

Stoke Heath Homecare Ltd

# Stoke Heath Homecare Ltd

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 13 July 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. There were five people receiving personal care when we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received safe care from care staff that protected them from the risk of potential abuse. People were supported to remain safe and had their individual risks recorded and reviewed. The plans in place showed staff how to manage people's identified risks and prevent risk of harm or injury. People who had support with their medicines had them administered when needed, from care staff who were trained and competent to do so.

Staff received training and talked with us about their knowledge and their roles and responsibilities. Their skills, knowledge and experience supported people with their care and support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they arranged their own healthcare appointments and that care staff were helpful in providing reminders of appointments.

People received care from staff they knew and were consistent in their approach to care. People were able to direct staff about the specific care on each call. People's dignity had been supported and staff were respectful of people's human rights. People's views and decisions were recorded in their care plans, which had been regularly reviewed and changed when needed. People had the information in their home about how to make a complaint should they wish to do so.

People received regular contact from the management team to ask about the standard of care and they were always able to talk with them about any concerns if needed. Staff spoke with the registered manager who was also the provider to give feedback on the service. The registered manager told us they kept their knowledge current and provided staff with input and direction about the levels of care they expected with regular meetings and supervisions. The management team monitored the quality of the care that people received, that included reviewing records and observing staff practices.

## 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.

People felt safe and protected from the risk of abuse. There were sufficient staff to provide support at the agreed times. The provider made checks to ensure that staff were suitable for their roles.

People received their medicines where needed and the provider had systems in place to manage the risk of the spread of infections.

### Is the service effective?

Good 

The service was effective.

People were supported to make their own decisions about their care.

People's care needs and preferences were supported by trained staff.

People's nutritional needs had been assessed and people were supported by care staff where needed.

Input from other health professionals had been used when required to meet people's health needs.

### Is the service caring?

Good 

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good 

The service was responsive.

People were promoted to make everyday choices and had been involved in developing their care plans.

People and their representatives were encouraged to raise any comments or concerns with the manager.

**Is the service well-led?**

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

**Good** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 13 July 2018 and ended on 18 July 2018. It included telephoning people and their relatives to get their views on the care they received. We visited the office location on 13 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed information from the local authority who were responsible for purchasing some people's care packages.

We spoke with two people who used the service and two relatives. We spoke with three staff, and the registered manager. The registered manager was also the provider of this service.

We looked at three care plans, including the associated medicine records, four staff recruitment records, staff meeting minutes, and quality audits about the care people had received that the registered manager had completed.

## Is the service safe?

### Our findings

People we spoke with told us how the care staff supported them in their homes and made them feel safe. One relative complimented the care staff as they had taken the time to build trust between them and the person over time. One person told us, "I know them all [care staff] and trust them." Care staff told us how they would report any concerns about a person's safety or suspected abuse to the management team who would take action to support the person. Care staff told us they were aware of the signs and possible situations that they would report on. One care staff member told us, "If I noticed something was wrong, I would first ask if there was something wrong. If needed I would report any issue." One relative told us how the care staff had reported a potential concern, and whilst there was no safeguarding issue felt assured their family member was supported well.

People told us that the care staff understood how to provide their care safely as this had been discussed alongside their risks, and the potential risks when they started using the agency. These were recorded in their care plans and were in their homes and showed care staff how they could reduce the potential risk of harm. For example, ensuring the home environment was safe for care staff to provide personal care and that the person would not be placed at risk. People we spoke with told us that care staff always looked at the care plans as well as asking them about any changes. Care staff were aware how to provide safe care and how to manage people's identified risks.

People we spoke with told us that the care staff arrived at the expected time and had not rushed them on a call. Care staff we spoke with told us they worked as a team to cover the calls as much as possible. The registered manager stated that the staffing levels meant they had not needed to use agency staff and how this improved consistency for people using the service. One person told us, "We have the same two carers [care staff]". One relative also told us about the consistent care staff and how this was very important to their family member. One family member told us, "[Care staff] Always on time and reliable."

During recruitment care staff had completed application forms and were interviewed to check their suitability before they were employed. Care staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. Care staff files had the relevant checks completed. This information supported the provider to ensure suitable care staff were employed, so people using the service were not placed at risk through their recruitment practices. The provider confirmed following the inspection that clarity had been sought around employment history as records had not been clear on the office inspection visit.

People who required support with their medicines told us care staff administered or prompted them as expected. One person told us, "The carers are really good. They make sure [person] gets their eye drops." Care staff we spoke with told us they had received training to support them in correctly administering people's medicines. Records showed the management team had regularly checked to make sure care staff were competent and understood their training in medicine administration. The care staff also provided reminders to the person or family members if their medicines were running low and required reordering.

The provider had reviewed incidents and had taken action to learn from them, so they were less likely to happen again. The registered manager had sought the advice of other healthcare professionals so they were supported to continually improve and develop, and reduced the risks to people.

