

Lynn Turner

Style Healthcare

Inspection report

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13 April 2016

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 11, 12 and 13 April 2015. Before we inspected the service we contacted the provider to make sure a responsible person would be available to assist with the inspection.

The service was previously inspected in September 2014 when breaches of legal requirements were found. At that inspection we found the service was not meeting three of the essential standards and regulations that we assessed. We found that people were not fully protected against the risk of receiving inappropriate or unsafe care by means of carrying out an assessment of needs and planning care to meet people's individual needs. We also found the provider did not have effective recruitment procedures in place and the provider did not have effective systems in place to identify, assess and manage risk relating to health, welfare and safety. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found that some improvements had been made.

When we visited the service there was a registered manager in post although they were not present during this inspection. 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 2008 and associated Regulations about how the service is run.

Style Healthcare is registered to provide personal care and support to people living in their own home. At the time of our inspection there were 17 people using the service.

During this inspection we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staff training, staff recruitment, staff supervision, care plans lacking detail, medicine management and the lack of systems to assess and monitor the service delivered to people; you can see what action we told the provider to take at the back of the full version of this report.

From looking at the training records, speaking with the office manager and staff we found there were gaps in staff training. This meant some staff may not be appropriately trained and skilled to meet the needs of the people receiving a service.

Recruitment processes still required improvements to ensure only suitable staff were employed.

Care plans in relation to medication administration were vague and staff had not undertaken competency assessments on completion of medication training to ensure they were suitably skilled and competent in medication administration.

Not all staff were receiving regular supervision or annual appraisals.

Care plans looked at did not contain enough detailed information to direct staff members on how to provide

care and support for people taking into account the person's personal preferences and encouraging independence.

We recommended the service considers obtaining a copy of the Mental Capacity Act 2005 code of practice and in accordance with the MCA consent to a care plan is only signed for by a person who has the legal authority to do so.

Due to the shortfalls found during this inspection process the quality assurance processes need to be more robust.

We were told by relatives of people receiving a service and staff that there was a relaxed and friendly atmosphere between staff, people receiving a service and their relatives.

We were told by the person we spoke with who was receiving services and relatives we spoke with that staff were kind and respectful to people when attending to their needs.

People, who we asked, told us they felt safe and comfortable when being supported by the care staff.

Those staff we spoke with understood their responsibilities to protect the wellbeing of the people who used the service and were clear about the action they would take if an allegation of abuse was made to them or if they suspected that abuse had occurred.

People said they knew who to contact if they wanted to make a complaint and felt they would be listened to and action would be taken. However we recommended that all informal concerns/issues raised are formally recorded, investigated and proportionate action taken in response so that there is a clear system to review and learn from issues raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Recruitment processes were not sufficiently robust to protect people who used the service from the risk of unsuitable staff.

There was a risk that people may not receive their medication as prescribed by their GP because care plans lacked detail and medication competency assessments were not undertaken following training.

Suitable arrangements were in place to safeguard people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective

Not all staff had received regular supervision or an annual appraisal to help make sure they were able to deliver effective care.

There were gaps in the training staff had undertaken. Staff had not received appropriate training in topics such as food hygiene, continence, infection control, pressure area care, infection control or first aid training.

Is the service caring?

Good ●

The service was caring

The person receiving a service and people's relatives spoke positively about the attitude of the staff and the care they received from them.

We were told that staff were kind and respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care plans did not contain enough information to direct staff on how to provide care and support to people and consider their personal preferences.

People told us they knew who to contact if they wanted to make a complaint and that they felt any complaint would be appropriately dealt with.

Is the service well-led?

The service was not always well-led

The quality assurances systems in place were not sufficiently robust to identify the issues and concerns we found during our inspection.

People spoke positively about the management of the service and felt appropriately supported.

Requires Improvement 

Style Healthcare

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.

This inspection was carried out over three days on the 11, 12 and 13 April 2016.

In line with our current methodology for inspecting domiciliary care agencies this inspection was announced three days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection was carried out by one adult social care inspector. Following our inspection visit to the location's office we spoke on the telephone with one service user, three relatives and three members of care staff in order to obtain their opinions about the service Style Healthcare provided.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications that we had received from the service. We also contacted the local authority commissioners to seek their views about the service but did not receive a response prior to our inspection.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit.

