

Stockwellcare Support Services Ltd

Stockwellcare Support Services

Inspection report

215 Amesbury Avenue
London
SW2 3BJ

Date of inspection visit:
04 October 2022

Date of publication:
11 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stockwellcare Support Services is a domiciliary care agency providing person care to 55 older people at the time of the inspection.

People's experience of using this service and what we found

Risk assessments were not always in place, nor did they always provide clear guidance as to how staff needed to mitigate risk. People and their relatives told us they did not always feel involved in their care plan reviews. Staff did not always arrive on time for care calls and intelligence indicated the electronic call system was not always used appropriately.

Staff received regular training, however this was not always specific to people's presenting care needs. People reported that staff did not always wear appropriate personal protective equipment (PPE). Quality assurance systems needed more detail in relation to findings and actions taken; they did not identify the required improvements we identified during inspection.

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.

People told us staff were caring and treated them well. People's privacy and dignity was respected and staff promoted them to be independent where they were able to. Staff felt well supported by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 July 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We have made a recommendation in relation to care planning.

Please see the action we have told the provider to take at the end 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?

The service was not always safe.

Details are in our 'safe' findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our 'effective' findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our 'caring' findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our 'responsive' findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.

Requires Improvement ●

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

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed statutory notifications, this is information the provider is required to send to us. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and operations manager. We reviewed four people's care records and five staff files. We reviewed a range of documents in relation to the management of the service such as accident and incident records, policies and audits. We spoke with two people using the service and three relatives. We also received feedback from seven staff members.

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 good. At this inspection the rating has changed to 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

- Risk management plans, to reduce the likelihood of risk occurrence required some improvement to ensure potential risks to people were clearly recorded.
- One person was deemed to be at risk of diabetes, and they did not have a risk assessment in place for this. Where people had falls risk assessments, we found that these were often generic and not specific to people's individual risks. There was not always clear guidance as to the action staff needed to take to mitigate risk occurrence.
- We were not assured that suitable risk management documentation was in place to guide staff as to how to support people safely.

Preventing and controlling infection

- We were not assured that staff always took appropriate measures to prevent and control infection. We received comments that staff did not always wear masks when they were supporting people. We could not be assured that staff always understood their responsibilities in wearing personal protective equipment (PPE).

The failure to ensure people received a safe service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse. Staff had a clear understanding of their role and responsibility in identifying, reporting and escalating suspected abuse.
- One staff member told us, "[Safeguarding] is about ensuring that service users are protected and reporting any sign of abuse. I must follow it up in ensuring that the office takes action to address the concern."
- People and their relatives confirmed they were safe using the service. Comments received included, "I don't feel my relative is unsafe" and "Yes, my relative is safe."
- Staff continued to receive safeguarding training and at the time of the inspection there were no safeguarding alerts being investigated by the local authority safeguarding team.

Staffing and recruitment

- People didn't always receive care and support at the agreed times as the provider failed to deploy sufficient numbers to keep people safe.

- Records showed that staff were not always scheduled enough time to travel between care calls. One staff was scheduled no travel time between two lunchtime calls on one day and had only five minutes travel between other calls.
- We received mixed feedback from people with regards to staff arriving on time to planned visits. Comments received included, "Usually [staff members] are on time, but occasionally they are late. They don't always let my relative know they're going to be late", "You can't be certain what time [staff members] will come. Today they turned up at 09:15hrs but should have been here at 08:30hrs" and, "The staff turn up on time pretty much. They will let me know if they are running late and they stay the whole time. If they leave early, it's because they have finished, and I let them leave."
- Staff files did not always include a full employment history or evidence of qualifications. Following the inspection, the provider sent us copies of updated staff CV's. We were satisfied with their response.

Using medicines safely

- People received their medicines in line with the prescribing GP. People told us the staff confirmed what the medicines were for prior to them being administered. A relative said, "The carers give my relative his medicines and it has all been fine."
- Staff had a clear understanding of the actions to take should they identify any medicines errors, including and not limited to seeking guidance from the GP.
- We reviewed people's medicines records and found these had been completed accurately with not gaps or omissions. Staff continued to receive medicines management training and had their competencies assessed frequently.

Learning lessons when things go wrong

- People continued to receive a service that was keen to ensure lessons were learned when things went wrong.
- At this inspection there was insufficient evidence to determine as to whether lessons had been learned. We will continue to monitor this at the next inspection.

