

Stokely Healthcare Ltd

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Inspection report

The Keep
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

Stokely Healthcare Ltd provides personal care and support to people living in their own homes. The service is also registered to provide nursing care. They provide a service to older people and younger adults who may have a range of needs arising from dementia, learning disabilities or autistic spectrum disorder, mental health, and physical disability. Some people using the service received 24 hour support.

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.

At the time of our inspection 20 people were receiving the regulated activity personal care. This included 2 people with a learning disability.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were mostly supported to have maximum choice and control of their lives. Staff did not always support 1 person in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. An appropriate application had not been made to the Court of Protection for this person.

Recruitment procedures were not always robust, and improvements were needed to ensure staff received training and appropriate assessments of their competence to fulfil their role.

The provider had not operated effective systems and processes to assess, monitor and improve the quality and safety of the services. The provider's audits were not always effective in identifying the issues we found.

We discussed these concerns with the nominated individual and registered manager who were responsive to feedback and started making changes to improve the service.

People's care needs were assessed before their care package started. People and relatives told us they were happy with the care provided by staff and told us they felt involved in planning and organising the care.

People were protected from the risk of abuse because staff knew the action to take should they suspect or witness abuse.

The support people received was person centred. People told us they received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

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

Rating at last inspection

This service was registered with us on 4 January 2022 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement and Recommendations

We have identified breaches in relation to staff training and governance. We have also made recommendations in relation to recruitment and consent.

Please see the action we have told the provider to take at the end of this report.

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.

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 safe.

Details are in our safe findings below.

Good 

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 

Stokely Healthcare Ltd

Detailed findings

Background to this inspection

The 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 Health and Social Care Act 2008.

Inspection team

The inspection team was one inspector and an expert by experience who spoke to people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registering. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is

information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 7 March 2023 and ended on 15 March 2023. We visited the location's office on 9 and 14 March 2023. The registered manager and nominated individual were available throughout the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to people's individual care and records relating to the running of the service. This included 9 people's care records and a variety of records relating to the management of the service, including policies and procedures, 4 staff files, minutes of staff meetings, training records, copies of audits and action plans. We sought email feedback from 9 staff, 5 responses were received. We also sought email feedback from 8 professionals, 3 responses were received.

An Expert by Experience spoke with 4 people who used the service and 5 relatives about their experience of the care provided.

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 of this newly registered service. This key question has been rated good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment processes were not always robust. The provider carried out some recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks. Full employment histories were not always fully recorded. This was raised with the provider during our 1st visit who advised they were unaware this was required. During the 2nd visit the provider confirmed these were now all in place.
- There were enough staff to ensure that people received their care. To ensure this, the provider had obtained a sponsor license and recruited staff from outside of the UK. One professional told us, "I have found them to be responsive when I needed to increase the package and they were able to deliver the increase that they promised. I have not had issues with them being unable to fill shifts."
- People and relatives were positive about the staff. Comments included, "The carers keep to their timings and have never let us down", "There are 4/5 carers that regularly visit and my loved one knows them all" and "They always turn up more or less on time. I know all the carers as there is a small team of 4/5."
- A call monitoring system monitored when staff arrived at a person's home and when they left. The call monitoring system did not enable effective monitoring to take place due to mobile signals within people's homes. The provider was aware of the issues and told us they were taking action to ensure it was able to be used more effectively.

We recommend the provider review the regulations and best practice guidance in relation to recruitment practices and update their policy accordingly.

Assessing risk, safety monitoring and management

- The risks associated with people's care needs had mostly been assessed. This included moving and handling, falls, eating and drinking, tissue viability, behaviour that may challenge and risks associated with the environment. We found 1 person being supported with percutaneous endoscopic gastrostomy (PEG) feeding did not have a risk assessment in place. This was discussed with the registered manager who immediately completed this.
- People and their relatives raised no concerns in relation to safety. People told us, "When they move me, I feel totally safe, they are respectful and talk me through the process" and "I feel safe when they are around and have a good rapport, we have a laugh together."

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibility to protect people from the risk of harm.
- The service had a safeguarding and whistleblowing policy in place. Staff were made aware of the policies during their induction and through the staff handbook given when they first start working for the service.

- Staff received training and knew how to recognise and report abuse.
- The management team worked with appropriate agencies to ensure any concerns were fully investigated, and action was taken to protect people.

