

Stivic Care Services Ltd

# Stivic Care Services Ltd

## Inspection report

Office 2 Safestore  
572 Ipswich Road  
Colchester  
CO4 9HB

Date of inspection visit:  
11 January 2022  
18 January 2022

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26 January 2022

### 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

### About the service

Stivic Care Services is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection one person was using the service, this person received personal care.

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

The provider had assessed and reviewed risks to the person's safety to ensure they were protected from harm. Systems were in place to safeguard the person from the risk of abuse and staff knew how to recognise and report concerns.

Processes were in place to ensure medicines were managed safely and the person's care plan contained information about how they would like to be supported to take their medicines. The provider had implemented safe infection prevention and control processes. Staff had access to appropriate personal protective equipment [PPE] and updated guidance in relation to managing the risk of COVID-19.

The person's relatives told us staff were kind and caring. The person was supported by a small, consistent staff team who knew them well and knew how they liked to be supported. Staff had received an induction when starting in their role and had completed a range of relevant training to support their understanding of the person's needs.

Staff provided personalised care. The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The person and their relatives were involved in planning and reviewing the care provided.

The provider had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet the person's needs. Staff told us they felt supported by the registered manager and were able to give feedback on the service. Relatives spoke positively about the registered manager and the culture of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 December 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been rated.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Stivic Care Services 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 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.

Inspection activity started on 11 January 2022 and 18 January 2022. We visited the office location on 11 January 2022.

#### What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care staff. We reviewed a range of records. This included care and medicines records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to the person's safety had been assessed and reviewed. The person's care plan contained up to date guidance for staff about what the risks were and how to support them safely.
- Relatives told us they had no concerns about the person's safety. One relative said, "I don't have any concerns and the staff would definitely tell us if there was anything we should know."

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

- The person was protected from the risk of abuse. The provider had a safeguarding policy in place and staff had received safeguarding training. One member of staff told us, "I would report concerns to the registered manager and raise a safeguarding with the local authority and CQC."
- The registered manager was aware of their responsibility to notify the local authority of safeguarding concerns and had discussed the importance of recognising the signs of abuse during staff meetings to ensure staff felt confident raising any issues.

### Staffing and recruitment

- The person was being supported by a small, consistent staff team and there were enough staff available to meet their needs.
- The provider had completed the relevant recruitment checks prior to staff starting work; however, some applicants did not have a full employment history documented in their personnel file. Following the inspection, the provider responded promptly to our feedback and confirmed all staff now had a full employment history recorded.

### Using medicines safely

- The person received their medicines as prescribed. Medicines administration charts were in place and staff had documented when they had supported the person with their medicines.
- The person's care plan contained information about what their medicines were and what support they needed to take them safely.
- Staff had received medicines training and the registered manager had completed competency assessments with staff prior to them administering medicines.
- Staff completed daily medicines counts and the registered manager carried out a monthly audit to ensure records were kept accurately.

### Preventing and controlling infection

- The provider had processes in place to protect the person from the risk of infection. Staff had access to

appropriate personal protective equipment (PPE) and had received infection prevention and control training.

- The registered manager completed PPE audits and spot checks with staff to ensure safe practices were being followed.
- Staff were given up to date guidance and information about the management of COVID-19 risks and infection prevention and control was discussed at each team meeting.

Learning lessons when things go wrong

- The provider had processes in place to learn from any accidents and incidents. Where an accident had taken place, the registered manager had documented actions taken and recommendations made to prevent a reoccurrence.
- The provider completed monthly reviews of any incidents and accidents and this information was shared with staff during their supervisions and monthly meetings.



# 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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had completed an assessment of the person's needs prior to them receiving care.
- The person and their relatives had been involved in the assessment process and their views documented. One relative told us, "We met with [registered manager] to do the assessment and they asked us questions and got lots of feedback about [person's] needs."
- The provider ensured there were up to date policies and resources in place to reflect best practice. For example, information sheets about understanding various health conditions were available for staff to refer to in order to support their knowledge and develop working practices.

Staff support: induction, training, skills and experience

- New staff had received a comprehensive induction including the opportunity to shadow more experienced staff. Where staff did not have any previous experience in care, the provider had supported them to undertake the Care Certificate [this is the nationally recognised induction standard for staff who are new to care].
- Staff had completed a range of training courses relevant to their role and the registered manager monitored their training to ensure it remained up to date.
- Staff attended regular supervisions and undertook an appraisal after they had completed their probation. This enabled them to reflect on their working practices and set goals for their future development.

