

Storm Homecare Limited

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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 service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, younger disabled adults, people with mental health needs and learning disabilities. At the time of our inspection, this service supported 26 people with a range of social care needs.

At the last inspection in September 2016, this service was rated overall as requires improvement. At this inspection, we found that improvements had been made and sustained and the service was rated overall good.

A registered manager was in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe with the staff team who provided their care and support. Relatives we spoke with agreed that their relatives were safe with the staff team who supported them.

Training on the safeguarding of adults had been completed and the staff team were aware of their responsibilities for keeping people safe from avoidable harm. The registered manager and management team understood their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

People's support needs had been identified and risks associated with people's care had been assessed and monitored. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the senior management team and had regular one to one supervisions.

People were protected by the prevention and control of infection. The staff team had received training in infection control and understood their responsibilities around this.

People received their medicines as prescribed and staff supported people to access support from healthcare professionals when required. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing support.

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Care documentation provided staff with appropriate guidance regarding the care and support people needed to maintain their independence. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. The provider had systems in place to monitor the quality of the service and had a process in place, which ensured people could raise any complaints or concerns.

People knew what to do if they had a concern, complaints were investigated, and lessons learnt to reduce future concerns.

The service notified the Care Quality Commission of certain events and incidents, as required.

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.

The staff team kept people safe from avoidable harm.

Risks associated with people's care and support were minimised because risk assessments had been completed and were followed by staff.

Appropriate recruitment processes were in place and suitable numbers of staff were deployed to meet people's needs.

People were supported with their medicines as prescribed by their GP and appropriate systems were in place to make sure people were protected against the risk of infection.

Lessons were learned and improvements were made when things went wrong.

Is the service effective?

Good 

The service was effective.

People's needs were assessed and met by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good 

The service was caring.

The staff team were kind and caring and involved people in their care and support.

People's privacy and dignity were promoted and protected by the staff team.

Information was made available to people in their preferred method of communication.

Is the service responsive?

Good ●

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good ●

This service was well-led.

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

People's diverse needs were recognised, respected and promoted. Comprehensive audits were completed regularly at the service to review the quality of care provided.

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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 checked 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 comprehensive inspection of Storm Homecare took place on 28 November and 14 December 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

During our inspection, we visited the office to look at records and talk with the registered provider and office support staff. We undertook telephone calls to seven people who used the service and two relatives. In addition, we spoke with the registered provider, both registered managers and two care and support staff.

We looked at the care records for five people who used the service. We also looked at other records relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, the statement of purpose, quality assurance audits and complaints records.

Is the service safe?

Our findings

At the last inspection in September 2016, we rated 'safe' as requires improvement because we had concerns about the suitability of staffing, safe recruitment procedures and risk assessments. At this inspection, we saw that improvements had been made and sustained.

People told us they felt safe when staff were in their homes. One person said, "I feel safe, I have lovely carers." Relatives also told us they felt their family members were safe with staff. One relative commented, "I have no concerns, the staff are really good."

People were protected from avoidable harm and abuse because staff had received training in safeguarding adults and knew how to report any concerns. One staff member said, "I had safeguarding training which was good and I would talk with the manager about any concerns I had. I've never had to report any concerns but I wouldn't hesitate if I needed to."

Records confirmed that staff had been provided with safeguarding training. The registered provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. A relative informed us, "There are risk assessments in place, the staff follow them; they always seem to be on top of the paperwork." We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. Environmental risk assessments were also in place to guide staff. For example, one risk assessment stated that staff required the use of a torch when supporting the person at night because the access ramp was a trip hazard.

Care and support staff had received regular training in moving and handling and falls prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "My staff are lovely, always here when I need them." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One relative commented, "No concerns at all, we had a couple of issues in the past but it got sorted once I spoke to the office." Another relative said, "Timekeeping is good, we have had no missed calls."

Staff confirmed the staffing numbers were adequate and enabled them to support people safely. One staff member said, "We have had issues in the past with staffing but they were dealt with by the managers and we have a really good team now." Staff told us they could extend their calls if people required additional support or time to ensure they were not rushed or placed at risk. The registered provider told us, "We always

say to staff, if someone needs more time for any reason please ring the office so we can either send another carer out or cover the next call for you." At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work. Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work at the service.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "They [staff] are good at helping me with my tablets." Another person said, "I manage my tablets myself but the staff are good at reminding me to take my inhalers." A relative also confirmed what people told us about the support they received with medicines, one relative said, "[Name of person] has medication and it works really well with the staff giving all the tablets on time."

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. Medication administration records (MAR) were completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness.

There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. For example, there was a situation in the previous 12 months when a member care staff did not have PPE when attending to a person's personal care needs; because of this the registered manager put a new system in place to ensure this did not happen again. The service reviewed and audited any issues and these were communicated with the staff team to ensure lessons were learnt and improvements made.

