Stockton-on-Tees Borough Council

Stockton Continuing Home Care Service

Inspection report

Tithebarn House
High Newham Court, Hardwick
Stockton-on-Tees
Cleveland
TS19 8RH

Tel: 01642528105
Website: www.stockton.gov.uk

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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

We inspected Stockton Continuing Care, on 21st March 2016. This was an announced inspection. We informed the registered provider at short notice (48 hours before) that we would be visiting. We did this because the service delivers domiciliary care and we wanted the registered manager to be present at the service on the day of the inspection. This meant they could provide us with the information that we needed.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to adults, children and young people, people with physical and mental health problems and people with learning disabilities. The service offers a continuing care and a re-ablement service to people who have had deterioration in their health for whatever reason and require assistance and support.

The service were providing care packages to three people for continuing homecare and 19 people for re-ablement which is a six week package of support to people who have had a period of illness/injury that has resulted in them requiring support at home until they regain their independence. At the end of the six week period if people require further support this can be arranged following a meeting

The service had a registered manager. 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.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. Care plan records were detailed and person centred which meant they were individual to the needs of the person.

There were enough staff employed to provide support and ensure that people's needs were met. Most staff had worked at the service for a number of years.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what they would do if they witnessed any abuse.

Prior to the package of care commencing, environmental risk assessments of the person's home were carried out. Safety checks looked at among other things equipment to be used and general environment. This meant that the registered provider took steps which ensured the premises was safe for people and staff.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as bathing, smoking, going out in the community and food preparation. This meant that staff had the documentation

and guidance they needed to help people to remain safe.

Systems were in place for the management of medicines so that people received their medicines safely. Care Records we reviewed contained detail of people's medicines, how they should be administered and what time they should be taken.

Staff had received regular and recent supervision and also spot checks to make sure they were doing their job correctly. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

Staff were up to date with most training. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support to the people they visited. Robust recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included two references from previous employers and DBS checks which ensured staff employed were safe to work with vulnerable people.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. The registered manager told us that staff had been trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

People we spoke with told us that staff were kind and caring and treated people with dignity and respect. Staff arrived at the time agreed and stayed for the time allocated.

Staff at the service worked with other healthcare professionals to support the people they were caring for.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. The registered manager sought the views of people who used the service. Staff told us that the service had an open and supportive culture.

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.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager or the co-ordinator.

There were sufficient numbers of staff employed to meet people's needs. Safe and robust recruitment procedures were in place.

Systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective

Staff had a programme of training which supported them in providing care and support to people who used the service. Staff had received supervision and spot checks of practice.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and had received training.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they were well cared for and that staff showed them respect and were kind.

People were encouraged to maintain their independence and their privacy and dignity were respected. People and their relatives were involved in making decisions about their care. The staff were knowledgeable about how to care for people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and they had individual care plans. Support plans were detailed to ensure that the care was specific for the person.

People we spoke with were aware of how to make a complaint or raise a concern. Where concerns had been raised most people said they were dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

Staff were supported by their registered manager and the support co-ordinator and felt they were available and approachable.

There were systems in place to monitor and improve the quality of the service provided. The service had an open and supportive culture.

The registered manager regularly sought feedback from the people who used the service.

Stockton Continuing Home Care Service

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.

We inspected Stockton Continuing Care on 21 March 2016. This was an announced inspection. We gave the registered provider short notice (48 hours) that we would be visiting.

The inspection team consisted of one adult social care inspection manager.

Before the inspection we reviewed all the information we held about the service for example notification of incidents. Statutory notifications include information about important events which the registered provider is required to send us by law. This information was reviewed and used to assist us with our inspection. The registered provider completed a provider information return (PIR) and we saw this document when we visited the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 22 people who used the service and 12 staff employed.

During the inspection we spoke with five people who used the service. We also spoke with the registered manager and three care staff. We looked at two people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people if they felt safe and they told us they felt safe, with comments such as "safe, yes I am safe."

When we spoke with people who used the service they told us they were aware of who to speak with if they had any concerns. The service had safeguarding and whistleblowing policies and procedures in place. Staff were aware of the policies and procedures, they informed staff what action they needed to take if they suspected abuse.

