have the same carers and they are very good at keeping to the specified time. They never let me down and sometimes they stay longer than the allotted time." A relative added, "The carer {care worker} always turns up on time and stays the correct amount of time."
- Staff were equally complimentary about how their call visits were now coordinated and most felt this had improved over the last 6 months. A member of staff told us, "My calls are well-coordinated by the office staff which enables me to get to my clients at the right times they asked for according to their support plan." Another added, "My calls visits are arranged so I can get to all my clients on time. If there's a delay for whatever reason, I know I can always call the office and let them know, so they can notify the person using the service I'm running late."
- Since our last inspection, the provider has introduced hub/catchment working for staff. This new approach now means staff who live in a specific geographical area are matched with people who live nearby in the same catchment area to reduce the risk of staff arriving late or rushing their scheduled call visits. Staff told us the new approach has improved their time keeping. For example, 1 member of staff told us, "The coordinators make sure I have the same regular clients who all live in the same catchment area I always work in."
- The provider has recently had a staff recruitment drive and managed to employ 16 new care staff.
- Staff recruitment processes were thorough, and records demonstrated they were always followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



### Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People told us they received their medicine's as and when they should. A person said, "My carer [care worker] is good at checking I have taken my medicines on time and makes sure I don't run out."
- We found no recording errors or omissions on any of the new electronic medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- Medicines were regularly audited by the office-based managers and staff.

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

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. Typical comments included, "My carers [care worker] are very good at making me feel safe," "I enjoy their [staffs] company and I feel safe and very supported by them" and "My [family member] feels safe in the carers hands. They're always polite and respectful and know how to keep her safe."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. A member of staff told us, "Should I witness, or suspect abuse has taken place, I will promptly report it to my manager as I was taught to do during my safeguarding training. I am confident that the managers and office-based staff would deal appropriately with any allegations of abuse that might be raised with them, including reporting to social services and the police where necessary."
- Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies and bodies.

### Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, safeguarding incidents, concerns, and complaints raised. This enabled managers to identify issues, learn lessons and take appropriate action to minimise the risk of similar events reoccurring. Any learning from these incidents was shared and discussed with managers and staff and used to improve the safety and quality of the service they provided for people.
- Managers gave us a good example of how they had used their ECM system to analyse why staff sometimes arrived late for their scheduled call visits and improved how they now coordinated them. Consequently, they introduced hub working for staff which meant staff who lived in a specific geographical area would be matched to support people who lived nearby in the same catchment area.

# 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 changed to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider failed to ensure staff were always suitably trained to effectively carry out their roles and responsibilities. We discussed this staff training and support issue with the provider at the time.

At this inspection we found the provider had taken appropriate action to improve the training and support staff received.

- People now received personal care from staff who had the right mix of knowledge and skills to deliver it safely and effectively.
- People described staff who provided them with personal care as competent and kind. People told us their regular care workers were very skilled and helpful ensuring they received all the personal care they needed. Typical comments included, "The staff are extremely confident and competent in what they do. They really do understand me and what I need" and "The staff are well-trained. The carer [care worker] we usually have is really good and skilful at providing my [family member] with their personal care, which isn't always easy." A social care professional added, "We found staff training was up to date and they continued to provide safe care that met the needs of our clients."
- Staff training was routinely refreshed at regular intervals or more frequently if staff required it. New staff received a thorough induction training, an employee' handbook and there was mandatory training that was regularly updated. The induction programme was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme. Mandatory training also included dementia awareness which all staff were required to routinely refresh their knowledge and skills in.
- Since our last inspection, the provider has created a new training centre which was well-equipped with an adjustable bed and various mobility aids. This enabled the provider to train staff in the practical and safe use of all the equipment they would be expected to use when providing people with personal care at home.
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings, staff monitoring visits conducted by field supervisors during staffs call visits, and annual work performance appraisals. A member of staff told us, "I think the managers provide us with all the training and support we need and are always reviewing and checking the actual care we provide our clients."

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care plans were based on assessments conducted by the provider and various community health and social care professionals prior to people receiving a home care service from this provider. People and their relatives told us they were encouraged to actively be involved in the initial assessment process and their input was used as the basis for developing their care plan. A person said, "I feel fully involved in developing my care plan." A relative added, "I felt totally involved in planning and regularly reviewing my [family members] care. We all sat down together with the manager and the carer at the very beginning to go through everything that was important to my [family member]."
- Staff were aware of people's individual support needs and preferences, which was reflected in people's care and risk management plan guidance they were expected to follow.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- Managers and care staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing meals people told us they were satisfied with the quality and choice of the meals and drinks they were offered. For example, 1 person said, "Occasionally I fancy something different, so the carer [care worker] makes my food from scratch. They're careful to read my care plan so they have a good understanding of my dietary needs and what I like and don't like to eat."
- Care plans included nutritional risk assessments about people's dietary needs and preferences.
- Staff had received up to date basic food hygiene training.
- Managers and staff demonstrated a good understanding of people's dietary needs and preferences and knew what foods certain people they supported were not permitted to eat because of their spiritual needs and wishes.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and the action staff needed to take to keep people fit

and well.