We examined five people's care records including their the medicine administration records, the recruitment files for four members of care staff and the supervision, appraisal and training records for all staff and records relating to the management of the service such as auditing records.

Is the service safe?

Our findings

During our last inspection we found shortfalls in the recruitment process, for example we saw in one staff file there were substantial gaps in their employment history and the employment dates provided by the staff member did not correspond to the dates given on the reference provided by their previous employer. It was also found that there was no record of a check being carried out with the Disclosure and Barring Service (DBS) for this staff member. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people. At this inspection we found improvements had been made in the recruitment process.

A staff recruitment policy was in place. Excluding the registered manager the service employed five care staff and three staff that were predominately office based. The office manager told us that the office based staff did deliver care on a regular basis to cover for holidays, staff sickness and some calls that required two members of staff. The office manager and staff spoken told us that the number of staff employed were sufficient to meet the needs of the people receiving a service. People who we spoke with told us that on the whole staff arrived on time and stayed the required length of time without rushing care.

We were told that one new member of staff had been recruited since the last inspection.

We looked at four staff personnel files, which included the one person who had been recruited since the last inspection. We saw that the files contained an application form, proof of identity and address, notes taken from face to face interviews and evidence of a valid MOT and car insurance that covered business use.

We saw that following the last inspection historic gaps in people's employment had been documented and all staff had a DBS check. However we saw that in one staff file there was still one gap in their employment that had not been explored. The office manager was able to give us a verbal explanation as to why she thought there was a gap in their employment. We were given assurances that the office manager would follow it up with this member of staff.

We saw in another file although one written and two verbal references had been obtained there was not a reference from the person's last employer or any evidence that it had been applied for. One of the verbal references was from a person not included on the application form so it was unclear where the name and contact number had been obtained from. This meant people were at risk of receiving unsafe care because employment gaps for staff had not been checked

The above examples demonstrate a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an 'Assistance with medical care' policy in place which included an assessment for assisting with medication and staff had received training in this topic. The office manager told us and we saw a blank copy of the documentation that would be kept in the person's own home which included a policy titled

'Issuing drugs and how to prompt/administer medication safely.'

We looked at the care plans held in the location's office, for five people in relation to medication administration. One person was not given or prompted to have medication by the care staff. The care plans for the other four people were vague and did not clearly detail the level of assistance required. For example one care file stated 'administer medication.' Another file stated 'prompt medication.'

The office manager told us that where possible medication was in a 'dosette box', which was usually filled and delivered by the chemist. A dosette box is an individualised box containing medication organised into compartments by day and time to simplify the taking of medication. We were told that when medication had been prompted or given by staff, this was recorded on the medication sheet kept in the person's home. We saw examples of medication sheets that had been returned to the office. Staff had recorded on the medication administration sheet for example 'left out.' The office manager confirmed that this person did need to be observed taking the medication but this information was not documented.

This meant there was a risk that people may not receive their medication as intended by the prescribing GP.

The above examples demonstrate a breach of regulation 12 (2) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A whistle blowing policy which was referenced in the staff handbook was in place. We saw the service had a safeguarding adult's policy, that included the contact details of the Local Authority's safeguarding team was easily accessible for staff. There had not been any allegations of abuse since the last inspection in September 2014. The office manager had a clear understanding of safeguarding adult's process and they had contacted the local authority for advice if they were unsure if a safeguarding referral was required.

The person receiving a service who we spoke with told us that they felt safe and relatives who we spoke with confirmed that they felt their relative was safely cared for. One person said "I do feel safe and I can trust them [the staff] in my house." Another person said "[their relative] is definitely safe, they have done wonders and [their relative] really looks forward to them coming."

Staff we spoke with had completed the safeguarding adult's module of the Care Certificate training and understood their role in protecting people and making sure people remained as safe as possible. From April 2015 new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards.