Using medicines safely

- People were supported by staff who followed systems and processes to administer medicines safely.
- People and relatives told us, "They are very thorough with administering medication, always do a stock check of the tablets" and "I couldn't do without them they help me with my medication and make sure I take it when I should."
- Medication risk assessments were completed.
- Staff had completed training on the administration of medicines and competency assessments had been completed.
- Medicine administration records (MAR) were completed electronically, this system highlighted to staff when medicines were required.

Preventing and controlling infection

- People were protected from the risk of infection.
- Policies were in place to guide staff on effective infection prevention and control procedures and an infection control audit had been completed.
- Some people had Covid-19 risk assessments in place. The registered manager advised this had not been completed for all clients since guidance had changed. They told us any individual risk would be assessed.

Learning lessons when things go wrong

- Systems were in place for recording incidents and accidents.
- Staff knew how to report accidents and incidents.
- The provider had a lessons learnt process in place. This process had been effective in improving procedures in relation to missed visits and training.

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

- Staff had received some training opportunities to enable them to have the skills for their role. The training information received showed not all staff had completed all their training in-line with the providers policy. Training courses were booked for these staff but they had not been completed.
- Staff were not always supported to access training that was specific to peoples' support and health care needs. For example, not all staff had received training in catheter care although the service supported people with this task.
- From 1 July 2022, the government introduced a requirement for CQC registered services to ensure their staff received learning disabilities and autism training appropriate to their role. Some staff had not completed this training, including 2 staff that were currently supporting people with a learning disability.
- Competency assessments had been completed in areas such as catheter care. One of the assessments viewed had been completed by staff who had not received training themselves with this task. The service also supports 1 person with percutaneous endoscopic gastrostomy (PEG) feeding. This is a task that can be delegated to carers by a registered nurse. However, the competency assessment had been completed by a staff member who was not a registered nurse.

We found no evidence that people had been harmed. However, people were put at risk of harm from staff who may not be appropriately trained or competent. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Appropriate inductions were in place for newly recruited staff. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Regular supervisions had taken place to provide support to staff and staff confirmed that they attended regular team meetings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service did not have robust systems in place to ensure compliance with the requirements of the MCA.
- Appropriate applications had not always been made to the Court of Protection when required. One person had restrictions to their freedom in place to ensure their safety. A mental capacity assessment and best interest decision had not been completed, and no consideration had been made in relation to deprivation of liberty safeguards (DoLS). This meant necessary referrals to the court of protection for the authorisation of the restrictive practices had not been made. This was discussed with the registered manager who immediately took action to rectify.
- Systems were in place for people to consent to the provision of care from Stokely Healthcare. A number of forms viewed had been signed by people's relatives. Although it had been recorded within the care plan that the relative had power of attorney (POA), there were no copies of the records to evidence the relatives who signed had the legal authority to consent to care on behalf of the person.

We recommend the provider review best practice guidance in relation to the MCA 2005 and update their practice accordingly.

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

- People's care needs were assessed before the service started to provide them with care and support. One professional told us, "The manager is very good at meeting the client before the care package starts to discuss care delivery."
- Care plans were created from initial assessments to show how people's needs would be met. Staff told us, "Care plans are well detailed, and they highlight the core elements towards delivering the best care to the client safely" and "Care plans are detailed and offer clear information on the needs of service users and the support carers should offer."

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

- Staff supported people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- People's care plans contained a section on nutrition. This ensured staff had the information available to support them appropriately.

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

- People's healthcare needs were documented in their care plans. This included details of any ongoing support required from staff to manage these conditions.
- Care plans also provided contact details for other professionals involved in people's care.

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 newly registered 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

- We received very positive feedback from people and relatives about staff. People and relatives told us, "The carers are very skilful and respectful kind and appear to enjoy their work", "They are very accommodating and supportive polite and respectful", "The carers are compassionate and very patient" and "The carers are a lovely crowd and very caring and I couldn't think of anything they could improve on and would recommend them to anyone."
- People's cultural and religious needs were respected by staff. Care plans detailed people's faith and cultural needs. The registered manager gave examples of how these are met.
- Staff spoke highly of the people they cared for, respecting their views and choices. Comments from staff included, "I get joy and satisfaction from the difference that I'm able to make in our service users' lives. Some of our service users only interact with carers as they live alone, therefore being there for them, making conversations, and bringing smiles to them, giving them assurance that they are important and cared for, and their positive feedback about service offered makes me enjoy doing my job" and "I enjoy building a lasting working relationship with our clients. I enjoy knowing that my service has made a positive impact on someone's life."