- People told us staff supported them to stay healthy and well. A person said, "Staff know my health issues and without my carers help and support I would be in and out of hospital. Their help and support prevent me from being admitted."
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the manager supported them effectively to take appropriate action and ensure the person's safety.
- Maintaining good working relationships with external healthcare services, including GPs, district nurses, and the NHS continuing health care team, enabled the managers and staff to support people to keep healthy and receive ongoing health care support. A member of staff told us, "I regularly communicate with GPs, district nurses and other health care professionals they might use, if I have any concerns about my client's health and wellbeing."

# 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 improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; and Continuous learning and improving care

At our last inspection, the provider failed to ensure their oversight and scrutiny systems were effectively operated and the service was well-managed. This was because the provider had not identified and addressed numerous issues we found at their last inspection including, not assessing, and safely managing risks people might face, ensuring staff always wore the correct PPE, and staff always arrived on time for their scheduled calls. This represented 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 17.

- The service was better managed and was moving in the right direction through continuous learning.
- The provider had completed a time specific improvement plan as we had required them to do following our last inspection and had begun taking appropriate action to address all the outstanding issues we identified at that time.
- The provider had an electronic system that could continuously monitor staff's time keeping. For example, the system logged the exact time staff started and finished their scheduled visits, which would automatically flag up and alert the managers in the office if staff were running late, left early or missed a call visit all together.
- The provider now operated their established quality monitoring systems more effectively and understood about how to continuously learn and improve the service people received from them. This included a range of managerial audits, ongoing care plan reviews and regular home monitoring visits conducted by office-based senior staff. These home monitoring visits were used to observe care staff's working practices, including staff record keeping and how they interacted with people they were supporting.
- The outcome of all the various audits and electronic monitoring systems and checks described above were now routinely analysed to identify issues, learn lessons, and implement action plans to improve the service they provided.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were now fully investigated, documented and procedures followed correctly.
- People receiving a home care service, their relatives and staff spoke positively about the way the service was now managed and all agreed the provider was good at continuously learning and improving. Typical feedback included, "The company is run very well. The management are very approachable and accessible. I would give them 10 out of 10 for how well they are run and managed" and "I can definitely say the service

has improved overtime and is now better managed".

- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

At our last inspection we recommended the provider consider current guidance on planning person-centred packages of care, enable people to participate in the care assessing and reviewing process, and act to update their care planning practices. The provider had made improvements.

- People's care plans were now up to date, far more person-centred and contained sufficiently detailed information about individual's unique strengths, likes and dislikes, and how they preferred staff to support them. A relative told us, "The manager reviews my [family members] care plan regularly and staff ensure their needs are fully met."
- The provider's culture had improved and now achieved better outcomes for people. This included being more open, inclusive, empowering, and person-centred.
- Managers had a clear vision for the service. They told us they routinely used individual supervision and group team meetings, and training to continually remind staff about the organisations underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. They told us they understood the need to be open and honest when things went wrong with people's care, and they would provide an apology. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team.

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

- The provider promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The way the provider gathered people's views about what the service did well or might do better had improved since our last inspection. The office-based managers and staff were now in regular contact with the people they supported through telephone calls, at least 3 monthly in-person home monitoring visits conducted by field supervisors, 6 monthly care planning reviews, and annual stakeholder satisfaction surveys.
- People told us the office-based managers and staff were in regular contact with them and routinely asked them for their views about how the service was run, what they did well and what they could do better. A person said, "I have rung the office on occasion to say I didn't like not knowing which carers [care workers] were going to turn up. I was listened to by the managers, who did their best to sort this out for us and ensure I now have familiar faces caring for me, which I do appreciate." A relative added, "I was impressed how the management listened to my requests to have the same carer [care workers]. They were empathetic and good listeners."
- The provider supported staff and valued their views. Staff were encouraged to have their say and contribute to improving the service through regular individual and group meetings with the office-based managers and their fellow co-workers, which included 1 to 1 supervision meetings, observing their working practices and annual work performance appraisals. Staff told us they received the support they needed from the office-based managers and senior staff team. A member of staff said, "Our managers and supervisors give us 1 to 1 supervision meeting every 3 months, regularly visit us when we're on a call and appraise our work annually to help us improve our practice." Another added, "I do feel able to speak to the managers about any issues I might have. I have always felt appreciated and been spoken to respectfully by the managers and supervisors. They do listen and engage with us."

#### Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies. This included the relevant local authorities, GPs, district nurses, social workers and the CQC.
- Managers and staff told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with the whole staff team. A member of staff told us, "We work alongside various community health care professionals who advise us about the best ways to meet the needs of the people we support."