In the PIR submitted by the registered manager they said, "Service users are encouraged to be involved in their person centred support plan and enabling them to make decisions around risks. To ensure the safety of both service users and staff a home risk assessment will be completed. Ensure all equipment is in good working order, maintained and regularly serviced to ensure the safety of the service users and staff. All accidents (however minor) that happen to service users or staff are reported to the manager/co-ordinator. They will investigate, take relevant action and complete the accident book." During inspection we found evidence to corroborate what the registered provider had submitted in their PIR. The registered manager monitored accidents and incidents each month and where action was needed a plan was in place.

We asked staff to tell us what they knew about protecting people who used the service. Staff told us they had completed safeguarding training and when we checked training records we could confirm this. Staff were aware of the different types of abuse and what to do if they witnessed any incidents of abuse. They said they would report immediately to the registered manager or co-ordinator any suspicions they had or incidents they witnessed. One staff member told us about an incident regarding a person they had visited who they suspected was being abused by a relative. They told us they stayed with the person until a social worker came out and safeguarding were alerted. There was a strategy meeting which the staff member attended and the person was moved to a safe place.
We saw written evidence that the registered manager had notified the local authority and Care Quality Commission (CQC) of all safeguarding incidents.

We were shown records which showed that prior to the package of care starting, a visit to the person would take place and as part of this, equipment, furniture and environmental risk assessments were undertaken at the person's home. The registered manager told us that equipment such as hoists would be checked to ensure that they had been serviced and were fit for use. Staff would also find out information regarding emergency utilities such as water, gas, electrical mains – where these were located and contact details in case of emergency. We saw evidence of this in files we looked at. This meant that the registered provider had a process in place to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as administration of medicines, bathing and showering. This meant staff were provided with the information they needed to keep people safe.

Most staff had worked for the agency for a number of years. During the inspection we looked at the

recruitment records of five staff to check that the procedure was robust and effective. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.
Two references had been obtained for each person and where possible one of these was from the last employer. This meant that the registered provider followed safe recruitment procedures. Staff we spoke with during the inspection told us that they had been interviewed, references sent for and a DBS check completed before they started to work for the service.

The registered manager told us that the service currently employed 12 staff and there were 22 people in total who used the service. They told us and staff confirmed that there were enough staff employed to meet the needs of people despite their being two vacancies at the time of inspection.

The registered manager told us that people who used the service and/or their relatives were provided with a weekly rota, which informed them which staff would be providing support and at what times. This meant that people would be aware of the times and staff who would be supporting them for the week ahead. One person said, "They turn up dead on time."
Another person told us, "They more or less come when expected, only one missed call when their car broke down and they got someone else out to me." Another person told us, "They turn up on time no missed calls." Staff we spoke with told us that they have a rolling rota for shifts so they know for the whole year what they will be working. One person told us, "I get a sheet for the week ahead I know who will be coming."

People we spoke with during the inspection said that the staff stayed for as long as they were expecting them to.

Some people who used the service told us staff helped with their shopping. People we spoke with told us that staff always provided them with receipts for their shopping and signed for them. We saw records that confirmed this practice.

We asked the registered manager what staff would do in the event of a medical emergency when providing care and support for people who used the service. The registered manager told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. A staff member we spoke with said, "I would get assistance from ambulance/doctor as needed then let the family and the service know." Staff said they would always stay with the person until help arrived and in these circumstances another carer would be sent to their next call.

All staff had received training in administration of medicines and had regular competency checks and half day updates on an annual basis. We looked at Medication Administration Records (MAR) charts for people who used the service and they were correctly completed and had codes at the bottom for reasons medicines were not given or missed for example, asleep,refused. The registered manager told us that all staff were offered a free influenza vaccination annually and staff confirmed this.

The registered manager completed an audit of the records made on the MAR when they were returned to the office. This was completed each month to ensure that MARs were completed correctly each time medicines were administered. The registered manager told us they would sign each MAR to say it had been checked and if any action was needed they would take it forward with the staff.

Good

Is the service effective?

Our findings

People told us they felt staff had been trained and had the appropriate knowledge and skills to deliver care effectively. One person told us, "skills and knowledge they are very good, excellent."

In the PIR submitted by the registered manager they said, "We have an electronic monitoring system which benefits the service user to ensure visits have taken place, this system also benefits staff as we can monitor where they are at all times."

