

Trust We Care Limited

Stibbe Lofts

Inspection report

Unit 1
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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

Stibbe Lofts is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, three people were using the service.

Not everyone who used the service received personal care. 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.

Details of risks to people's safety and how to reduce them were not always included in care plans.

Recruitment practices were not fully in place to fully ensure only suitable staff worked in the service.

Quality assurance systems were not fully in place to ensure people were provided with a quality service.

People were very satisfied with the care that staff provided and with the management of the agency.

People said safe care was provided, and they were protected people against abuse, neglect and discrimination.

Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

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 they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

Care plans reflected people's individual needs and preferences.

The registered manager understood their responsibilities and worked in an open and transparent way.

People were aware of how to approach the registered manager to raise concerns or complaints. They and staff were very complimentary of the registered manager and said the registered manager always listened to their views.

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

Why we inspected

This service was registered with us in December 2020 and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff recruitment and the management oversight of the service.

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.

If the provider has not made enough improvement within this timeframe we will take action in line with our enforcement procedures.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. 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?

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 ●

Stibbe Lofts

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service six days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 11 April 2022 and ended on 12 April 2022. We visited the office location on 12 April 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service about their experience of the care provided and one relative. We spoke with three care staff members, the registered manager and a director. We reviewed a range of records. This included two care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included revised quality assurance procedures and amendments to procedures.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated 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.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff. These checks help prevent unsuitable people from working with people who use the service. However, a reference was not obtained from previous care employer for one staff member to fully ascertain whether this person was suitable. The registered manager stated this would be carried out.
- A staff member with a past record did not have a risk assessment in place to outline the risks of the person providing personal care and whether this needed measures in place to mitigate the risk
- Care plans identified the number of staff required to delivery care safely.
- Sufficient staffing was always in place according to people. There were no missed calls reported.

The provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments were in place for a range of issues including how to manage distressed behaviours.
- However, risk assessments did not have sufficient detail of how to manage all potential risks such as managing catheter care, manual handling and assessing risks in the environment. The registered manager submitted more detailed risk assessments following the inspection visit and stated the environmental risk assessment would be completed swiftly.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents. However, records were not always clear what follow-up action had taken place with regards to issues.
- There were no lessons learnt information in place. The registered manager then submitted evidence of a lessons learnt after the inspection visit relating to gaps of recording in medicine records.

Using medicines safely

- People's prescribed medicines had mostly been administered correctly. However, there were a number of gaps in records which had not been explained. The registered manager said this recording would be improved in the future.
- People told us they had received their medicines from staff.
- The medicine policy supported people to receive their medicines in the way they preferred.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection.

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

- People and a relative said there was good protection from the risk of abuse.
- People told us that they were kept safe by staff from the service. One person said, "I have never had a problem with staff. They treat you more like friends."
- Staff demonstrated they understood how to safeguard people. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People said staff were aware of what care was needed and staff appeared well trained in providing personal care to them.
- Records showed staff had received induction and training. However, not all staff had received detailed training in important issues such as manual or handling and personal care. The registered manager took action after the inspection visit to enrol staff onto training courses and update their accredited training so that more detailed manual handling training could be provided to staff
- Staff told us the training made them feel confident to meet people's needs. They said they received very good support from the registered manager. Supervision had been limited due to the pandemic. The registered manager said this would be provided more frequently in future.

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

- People's needs were assessed before care was provided. This helped to ensure there were sufficient staff to provide the care and support needed.
- People said that there had been no problems in the care provided by staff. They thought their care plans included all their needs and they said staff had provided effective care to them.

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

- People said staff had provided food to them and food was presented well.
- They said staff were helpful and ensured they were able to choose what food they wanted to eat.

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

- A person said that staff had quickly called an ambulance when they were not well.
- Assessments and care plans included people's health care needs.
- Staff ensured people's healthcare needs were covered. This included reminding people to attend these appointments.
- Staff told us they would contact relevant professionals if people needed health or social care support.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- People's mental capacity were described in their care plans. They were able to decide their day-to-day choices, even where they lacked capacity.
- People had consented to the care provided by staff.

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.

This is the first inspection for this service. This key question has been rated 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 said staff were very friendly and caring. A person said "Staff are very good. They always help me and are very supportive and caring."
- Staff had a good knowledge of the people being supported. They were positive about providing quality care to meet people's individual needs.
- People said staff respected how they wanted to live their lives.
- The registered manager and staff understood that it was important to respect people and their diversity.