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

- The person's care plan contained information about what support they needed with eating and drinking and what types of food and drink they preferred.
- Staff had completed nutrition and hydration training to support their understanding of people's needs in this area.

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

- The person's care plan contained information about their healthcare needs and the contact details for any health professionals involved in their care.
- The provider had responded to any changes in the person's health needs, seeking medical advice and making referrals to the relevant healthcare professionals when appropriate.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The person's capacity to consent had been considered by the provider during their initial assessment. Their care plan contained information about how to encourage and support their decision making.
- Staff had received MCA training and the registered manager had completed a learning session with staff during a team meeting to ensure they understood the principles involved.

# 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

- Relatives told us staff were kind and caring and spoke positively about the support the person received. One relative said, "The carers really understand [person] and their needs and they go above and beyond in their care." Another relative told us, "We are extremely happy. [Person] appears happy and content and we have confidence in the carers and how they work."
- Staff had completed equality, diversity and inclusion training to ensure they understood the importance of respecting people's individual rights and supporting their personalised needs and preferences.

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

- Staff supported the person to make decisions about their day to day care.
- The person's care plan contained clear information about how they would like to be supported and placed an emphasis on the importance of respecting their choices. For example, one part of the care plan stated, "It is vital that I am supported to make as many decisions for myself as possible."
- The provider regularly contacted the person's relatives to discuss the care provided and relatives told us they felt involved in decision making. One relative said, "We recently had a review of the care and [registered manager] listened and took on board what I said. They communicate really well and they're brilliant at keeping us updated."

Respecting and promoting people's privacy, dignity and independence

- Staff supported the person to maintain as much independence as possible.
- The person's care plan included information about what they wanted to do for themselves, what the risks associated with this may be and how to minimise that risk whilst still promoting their independence.
- Staff had received training in how to promote dignity in care. Care records were written respectfully and reflected how care should be provided in a way which promoted the person's dignity and privacy.

# 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

- The person received personalised care which reflected their individual preferences. They were supported by staff who knew them well and understood how they liked to be supported.
- Staff were provided with clear information about the person's needs, the relationships which were important to them, their life history and the pastimes they enjoyed.
- The provider arranged regular reviews of the care plan and ensured the person and their relatives were consulted and any changes implemented as part of the review.

Meeting people's communication needs

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

- The provider had considered whether the person had any sensory and communication needs during the initial assessment and had recorded this information in their care plan.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. However, a complaints policy and procedure were in place in case of any future complaints.
- Relatives told us they felt comfortable raising any concerns with the registered manager. One relative said, "I would contact [registered manager] with any concerns and I feel 100% confident they would respond appropriately."
- The registered manager had ensured the person, their relatives and staff had access to information about how to raise concerns including contact information for CQC.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection. However, the registered manager told us people's end of life care needs would be considered during their assessment and any wishes documented in their care plan.
- Staff had received end of life care training to support their understanding of people's end of life care needs.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives spoke positively about the registered manager and the service. One relative told us, "I can't praise them highly enough. They are very professional in their approach." Another relative said, "[Registered manager] is excellent and we're really happy with the team of carers. They're brilliant."
- The provider involved the person and their relatives in the service, asking for regular feedback and sending them satisfaction questionnaires.
- The registered manager reviewed the person's care with their relatives to ensure they were supported to achieve good outcomes. Relatives told us they had seen positive changes in how well the person seemed since receiving care from the provider. One relative said, "[Person] looks really well and seems much more relaxed now."
- Staff told us they felt supported by the registered manager and were encouraged to give feedback and make suggestions. One member of staff said, "[Registered manager] is supportive and accessible and willing to listen to your contribution." Another member of staff told us, "The manager is always supportive and available."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to monitor the safety and quality of the service. These included a monthly management audit covering a number of key areas such as the management of medicines, incidents and accidents, safeguarding and care planning.
- The registered manager completed regular spot checks with staff to monitor the care being provided and offer staff any additional support or training needed.
- The provider understood their responsibility to be open and honest with people when incidents happened and had a clear process in place to follow. The registered manager was aware of their regulatory responsibility to submit the appropriate notifications to CQC when needed.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other professionals to meet the person's needs and improve their care. The registered manager ensured the guidance for staff was updated to reflect any input from healthcare professionals.

- The provider told us they planned to develop the service by increasing the number of office based staff employed. The registered manager said this would enable them to maintain oversight of the service and provide support to care staff as the service grew larger and provided care to more people.