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 good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive sufficient training to ensure they met people's needs. We were not assured staff always received specialist training such as diabetes, as this was not recorded as a provider training requirement; despite people being cared for with this healthcare need.
- Following our inspection feedback the provider incorporated specialised training such as diabetes, prevention of falls, palliative care, and autism into their training management plan. We will review their progress at our next inspection.
- Records showed staff received other training relevant to their role. For example, safeguarding, infection and prevention control, medicines management and equality and diversity.
- Relatives told us staff employed were skilled. Comments included for example, "I would give [staff] 100% for being knowledgeable."
- Newly employed staff underwent an induction process that enabled them to become familiar with the role, people they supported and the expectations of the provider. A staff member told us, "The experience gained from the induction and training was very valuable."
- Staff received regular one-to-one supervisions with senior staff to receive feedback on what went well and any areas of improvement that were required.

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

- People's needs were assessed by the provider, prior to them receiving care. Care files contained assessments from the local authority, where care was commissioned by them.

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 preferences.
- Records detailed people's meal preferences, and the ways in which staff were required to support them so that they received meals of their choosing.
- Care records detailed people's mealtime preferences.

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

- The provider liaised with healthcare professionals to support people's needs. This included engagement with pharmacists to ensure medicines were received as necessary. GP's were contacted where there were

changes in people's health needs.

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.

- People's consent to care and treatment was sought prior to being delivered.
- One person told us, "They [staff members] always ask if I would like anything or if I would like them to do something for me." Another person commented, "Sometimes they do, they will ask."
- Staff had a clear understanding of their role and responsibility in line with legislation. One staff member told us, "Mental Capacity Act if the client is not capable to make decisions for themselves and [the MCA] protects them."
- Records confirmed staff received on-going training in MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion from staff that knew them well.
- People's cultural and faith needs were clearly documented in their care plans, enabling staff to deliver care that met their diverse needs.
- People and their relatives told us staff were caring towards them. Comments included, "The carers are good, and I know my relative feels comfortable with them" "The staff are friendly enough, we have time to have a chat and the staff are polite" and, "They [staff members] are lovely."

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make decisions about the care they received and staff were respectful of their decisions.
- Care plans were regularly reviewed to ensure that where people's needs changed staff were clear in how people liked to be cared for

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and had their dignity promoted.
- People's support needs were clearly identified in their care plans, which detailed what people could and could not do for themselves.
- People's relatives confirmed staff promoted their independence where safe to do so.
- Records showed staff received on-going training in equality and diversity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were not always as personalised as they could be. People and their relatives were not always involved in the development of their care plan.
- One relative told us, "The care plan doesn't tell you much about my relative and no one has gone through it with us." A person said, "No [the service] don't go through the care plan with me to make sure its correct." However, a second relative said, "They have gone through the care plan with us a few months ago."
- Notwithstanding the above, people and their relatives told us, staff provided them with personalised care that reflected their individual needs and wishes. One staff member told us, "The care plan provides me with the information I need to do my job correctly."

We recommend the provider review their care plan review and engagement plans to ensure people and relatives feel involved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- The provider had an AIS policy in place which stipulated the actions the provider would take to ensure people received information in a way they understood. For example, braille, large print or in audio format.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and complaints and felt confident these would be investigated and a positive outcome sought.
- Comments included, "I would just call the office [if I had a complaint]" and, "Oh, I'm aware of how to make a complaint."
- The provider kept a complaint tracker to ensure complaints and their outcomes were recorded.

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 good. At this inspection the rating has changed to 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

- The management team needed to ensure quality performance was improved. Analysis of call recording data indicated that either the care workers or office staff are not using the system correctly. We raised this with the provider who told us there was ongoing liaison with their system operator to improve effective use of the system. We will review their progress at our next inspection.
- Quality assurance audits were not as detailed as they could be. Furthermore, they had not identified the areas of improvement we found. This include missing or insufficient risk assessment completion, missed or late call attendance and lack of staff training.

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

- We received mixed feedback in relation to the management of the service. Comments included, "It's [the service] not great. I think [the service] has a staff shortage and some of the staff don't know what they're doing. If I didn't have the carers we do now, I would change agency", "Sometimes I don't think the service treat the staff well. I have heard the management on the phone to the carers and they are incredibly deflated and upset after" and "It's definitely a well-led service."
- However, staff told us, "The support [from management] has given me more confidence to work in the community and have a very good relationship with the service user" and "The management team is very supportive to me" and "I'm supported very well."
- The registered manager understood their responsibility in line with the duty of candour.

The failure to ensure people received a safe service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

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

- The provider sent us evidence to show they completed regular telephone monitoring and spot checks to seek people and relative satisfaction.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us the service were keen to develop and maintain partnership working with healthcare professionals to improve the service. The registered manager told us by working in partnership, knowledge and ideas could be shared and that would benefit the people using Stockwellcare support services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always suitably managed, with appropriate guidance for staff as to how to mitigate risk.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always effective in identifying areas for improvement.