Is the service effective?

Our findings

At the last inspection in September 2016, we rated 'effective' as requires improvement because we had concerns about whether care staff were appropriately trained for the role they were undertaking. At this inspection we saw that improvements had been made and sustained.

People's care was assessed holistically to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered and said they always tried to involve family members and care managers, if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals, the registered provider would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One relative commented, "I think the staff are well trained; they are knowledgeable and [person] loves them." Another relative told us "They [staff] are all trained and new staff come with someone else and they are shown how things work." Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. The registered manager told us about the improvements they had made in this area in previous 12 months; in particular with new staff and ensuring staff receive refresher training when required. Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "I have regular supervision; but I don't need to wait for supervision to discuss any concerns; I can just call the office." The registered manager confirmed each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff files to confirm this.

Where appropriate, people were supported by staff to have sufficient food and drink when they carried out a call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "They [staff] always make sure I have drink to hand before they leave." Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being; for example monitoring of foods and fluids. One person's care plan described how they needed to use a straw in all drinks and staff supported them to do this. Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. We saw that people had input from a variety of professionals to monitor and contribute to

their on-going support. For example, community psychiatric nurses and diabetes clinic's. We also saw the provider worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns and if people's needs had changed.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "I've never needed a doctor or a nurse to come out to me but I am sure if I did the girls [care staff] would call them." A relative told us, "I have good communication with the office and if [relative] isn't well they will call me; that is what I have asked them to do and it works well," Records contained information about people's medical history and current health needs and their health needs were frequently monitored and discussed with them and if appropriate their relatives.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager and provider had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. One relative said, "They [care staff] always ask [relative] what they want help with and they tell [relative] what they are doing when they are completing some tasks around the house." A member of staff commented, "It is so important to offer choices to people, it helps people feel that care isn't being 'done' to them."

Is the service caring?

Our findings

People had a good relationship with the staff and people continued to experienced positive caring relationships with them. People told us that the carers who visited were all very caring and would always ask them how they were feeling and asked them what they would like help with. Comments included, "Lovely staff" and "Absolutely no complaints." A relative commented "They [care staff] are lovely and considerate." People told us staff were respectful and promoted their dignity. One person told us "I like to get dressed in my lounge and they [care staff] always close the curtains for me." A relative told us "The staff are very respectful; you can tell by the way they talk to [my relative]."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff discussed the ways in which they preserved people's dignity and privacy. Examples were given about closing curtains and blinds, placing a towel on people's bodies when carrying out personal care to ensure parts were covered up.

Care plans were person centred and written in a way that explained how people wanted their care and support to be delivered and how they would feel when care was given in the way they preferred. For example, one person's care plan requested that when they have pain in their legs they would like a gentle massage because this helped to ease the pain. Another person's care plan stated 'please respect my wishes and requests because these help me to maintain a positive sense of well-being'.

People were actively involved in making decisions about their care and support. People told us that they were involved in the initial assessment of their needs and in reviews of their care plans. One relative commented, "I have been involved since the beginning, the manager [registered] listens to what we have to say and it's all included in the plan."

Staff encouraged people to maintain their independence and offered support and encouragement when needed. One relative commented, "They help [relative] stay as independent as possible, getting him to do a few things for himself when he can." Care plans included guidance for staff in relation to people maintaining their independence. For example, one care plan stated that care staff were required to check that a person's walking frame was placed at the top of the stairs in easy reach of the stair lift to enable them to keep their independence upstairs.

Details of advocacy services were circulated to people using the service. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. No one currently using the service was using an advocate but some people had previously.

Is the service responsive?

Our findings

At the last inspection in September 2016, we rated 'responsive' as requires improvement because we had concerns about the guidance available for staff to follow in people's care plans and records did not always detail what care had been given to people. At this inspection, we saw that improvements had been made and sustained.

People received personalised care that met their needs. The relatives we spoke with said that when their family members care was being planned they were fully involved. One relative told us, "The manager [registered] came out to see us and we were able to say what [relative] can do for themselves and what they needed help with." Care plans contained people's views on the support they required. For example, one person's care plan stated 'I would like the staff to maintain my standard of hygiene that is acceptable to myself'.

People were supported by staff who knew them well. People's care plans contained information about their past lives, interests and people that were important to them and staff were able to use this information to deliver personalised care and support. For example, one person's care plan detailed where the person was previously employed, hobbies they enjoyed like word searches and how they preferred their toast cooked in the mornings. It was clear in the person's care plan that they enjoyed to talk about their life and staff were encouraged to engage in these conversations.