We saw policies and procedures in relation to the safety of people using the service and staff were in place. For example there was gaining access to the client's home in the event of non-response, failure of electrical power supply to a client's home, bad weather and continuity plans for emergency cover, accident and injuries to the clients and reporting accidents which provide staff with guidance in the event of such circumstances and help to minimise the risk of harm to people.

Staff said that if they ever had any concerns about risks or people's safety they would phone the office or the out of office emergency phone number for advice and support. The office manager told us that the out of office emergency number was also recorded in the front of the care files kept in people's homes for people who use the service or their relative to contact the agency if needed.

We looked at a sample of risk assessments in place for example moving and handling, the use of the hoist and environmental risk assessments, which helped reduce risks to the health and safety of people receiving

a service and the care staff delivering a service. .

Records of accidents and incidents held in the office were up to date and the office manager was able to describe the procedure for informing the appropriate authorities of any accidents or incidents. This included sending statutory notifications to CQC although we were told no notifiable events had happened since the last inspection.

We were told that the agency covered six geographical areas although at the time of this inspection not all six areas were being covered. The office manager told us that as far as possible staff worked within the same area to minimise travelling time and the risk of late visits.

The office manager told us that personal protective equipment for example gloves, aprons and disposal wipes were kept in people's own home for staff to access or they could access them from the office at any time. The use of such equipment when carrying out personal care tasks ensures that people who use the service and staff are protected from the risk of cross infection.

Is the service effective?

Our findings

The office manager told us that staff received 121 meetings, supervision, which consisted of direct supervision while working in the service users home and appraisals. Staff spoken with confirmed that this support was provided on a regular basis. However we looked at the records for all staff employed, with the exception of the registered manager, and found that although care staff received the above support the three office based staff who also undertook care duties had not. We found in the office worker files we reviewed, two had last received an appraisal in February 2013 and no 121 or supervision had taken place. In the third file there was no evidence of supervision, appraisals or 121's being undertaken. This means that people receiving a service from Style Healthcare were at risk of receiving inappropriate or unsafe care and support because staff had not received on-going support to guide them in their roles and responsibilities.

The above examples demonstrate a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From April 2015 new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards. We saw that all staff had signed up for and were currently undertaking the Care Certificate.

Since the last inspection visit one new member of staff had been appointed in January 2016. The office manager told us that all new staff would be undertaking the Care Certificate and the services own induction process, which included a period of shadowing an experienced member of staff before working alone. Staff spoken with confirmed this.

We saw that training was recorded in staff's individual personal files and all staff were in the process of undertaking the Care Certificate. The office manager acknowledged that not all training was up to date. For example we were told that all staff were involved in food preparation and some people who used the service required assistance with maintaining their nutrition and hydration, but no staff had undertaken food hygiene training. We saw that care staff had undertaken in house moving and handling training although there was no evidence that competency assessments had been completed post training.

We saw that staff had undertaken in house medication training in August 2015. However no medication competency assessments had been completed following the training to ensure staff were safe and competent to prompt/administer medication to people. The office manager told us that staff were due to undertake the medication module part of the Care Certificate training mid to late April 2015.

We saw the three office staff who also undertook some care duties did not have up to date moving and handling training. There was no evidence that these members of staff had undertaken continence, infection control, pressure area care, infection control or first aid training. This meant that the registered provider had not ensured all staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the agency reflected up to date best practice guidelines.

The above examples demonstrate a continued breach of regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with expressed positive views about Style Healthcare. One person said "I am very, very pleased, I am happy with all of it." Another person said "They [the staff] always ask before they do anything."

We saw that as part of the Care Certificate staff had undertaken the Awareness of mental health, dementia and learning disability module, which included the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff spoken with confirmed they had undertaken the training and had an understanding of the MCA and the need for consent to be obtained. Staff were able to explain how they obtained consent from people who use the service on a day to day basis.

We saw that where possible the person receiving a service had signed their consent agreeing to the care plan. Such documentation indicated that people had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered/provided. However we saw in one care file that it had been signed by the person's relative who did not have the statutory authority to give consent on their behalf. A person can give another person authority to make a decision on their behalf. A power of attorney for health and welfare is a legal document that allows them to do so.