The registered manager showed us the staff training chart which recorded training that staff had completed during the last two years. The registered manager told us that staff completed a week long induction which included mandatory training such as moving and handling, food hygiene, health and safety and adult protection . All staff were trained in administration of medicines and competency checks were completed throughout the year as well as a half day update annually.
On the day of the inspection we spoke with staff about training they had undertaken. Staff we spoke with told us that on the commencement of their employment they undertook a full induction which included mandatory training. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people.

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision on a three monthly basis and had spot checks completed while they were out on calls. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at the records which showed that all staff received regular supervision and an annual appraisal. Staff told us and we saw in records that they were given a feedback sheet to complete at the end of each month where they would detail what had gone well and what had not gone so well therefore areas they needed to reflect on and develop further. This meant the registered provider had taken steps to ensure staff were trained and had the right skills, knowledge, competence and confidence to care for people.

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.

The registered manager told us that they assumed people who used the service had capacity unless they are told otherwise. The registered manager told us that if they had any concerns in relation to a person they would inform the person's social worker or health care professional. We were told that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity and this would be documented in their support plan. Staff we spoke with understood about seeking consent from people as needed. Staff told us that people and their families were involved in discussions and decisions about their care. We saw records that confirmed consent was sought from people who used the service, for example to hold records in their home, also consent to action plans agreed with the person. The

training chart informed that staff were trained in the Mental Capacity Act (MCA) 2005.

The service provided support to some people at meal times. This involved for example, preparing lunch and in some cases supervising and supporting the person to make meals. One person we spoke with said, "Sometimes I help with cooking but mostly they do it for me." This meant that staff encouraged and supported people to have meals of their choice whilst giving support and advice as needed and maintained independence.

The registered manager and staff we spoke with during the inspection told us they had a good working relationship with other healthcare professionals to help support the people. The registered manager told us how they worked with district nurses, social workers and GP's among others. This meant that people were supported with access to healthcare services. People confirmed that this support was in place.

Good

Is the service caring?

Our findings

People we spoke with as part of the inspection process gave very positive feedback about the care and support they received. One person said, "Very happy anything I want doing they will do." Another person said, "More than happy." And another person told us, "Absolutely happy big help to me." And another person said, "Love them to bits."

In the PIR submitted by the registered manager they said, "Wherever possible service users are informed of the staff member attending for their first visit and the time agreed….All service users are treated with respect and dignity and are asked how they would like to be addressed i.e. Mr, Mrs or first name. Staff will always knock on the service users door and wait to be invited in unless other arrangements have been made….Service users are encouraged and motivated by staff to achieve their goals….this is achieved by forming professional relationships and working to meet their identified goals."

The registered manager told us that care packages were agreed with the person and their relatives before being put in place and care staff were introduced to people. We asked people we spoke with if this happened and they confirmed that it did. Staff knew and understood the individual needs of each person, what their likes and dislikes were and the best way to communicate with them.

Staff had completed training in privacy and dignity as part of their induction and update training was available which staff had completed.

Staff told us that they knew how to protect people's privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. One person who used the service told us, "Aw love them, very respectful." And another person said, "Can't praise them enough, been so kind not intrusive." One staff member said, "Give privacy in bathroom if they want and stand outside the bathroom door, towels for personal care and reassure them." Another staff member said, "Close blinds and windows, ask about choice, wait outside room."

Staff told us of the importance of making sure they did not take away people's independence and how they supported them to maintain their independence by encouraging them to do as much as they could for themselves but being there to offer assistance when needed.

One person told us how they had not used a shower for some time but with encouragement and support from the care staff they were now confident to use the shower with staff on hand for support and assistance if needed. They also told us they were now attending a day centre which they had wanted to do for some time.

The registered manager told us that staff were encouraged to treat people the way they would want to be treated. They said staff all receive training in equality and diversity. The registered manager told us they ring people on a regular basis and ask them if they are being treated with dignity and if they are respected by

staff. People we spoke with confirmed that this happened.

Care files contained information about people, their medical and personal history and their likes and dislikes. This information helped staff to provide more person centred individualised care. Person centred care is where the person is put first and the focus is primarily around them, and their needs are central.