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

- People said that they had been involved in the planning of their care.
- Staff were aware of how people wanted to receive their care. For example, people chose what clothes they wanted to wear and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted privacy and dignity when providing care. Staff gave good examples of how they would do this such as closing doors and covering people when providing personal care.
- People said staff respected their independence. Staff said they always encouraged people to be independent and would only provide support when needed. For example, if they were able to wash themselves, or help making food and drinks, staff would respect peoples' independence.
- Staff were aware of the need to keep information safe and confidential. The registered manager had a robust confidentiality policy in place to ensure people's information was not shared without their consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated 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

- People said staff respected their wishes and how they wanted care to be provided.
- Care plans detailed people's preferences. It included information such as, 'what makes me happy/sad' and 'how I wish to be supported.' Staff were aware of people's interests and hobbies.
- A person said, "Staff are more like friends. They know what I like and are always helpful." A relative said that staff always tried to provide interest and activities of her family member's choice.
- People said staff provided personal care at times that suited them.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People said staff were good at communicating with them.
- There was evidence in care plans of how people wanted to communicate.
- One person had communication needs. The registered manager said that the person was supported by documents being read to them as this was their preferred method of communication.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place so complaints could be recorded and formally dealt with. However, the procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The provider swiftly amended the procedure.
- To date, no complaints had been made by people or relatives.
- People told us that if they had concerns, they would discuss this with the registered manager. This is because they found the registered manager was always available and helpful.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection.
- The registered manager was aware of what was required should someone require this support.
- People said they would share this information when they were ready.

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. This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- The safety issues we identified had not been identified through the auditing system. This included a lack of detailed risk assessments for catheter care, manual handling and assessing risks in peoples' environments.
- No audits were in place for medicines. This left people at risk of not receiving their medicines.
- At the time of the inspection, there were also no audits in place for auditing the care that people received. This meant that lessons to be learnt had been missed. For example, with regard to medicines not being recorded or administered to people. Since the inspection, the provider has informed us that they have audited the medicine records.
- No audits were in place for staff recruitment. A risk assessment had not been carried out for a criminal record of a potential staff member. A relevant reference of previous care employment had not been requested. This put people at risk of receiving care from unsuitable staff.
- A staff training audit had not been carried out. This would have identified staff as not receiving relevant training such as comprehensive manual handling training and health and safety training. This put people at risk of not receiving safe care from staff.

We found no evidence that people had been harmed however, the quality monitoring system meant that the provider failed to learn and monitor the quality and safety of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection visit, the registered manager had audited a medicine record. They stated that more audits would be put into place.
- Some checks had been carried out to check that the service met people's needs, such as asking people if they were satisfied with the service they received.
- People told us that staff provided care that met their needs.
- Staff said they were provided with good support from the registered manager. More regular spot checks on staff were planned to take place to monitor whether staff were providing appropriate care and a positive approach to people.
- The registered manager said that more regular supervision was planned and that staff meetings would be more frequent, as some staff had requested this to be put into place.

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

- The registered manager understood information sharing requirements, and was aware that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to

the local authority.

- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- Feedback had been sought from people. This gave people the opportunity to suggest any changes or improvements. No one said they had any outstanding cultural or religious requirements.
- The registered manager intended to send out surveys to people and their representatives and staff to measure whether action was needed to improve the service.
- Staff told us that relevant care issues had been discussed with them by the registered manager, which had included infection prevention and people's care needs.

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

- The registered manager and staff had a good knowledge and understanding of people they supported and knew them well.
- Staff were positive about the service and the support they received from the registered manager. A staff member said that the registered manager could not be faulted as she always tried to support staff and was always available if they had an issue they needed help with. One staff member said, "This is the best agency I have worked for and the manager is always available if I have any queries."

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

- The registered manager understood their role and the needs of their staff team. Staff were very positive about providing care to people.
- Staff were aware of their responsibilities, and who to report to if they had concerns and needed help.

Working in partnership with others

- The registered manager stated that they had had worked with a specialist health team to support a person. This information was included in the person's care plan.
- People told us they had confidence that staff would react by calling medical services as needed for them should they need this.
- Staff knew they needed to inform the manager if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Care workers were not always recruited safely.