We recommended the service considers obtaining a copy of the Mental Capacity Act 2005 code of practice and in accordance with the MCA consent to a care plan is only signed for by a person who has the statutory authority to do so.

Is the service caring?

Our findings

The person receiving a service and people's relatives who we spoke with told us they thought the service was caring. We were unable to observe care being carried out directly but people we spoke with commented in a positive way about the care received. One comment from a person receiving a service was "I know them all [the staff] very well, the morning carer is very good and some of them stay for a chat which is nice." One relative said "They [the staff] are very gentle, very caring and always have a little chat before they leave." Other comments from relatives were "They [the staff] are very kind. I have got to know them all now" and "They are all very nice and friendly, they are like family now."

Staff we spoke with understood the importance of offering choice to people and told us that where possible people were encouraged to make choices around how they wanted their care to be delivered on a day to day basis.

The staff we spoke with talked with a caring and positive attitude about the people they delivered a service to. Staff told us that they got to know the service users very well and over time had developed close and positive relationships. One care worker said "Our clients are more like friends." Another care worker said "You can't fault this company they do really care about people."

One member of care staff told us that it was a small staff team delivering care to a small number of service users and it was a happy, caring team that worked well together to meet the needs of people in a caring and supportive way.

We saw that staff had access to a personal care policy that included respecting people's privacy and dignity. Staff we spoke with described the importance of respecting people's privacy and dignity and were able to explain how privacy and dignity was respected. For example care was delivered in the privacy of the person's bedroom or bathroom and staff described how they spoke with people in dignified and respectful manner.

The office manager told us that spot checks were regularly undertaken with care staff. These spot checks included working alongside staff and ensuring that staff respected people's privacy and dignity, observing staff were caring and promoting people's independence. Staff spoken with and evidence seen of the documented spot checks on staff personnel files confirmed this.

To help promote people's choice and dignity we saw that new and potential service users were given a booklet which included the specific aims and objectives of the service. Part of these aims and objectives was to promote independence and personal dignity. We saw that the aims and objectives of the service were also included in the service user guide which all new services users would be given a copy of.

The office manager told us that respecting people's privacy and dignity was very important to them as a service. We saw that newly recruited staff were given a 'Style Healthcare basic care course for carers booklet' which staff worked through. This detailed and informative booklet included information on

confidentiality, maintaining dignity and giving people informed choice. It promoted people's individuality and the need to have choices about lifestyle and personal care delivery. This helped new staff to understand the importance of treating people with compassion, kindness, dignity and respect.

Is the service responsive?

Our findings

During our last inspection we found shortfalls in the care planning process because care plans and assessments had not been regularly reviewed and updated.

During this inspection we looked at the care plans for five people who used the service. The office manager told us that care plans were reviewed on an annual basis or more frequently if needed. We saw that the care plans had been reviewed during 2015. The office manager told us if there were any reported changes in the persons care needs they would go to the person's home and undertake a review of those individual needs and update the care plan accordingly. We were given an example of when this was done following a person being discharged from hospital.

The five care plans we examined were vague and not person centred. They did not include detailed information to direct care staff to deliver safe, effective care that reflected the individual personal preferences of the person whilst promoting independence. For example one care plan stated 'Assist [the person] with personal care needs.' Another care plan stated 'Assist [the person] to get up, wash or shower and get dressed.' There was no explanation of exactly what assistance was required. This meant that people were at risk of not receiving care that had been planned to meet all of their individual needs.

The office manager told us that the care plans that were kept in the person's home did contain more detailed information. However we were unable to view these during this inspection visit.

The above examples demonstrate a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The one person receiving a service and relatives spoken with told us they were happy with the care provided. One person said "They [the staff] never rush and they always finish before they leave. [the person] always feels much better after their visit."

The office manager told us that all the services current referrals had been made via the local authority (LA) commissioning team. The LA sent the service details of the care package required and as soon as possible after this referral the service would go the persons home and undertake an 'Enquiry for provision of home care service' assessment. This included obtaining personal details about the person including relevant risk assessments and a medication assessment. We saw evidence of this in the care files we looked at and relatives spoken with confirmed that they had been involved in this assessment. This meant that the service could be sure they could meet all of the assessed needs of the person.