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

- Systems were in place to support people to express their views and be involved in making decisions about their care. This included surveys and feedback.
- People spoken with felt involved. One person told us, "I use the tablet to access the app and feel fully involved in the care plan."
- Relatives spoken with felt involved. They told us they had been involved in developing their loved one's care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence by encouraging them to carry out aspects of their personal care routines with as minimal support from staff as possible. One relative told us, "We couldn't manage without them, the girls do anything they can, they are respectful and kind and always happy, my loved one tries to keep independent the carers respect this and allow them to do as much as they can. With the carers support and motivation it allows them to live at home and have some quality of life, we are very grateful for Stokely's support."
- People and relatives told us staff were respectful of their privacy and dignity. One relative told us, "The carers respect my loved one's dignity without the carers they wouldn't have a life."

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 received person-centred care tailored to their individual needs. Staff cared for people in a way which met their needs and preferences. People and relatives confirmed this.
- Some care plans lacked detail about people's individual needs. The registered manager told us people and their families had developed their own guidance for staff which was available to staff within people's homes.
- Staff felt well informed about the care needs of people. Staff told us when things changed in people's care, they were informed through the electronic system in place and care plans were updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication preferences were detailed within care plans. One person's care plan included a communication summary. This helped staff to better understand the person and communicate with them in a way they could understand.
- Relatives told us staff communicated well with their loved ones. Comments included, "Their level of communication with the service user is very good" and "The carers always introduce themselves and are constantly communicating with the service user and explaining what they are doing."

Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints. Complaints were investigated in line with the complaint's procedure.
- People and relatives were confident that if they had any concerns, they knew who to raise them with and felt able to approach the registered manager. Comments included, "I have met the manager a few times and I am confident that if I had any concerns, they would listen to me and act on it which is very reassuring" and "We have met the manager on a few occasions and they are very approachable. We do not have any concerns but would not hesitate to contact them if it was necessary."
- A relative also told us they had previously raised a concern which the registered manager addressed.

End of life care and support

- At the time of this inspection the service was not supporting anyone who required end of their life care.

- The registered manager told us staff had received training in end of life care.

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.

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

- Governance systems were not always robust or effective and had not identified the shortfalls we found during the inspection.
- The registered manager had started to introduce quality assurance and auditing processes. They shared examples of medicines, infection control, accident/incidents, care plans and daily log audits that they had completed. However, these systems were at the early stage of implementation and were yet to be fully embedded. As such, issues found at this inspection in relation to staff training, recruitment, risk management and DoLS had not been identified.
- The audits completed had identified some actions required. For example, a care plan audit had identified a person's care plan was not written in the first person and MAR chart audits had identified incorrect codes had been used. Although there were individual action plans at the end of each audit, there was not a service improvement plan in place to incorporate all the issues identified and to ensure effective monitoring of the actions required.

The failure to ensure effective systems in place to monitor, mitigate risk and improve the quality and safety of the service is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager worked to address concerns highlighted during the inspection process once these had been identified.
- The provider and registered manager were open and transparent. When things did not go well, they looked for ways these incidents could be used to drive improvements. Complaints and concerns were investigated, and apologies were given where appropriate.
- We identified 1 statutory notification that had not been submitted in line with guidance. We discussed this with the registered manager who said they would submit one retrospectively. All other statutory notifications had been submitted appropriately.

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

- People and relatives were positive about the service. Comments included, "I have no areas of concern, it is

reassuring that they are well looked after, and the management do listen" and "The carer I have is an absolute angel and I don't know how I would manage without her she is very thorough, has a great personality and it makes my day when she walks through the door."

- Carers felt supported. Comments included, "I feel supported in my role as my line manager and team worker are a phone call away whenever I need help in handling situations", "I feel supported, as I'm always equipped with the resources to use, and the management is there as my backup whenever I encounter challenges" and "I do feel supported. I get to share ideas and work experiences with my fellow workers and management. It has helped me to be better prepared for both positive and negative outcomes in my day to day experiences."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives, and staff had been asked to provide feedback about the service through surveys and feedback.

- People and relatives felt fully involved. Comments included, "I have been involved in the care plan and have spoken and met the manager who is very personable and a good communicator" and "As a family we are fully involved in the care plan and the timings of the calls suit our loved one."

- Staff felt that they were listened to and able to make suggestions. Regular team meetings took place. Comments from staff included, "They are important for team building, addressing issues in our service provision, they are also a platform for carers to raise concerns with management. There have been some notable changes as a result of the meetings" and "They are useful as we can express what we think needs improvement."

- The service worked alongside healthcare professionals to ensure people maintained good health outcomes.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective systems are in place to monitor, mitigate risk and improve the quality and safety of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received sufficient training and competency assessments to enable them to carry out their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.