People told us the care workers used gloves and aprons when providing personal care and changed these when they started food preparation. Care staff spoken with told us there was always a plentiful supply of PPE (Personal Protective Equipment) which is intended to be worn or held by a person at work to protect them against risks to their health and safety.

## Is the service effective?

### Our findings

Care and support had been planned and people's assessments of needs were comprehensive. People had identified the outcomes they wanted, for example to remain in their own home. The care and support had been regularly reviewed and updated. Appropriate support had been given to people so referrals to external services had been made to ensure people's needs were met.

People told us the care staff understood their care needs and what they needed to do to look after them. Care staff told us they received regular training which provided them with the skills and knowledge that matched people's care needs. The management team assessed and monitored staff's learning and development needs through regular supervision meetings. Staff competency was checked by the management team with observed practice so they could be assured staff were providing care that met people's needs.

People chose what to eat and care staff prepared meals. All people and relatives we spoke with told us the care staff offered support such as preparing breakfast or making a sandwich for them to eat later. Care staff told us how they took the opportunity to offer people drinks and leave people drinks when the call had been completed.

People told us they made their own their health appointments. Care staff we spoke with told us they would help people arrange appointments where needed or let a family member know. Staff said that they worked alongside other health professionals to help people get the care at home they needed. Relatives told us that care staff would let them know if they were concerned about their family member so they could also contact other health professionals if needed.

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 told us they made decisions about their care, day to day routines and preferences. Care staff had received training in MCA to help them to develop their skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Care staff were clear that they listened and responded to the decisions people made. Where people had legally appointed a deputy to act on their behalf, the provider was aware to include these where needed to make a decision in a person's best interest.



## Is the service caring?

### Our findings

People told us they enjoyed the time spent with care staff and had been able to develop relationships as there were supported by consistent care staff. People were pleased that care staff were kind and caring and always happy to help. One person told us, "Brilliant, couldn't be better."

People told us how staff found out about things that were important to them and care staff told us they enjoyed speaking with people they supported. One person told us, "They [care staff] natter with [person's name] about interesting things they like and know about." One relative told us, "Cheerful, helpful and nothing is too much trouble."

Care staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. One relative was pleased that care staff always made a point of sitting and chatting with their family member and said "[care staff name] is their favourite, she's smashing and looks forward to her coming in." People told us care staff were considerate of their needs and did not take over tasks they were able to do for themselves. Relatives spoke about how important their family member's independence was and that care staff were encouraging and respectful of this.

People felt care staff knew them well and that they got into a routine that suited their preferences. All people we spoke with said staff asked them how they would like their care to be given or knew their preferred routines. Care staff had an extensive knowledge of each person and told us this helped them recognise any changes. Families we spoke with told us this provided them with lots of reassurance that their family member were consistently cared for in a compassionate and supportive way.

People told us that care staff were respectful about their privacy and dignity. Care staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. Care staff told us it was important not to judge people and respect each person as an individual.

Care staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were comfortable and covered during personal care, and that they ensured curtains were closed when required, so that people's dignity and privacy was maintained. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

## Is the service responsive?

### Our findings

People told us they were provided with a personalised service. People said there was continuity of staff and that they were very fond of their regular care workers. People told us they could make their own decisions and that their preferences were taken into consideration.

People we spoke with told us the care provided supported their needs and they were able to make changes when needed. People said this could be a daily change where they would directly ask staff for a small change. People's care plans were kept in their homes and staff could access these in support of the person's needs. Care staff we spoke with said they knew people well and they were given all the information they needed to support people.

People told us their care needs were reviewed regularly and updated in response to their change requests. People we spoke with told us staff would respond to any change in their care needs. People's families helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

Record sheets completed by staff following each call showed the times they had been and confirmed staff stayed the agreed length of time at each visit. This information also detailed the care delivered and any concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record.

People told us they were happy with the service and knew how to make a complaint. No complaints had been received by the provider. Information on how to complain was made available to people in their homes.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. Staff told us they addressed the needs of each person as an individual. The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

## Is the service well-led?

### Our findings

The registered manager was also the provider's nominated individual. The nominated individual carries responsibility on behalf of the organisation for the way that the regulated activity; personal care is provided.

People and their relatives were confident in the way the overall service was run and managed and told us they had provided their views about their care. People had also provided feedback about their care and suggestions for the service to the registered manager, who also provided care and support to people. The responses we received from people and their families were positive, one relative told us, "They are so good, I would recommend them as an agency." One person told us, "They keep asking if everything is okay, or if there is anything else they can do."

The service was a small family run agency that was open to suggestions for improvement and was looking to learn and develop the agency further. Care staff understood their responsibilities and their knowledge was supported with regular training updates. They received support through day-to-day contact with the registered manager and had formal one to one supervision (individual) meetings. Staff felt able to voice any concerns or issues and felt their opinions were listened to. Team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas that required further improvement. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager had taken learning from external commissioners to further improve the service. The registered manager will need to further develop their current governance systems as the agency expands. This will ensure that the provider has a robust process to oversee and review people's care.

The manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries and district nurses. These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care.