During our inspection we reviewed the policy in relation to complaints, which was included in the service user guide.

We saw no complaints had been made in the last 12 months. The office manager told us that due to the small number of people they provided a service to the office staff knew the people receiving a service and

their relatives very well and often delivered care themselves. Due to this they had good relationships and encouraged people to raise concerns or issues at the earliest opportunity so they could be addressed immediately, which meant that official complaints were rare. A person receiving a service and relatives we spoke with confirmed this. One person receiving a service told us "The manager always sorts out any issues, they do take notice." They also said "On the whole I am happy and don't have any complaints." One relative said "I am happy they are very good, they also help me, I have no complaints." Another relative said "I have no complaints." One relative told us they had raised an issue with staff and they had listened and taken the appropriate action.

We recommended that all concerns/issues raised with the service are formally recorded, investigated and proportionate action taken in response so that there is a clear system to review and learn from issues raised to continually improve the service.

Is the service well-led?

Our findings

The service had a registered manager in post but they were not present during this inspection.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we asked the office manager about any quality assurance processes/systems in place for monitoring the quality of the service provided. They told us they regularly had personal contact with people, although this was not usually recorded, and spot checks were carried out whilst a service was being delivered. On reviewing care staff files we saw that spot checks on staff delivery of care had been completed.

In addition we saw that a check sheet was completed when 'comment sheets' were brought into the office. The comment sheets were the recordings of care given on each visit. These were not detailed and did not demonstrate that some concerns had been followed up. For example one check sheet dated 16/11/5 in the concern box simply stated 'carer's handwriting.' There was no further explanation or any evidence of what action had been taken. On another the concern box stated 'writing needs tidying up so can be readable.' There was no further information and no evidence of what action was taken.

We found there was no structured and meaningful process in place for auditing care plans, staff training and medication administration records, this had resulted in many of the shortfalls and breaches of regulations we had found during the inspection process.

The above examples demonstrate a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had a system in place to monitor the times and lengths of visits by staff to people's homes. The care staff used the telephone at the property to register the start and end of each visit. This system allowed the management team to monitor if visits were late, missed or otherwise not as scheduled. This meant that swift action could be taken if a problem had been identified with visit times or length of visits.

We saw that a feedback questionnaire had been completed by people who had used the service or their relatives in March 2015. We saw that the responses had been reviewed by the service and a follow up phone call had been made to the person to discuss some of the comments and positive action had been taken. We saw that the majority of comments were positive and included 'No problems I am happy with the service,' 'I am happy with the carers' and 'The team looking after me are very kind and helpful.' In addition we saw that the service undertook a face to face or a telephone review titled 'Assessment of needs /review.' This included a discussion around the quality of the service being delivered, which meant the service could obtain information about the service quality. The information received was acted on and used to help

improve the service being delivered to people.

Staff told us that they felt supported by the management team based in the office and could speak to a manager at any time if they so wished and if they had a problem out of office hours they could use the on call system. One member of staff told us about a time when they were very well supported by the managers due to a personal issue.

We looked at records relating to staff meetings and saw they had been held approximately every quarter. Staff spoken with confirmed this. We were also told that staff usually came into the office every Friday to pick up the following weeks rota and managers made themselves available if staff wished to talk to them. These meetings acted as a forum for staff to raise and discuss the quality of the service being delivered and for the management team to cascade any relevant information to staff for example any current good practice information.

We saw an information booklet and a service user guide was available for people, which included the aims and objectives of the service and information regarding the service available.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found that people may be at risk of not receiving their medication as intend by the prescribing GP.</p> <p>We found the provider did not ensure that all the persons providing care or treatment to services users had the qualifications, competence, skills and experience to do so safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received.</p> <p>We found that detailed records were not kept in relation to the care and treatment of people who used the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found that the provider did not have robust recruitment process in place to ensure people using the service were kept safe.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not fully protected against the risks of unsafe or inappropriate care because not all staff had not received all necessary direction and support to carry out their role</p>