

The Social Care Ltd

London

Inspection report

G41 to G42
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

London is the only branch of The Social Care Ltd, a domiciliary care agency located in the London Borough of Ealing. They provide personal care and support to people living in their own homes. At the time of our inspection, there were 99 people using the service. The agency cared mostly for older people, adults with disabilities and people with mental health needs.

Everyone using the service at the time of our inspection received support with personal care. This is not always the case for care agencies. 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 were happy with the service. They felt well supported and had the same regular care workers. Care workers arrived on time.

People and their relatives felt care workers had the right skills to provide safe care.

Medicines were managed in a safe way.

The risks to people's safety and wellbeing had been assessed, were monitored and planned for.

The provider responded appropriately to complaints, incidents and accidents. They had effective systems for monitoring and improving the quality of the service.

There was a suitable management structure in place. There were regular meetings and information sharing for staff to make sure they were aware of their roles and responsibilities.

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

Rating at last inspection and update

The rating at the last inspection was requires improvement (published 15 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out our last inspection of this service on 29 June 2021. 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 safe care and treatment and good governance.

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 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. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London on our website at www.cqc.org.uk.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

London

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by one inspector. We were supported by an Expert by Experience who made telephone calls to people using the service and their relatives. 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

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

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 a short period notice of the inspection because this was an inspection using remote technology and we required the provider to send us documents to view.

Inspection activity started on 6 April 2022 with phone calls to people using the service and ended on 19 April 2022, when we viewed the provider's records and had a meeting with the management team.

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 looked at all the information we held about the provider which included the last inspection report and their action plan following this.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service, and electronic file sharing to enable us to review documentation.

We looked at the care records, including information about support with medicines for nine people. We also viewed records of staff recruitment, training and support for six staff, records of medicines competency assessments for a further 12 staff and information about training and supervision. We also looked at some of the provider's policies and procedures, information about complaints and meeting minutes.

We spoke with five people who used the service and the relatives of 11 other people.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- People received their medicines safely and as prescribed. The provider had assessed the risks associated with people's medicines and created medicines care plans. These were regularly reviewed and updated.
- Staff received training, so they understood how to support people with their medicines. The provider observed them supporting people and tested their knowledge. There were dedicated medicines champions who supported other staff in this area.
- Staff kept clear records to show when they had supported people with medicines. The provider undertook regular audits of these.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to help safeguard people from abuse. The provider had policies and procedures for safeguarding adults and whistle blowing. The staff undertook training and received information about these, so they knew how to report abuse.
- The provider worked in partnership with the local safeguarding authority to investigate concerns and help protect people when there were allegations of abuse.
- There were suitable systems for supporting people with shopping when staff were handling their money. These included clear record keeping and regular audits of financial transactions.

Assessing risk, safety monitoring and management

- The provider had assessed the risks to people's safety and wellbeing. These assessments included risks relating to health, nutrition and mobility. The assessments were regularly reviewed and updated. There were plans to show staff how to care for people safely.
- The provider had also assessed risks within people's home environment and equipment.
- People using the service and their relatives told us the staff supported them in a safe way and were appropriately trained to provide safe care.

Staffing and recruitment

- There were enough suitable staff to support people and meet their needs. People told us care workers

arrived on time and stayed for the agreed time. The provider had an electronic call monitoring system which helped them identify if any visits were late or there was a problem. Records generated by this system, and those written by staff during care visits, showed these visits took place at the right time.

- The provider had systems to help make sure only suitable staff were recruited. These included a range of checks on their identity and suitability and an induction, where their skills and competencies were assessed.

Preventing and controlling infection

- There were suitable systems for helping to prevent and control infection. Staff received training about these. The provider undertook regular checks to make sure staff were following good infection control practices.

- People using the service and their relatives told us staff wore Personal Protective Equipment (PPE) and washed their hands.

- The provider had made sure staff had the information they needed about COVID-19. They followed government guidance for COVID-19 testing of staff.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. Accidents, incidents and complaints were investigated and responded to. There were regular meetings of the management team to share information about any adverse events.

- The provider shared information with staff to help them learn when things went wrong, through individual meetings and regular memos.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving the quality of the service had not always been effectively implemented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had a range of systems for monitoring and improving quality. These included regular audits, observations and spot checks on staff, as well as contacting people using the service and their representatives to ask for their feedback.
- There were suitable systems for dealing with complaints, incidents and other adverse events. The provider responded appropriately to these, investigating them and making improvements to the service where needed.
- The provider was in the process of improving the way they recorded information by transferring care records and medicines administration records to an electronic system which could be viewed and monitored in real time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their relatives told us they were happy with the care they received. They told us they were given personalised care and were asked for their views. Some of their comments included, "They respect my privacy and dignity" and "Having the right support is tremendously important for me."
- People felt their protected characteristics and individuality were respected. In particular, people commented their cultural and language needs were met by staff who came from the same cultural background and understood these needs.
- The provider had a range of accessible information available for people and there were clear communication plans to make sure staff were able to engage with people in ways they could understand.
- The provider supported staff through schemes to help ensure they received financial support when they needed this, for example when isolating from work and with childcare costs.

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

- There was a clear management structure. Managers were appropriately trained and experienced. People using the service and their relatives told us they found office staff approachable and helpful.
- There were a range of policies and procedures which were clear, included reference to relevant legislation and were regularly reviewed and updated. The provider understood their responsibilities under the duty of candour. They had been open and transparent when things went wrong and communicated with people using the service, their representatives, staff and other stakeholders about this.
- The management team had effective systems for communicating with staff and making sure they had the information they needed for their roles and responsibilities. They held regular management meetings, met with staff individually and sent them written information about changes in guidance, legislation and procedures as well as tips and information about good practice.

Working in partnership with others

- The agency worked with others such as the local authorities, healthcare professionals and pharmacists to make sure people's needs were identified, monitored and met.
- The provider also worked with local community groups and organisations to help provide support and information for people they supported.