

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Stockwellcare Support Services

215 Amesbury Avenue, London, SW2 3BJ

Tel: 02070182721

Date of Inspection: 19 December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dr. Ofonimeh Sam Udoh
Overview of the service	Stockwellcare Support Services provide care to people in their homes in the local community. At the time of our inspection the service was supporting two people with their personal care. They were in the process of tendering for more work.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Requirements relating to workers	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People using the service told us they were "very happy with the service" they received. They found the care staff respectful and friendly.

People using the service and their next of kin were involved in making decisions about what support they received, and how they wished to receive it.

People had individually tailored care plans which gave clear instruction to care staff about how the person wished to be supported. It also identified people's dependency levels so staff were aware of what tasks people were able to undertake for themselves.

There were enough staff to meet people's needs. We saw and heard that the same staff supported people using the service so there was continuity of care. People using the service told us they felt it was important to have the same person so they could get to know each other.

There were appropriate recruitment and selection processes in place. Care staff had the required skills, experience and knowledge required to support people with their personal care.

There were processes in place to monitor and assess the quality of service provision. The manager undertook unannounced spot checks and obtained regular feedback from people using the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service were aware of the care and support options available to them, and they were involved in making decisions about their care. People using the service or their next of kin were involved in the assessment of people's needs and identifying what needed to be included in the care package.

People were supported to promote their independence. An assessment was undertaken to establish people's dependency levels so staff were aware what activities people were able to do for themselves. Staff encouraged people to do as much as possible for themselves.

People were able to express their views and ensure staff were aware of their preferences. For example, staff undertook activities in the order the person requested at each appointment, and respected their decision as to whether they wanted a shower or a bath, what clothes they wished to wear, and what food they wanted preparing for them.

People's diversity, values and human rights were respected. People told us they were treated with respect and the staff ensured they maintained a person's dignity. Staff called people by their preferred name.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. An assessment was undertaken of people's dependency levels, their mobility, their personal care needs, any communication needs, and any behavioural challenges. The staff also undertook an assessment of people's general health and identified any current health needs. This information was used to identify people's support needs and develop an individualised care plan. We saw from daily records that care and support was being provided in line with the people's care plans.

Care and support was planned and delivered in a way that ensured people's safety and welfare. An assessment of the environment was undertaken to identify any risks to the person using the service. It also identified what measures were required to be put in place to ensure the security and safety of people using the service. For example, staff were instructed to ensure that all windows and doors were locked when they left the property at night.

We saw that staff reported any concerns regarding a person's health to the manager of the service and to the person's next of kin. They also encouraged people to contact their GP if they had any concerns about their health.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in basic life support. There was a 24 hour support line for people to access if they required any additional support or advice.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We reviewed the records of three care staff at the service. Each member of staff had gone through a thorough recruitment process including completion of an application form and attendance at an interview. Two references were obtained for each staff member from previous employers. This ensured the staff had the skills, experience and knowledge to undertake the role.

Appropriate checks were undertaken before staff began work. The service had checked the identification of all staff members and checked their ability to work in the UK. All staff had also completed a criminal records check.

We saw that an induction process was in place to familiarise new staff with the service's policy and procedures, and to outline what was expected on them. The induction process ensured that staff had completed the required training to ensure they had the skills and knowledge to support people using the service. This included training on infection control, moving and handling, safeguarding of vulnerable adults, food hygiene and health and safety. The induction also included some roleplaying so staff were aware of what to do in different circumstances. For example, how to support a person appropriately with their personal care and ensuring people always had a choice about how they wished to have their personal care needs met.

All staff had a contract with their terms for employment and an up to date job description.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We saw that all staff employed had previous experience of working within a care setting and had previously provided personal care. The staff had obtained a diploma at level two in health and social care, and they were working towards their level three.

There were enough staff to accommodate all appointments to provide the person using the service with personal care. There had not been any missed appointments. There were processes in place to cover staff sickness and annual leave. We saw that staff attended at the times and frequency they were required in line with the care plans. We also saw that there was consistency in the staff providing support to people using the service so the same staff supported each person. This allowed staff and people to familiarise themselves with each other and people using the service told us they preferred having the same person come to support them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service and their relatives were asked for their views about the service. We viewed the feedback received previously and all completed forms stated that people were happy with the service. The feedback included the following comments, "the service we have been receiving is excellent", "the staff are very professional, reliable and caring."

The manager of the service undertook spot checks on the quality of the service being provided through unannounced visits at people's homes and telephone contact with the people using the service and their relatives. The completed spot checks we saw did not raise any concerns with the quality of the service being provided.

A complaints process was in place. The 'service user' guide included information on how to make a complaint and who to. At the time of our inspection no complaints had been received.

There was a process in place for managing incidents at the service. An incident form was available to record details of the incident and action taken. At the time of our inspection no incidents had occurred.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