Where the service was responsible; people were supported to take part in activities of their choice. For example, one person was supported to go to a local support group and another person was supported to church on Sundays. People were also supported to local amenities and it was clear in people's care plans that the service was continually looking to expand people's interests. For example, one person's care plan stated 'please be observant if [person] shows interest in any hobbies, activities or new experiences so these can be included in activity choices'.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider gave some good examples of how they met this standard. For example, one person's care plan was written in their preferred language and a translator re-wrote the care plan in English language so the care staff could read the guidance about how to support the person in their preferred way.

The service had a clear complaints procedure in place and this explained the role of the local authority, the Ombudsman, and the Care Quality Commission in dealing with complaints. This meant people using it had clear information on what to do if they had any concerns about the service and how their complaint would be managed. People and relatives knew how to raise a concern. One person told us, "A long time ago I asked for one staff member not to come to me because I just didn't get on them; they sorted that for me and they didn't come back." One relative commented, "I can't imagine ever having to complain, the manager

[registered] is always checking we are happy with everything."

We viewed the complaints file and saw that complaints had been recorded and acted upon. For example, a concern had been raised in the previous 12 months about timeliness of visits to people, the concern was investigated and as an outcome more staff were employed who had access to transport. This enabled staff to travel effectively between their visits to people and ensured people received their visits on time.

This service did not routinely support people with end of life care; however, it was clear in people's care plans if they had made advance decisions or statements and what these decisions were. This enabled the service to ensure people's advance wishes and decisions were adhered to. An advance decision or statement is a written statement that sets down people's own preferences, wishes, beliefs and values regarding their future care.

Is the service well-led?

Our findings

At the last inspection in September 2016, the provider did not have effective systems or processes in place assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider was required to make improvements and at this comprehensive inspection, we assessed whether these improvements had been made and sustained and we saw that they had.

A registered manager was in post at the time of the 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibility to submit notifications and other required information.

It was evident to us that the provider and registered managers were committed to improving the service. They told us they had worked very hard to make changes to the agency and to address the concerns identified at our previous inspection. This was clear from the feedback we received and the documentation and quality assurance processes that were now in place. The provider and registered managers had been successful in addressing performance related issues with previously employed staff and this had also contributed to improvements in the service that people received and to an improved morale across the whole of the staff team.

There was an improved induction process in place for new staff, which set out clearly the values and expectations that were required of them. The new process included more time spent in the office to read care plans, policies and procedures and also extra support to ensure that staff knew how to complete timesheets and daily notes to the required standard and clear guidance about how shifts were allocated. This improved process ensured that new staff started their employment with clear guidance from the senior managers and there were plenty of opportunities for staff to raise questions and to gain clarity on any processes.

There was a positive and open culture at the service. Relatives and staff expressed great confidence in how the service was being run. One relative said, "The manager [registered] is very good, they are always available, they do what they say they will do and that is all I can ask." Another relative commented, "It must be very well managed because [relative] always gets his visits and he is really pleased with his carers, always has the same two and they are brilliant." One staff member told us, "I've worked here for two years and I am really happy; never have any issues that can't be sorted."

The provider employed a diverse staff team and this was enhanced by ensuring that staff were able to practice their religious beliefs at the times they required with privacy and respect.

Quality assurance processes were in place which included gaining feedback from people and their relatives. Feedback forms were completed regularly either by telephone or in person with office staff visiting people in

their home. People told us they valued the opportunity to provide feedback. One person told us, "I get asked if I am happy with my carers and if anything could be better; I've never got any complaints because they are good girls [care staff]." A relative commented, "I feel quite assured because they ask for my feedback and [relative's] and they also come unannounced to check the staff are doing what they should be doing." Other comments we viewed in a recent questionnaire included "The carers help with everything" and "Very good; they always ask if there is anything else they can help me with." People and relatives told us that they always received a prompt response when contacting the office and that office staff always did their utmost to help.

The service was committed to ensuring on-going development and improvement. The provider and registered managers completed a series of monthly audit checks to monitor the quality of the service provided. These included checks on medicines administration, daily records, care plans and timesheet accuracy. Where any concerns were identified action was taken to rectify this immediately. Where appropriate staff members were contacted to discuss how they should complete tasks differently going forward. The provider had a plan for service development, which included expanding the call monitoring system and on-going recruitment to accommodate growth. The provider told us, "Our aim is to grow the business but to keep it personal."

Staff were involved in the running of the service and felt supported by the registered managers. Staff met in the form of supervisions, informal chats and staff meetings. A staff member told us that meetings were a good way to raise any concerns they had about people or if they were having difficulties with the timing of the calls to people. One staff member told us, "Communication has improved a lot in the last six months; we are encouraged to raise issues and if we are struggling with anything on a call we can call the office and someone will come out. It feels like we are a team working together."

The service worked in partnership with other agencies in an open honest and transparent way. Working in partnership with other agencies that commissioned services and local authority safeguarding and community mental health teams ensured that people received a joint up approach to their care and support.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.