The registered manager told us how they would access an advocate if anyone needed this service. An advocate is a professional who can offer support and advice and speak on behalf of a person if needed to promote their rights.

Good

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us that staff were responsive to their needs. One person said, "Very satisfied, kind and thoughtful staff have a nice chat every day, that's more beneficial than anything, makes me feel comfortable." Another person said, "They go out round the block with me with the dog and take me shopping."

In the PIR submitted by the registered manager they said, "Service users are involved in the implementation of their care and support plan, respecting privacy and dignity and also cultural values. Staff provide encouragement and promote independence. They value the service users and families choices and opinions on the level of support they require. Regular reviews of the service users progression and choice."

During our visit we reviewed the care records of people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, support plans had been developed. Support plans also described what support each person needed for visits.

The care records we looked at during inspection were very person centred and detailed what care and support the person needed both at home and while the staff were out in the community with them. For example one person needed reassurance and support to go out shopping and this was detailed what support was needed to do this activity.

Care plans were detailed and risk assessments were also reviewed annually or more often if needed. We saw in records that this happened and when we spoke to people they confirmed that the co-ordinator went out to see them and talk about their package and how it was going and if any changes were needed. The registered manager told us that if anything changed the care staff, person or relative would let them know and the care plan would be reviewed and updated at that time.

Staff told us and people confirmed that they supported people to take part in various activities of their choice such as going shopping, going out for a walk, going for a cigarette, doing exercises and going out in the garden.

We spoke to the registered manager and they told us that where people had specific needs they would try to send staff who were experienced in that area and had knowledge/training in that particular condition. They also said if people had particular preferences they would try to accommodate them.

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. We spoke to people and their relatives and they said they knew how to raise concerns and they would contact the office and speak to the registered manager or the co-ordinator. One person who told us they knew who to go to if they had any concerns said, "Never had to though they are too good."

We saw in the records for one person that the same three staff visited one person and we saw that at one point some time ago this person had expressed concern at getting different care staff going out to them. This had been responded to and dealt with and a letter sent to the person. This meant that concerns were dealt with in a timely and effective manner with a positive outcome for the person.
We saw that people had been asked to provide feedback on the service they had received through questionnaires, telephone calls and at the reviews which were carried out .

Good

Is the service well-led?

Our findings

There was a registered manager in post at the service who had worked there since 1988.

In the PIR submitted by the registered manager they said, "Manager has monthly meetings with Co-ordinator and staff…..service users feedback questionairres are read by the Co-ordinator, passed to the manager then entered onto survey monkey to be included in the report that can be printed off….the manager and Co-ordinator are committed to provide service users with a high quality, person centred care and ensure staff have clear directions on how to achieve this."

People who used the service and staff that we spoke with during the inspection gave very positive feedback in respect of the registered manager and co-ordinator.. They told us that they thought the service was well led. One person said, "They give me advice and always listen to me." Another person said, "The co-ordinator {name} came out to assess me and she is coming tomorrow to see us." One staff member said, "Management are brilliant here to help you." Another staff member said, "We all get a lot of support." One staff member said, "Very good at communication, management included." Another staff member told us, "Management are really good probably the nicest people I have worked for." And another staff member said, "{co-ordinator} runs the service really well she's really calm." Staff told us that the service had an open and supportive culture.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to determine if the service they are providing is of a satisfactory standard and if there are any improvements needed. We found that checks were carried out on some aspects of the service. This included the checking of care plans and medicine administration charts. These documents were checked by the registered manager each month when they were returned to the office and signed to confirm they were satisfactory or if any actions were needed these would be highlighted and taken forward.

We saw a very stable staff team who had worked at the service for a number of years. We found there was a culture of openness and support throughout the service. Staff told us they were aware of whistleblowing procedures and would speak to the registered manager or the co-ordinator if they needed to with no hesitation.
We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that they rang people virtually on a weekly basis to ask their views of the service. People we spoke to confirmed this. We saw a questionnaire that had gone out to people receiving care from the reablement team. The survey was from 2015-2016 and the results were very positive. Feedback examples were, "Excellent service thank you," And "The team were very supportive and helped greatly with advice and help during their time here," And "Girls were very sociable and kind couldn't fault them." People we spoke to told us that they also had the co-ordinator visit them to carry out a review where they were able to discuss their package and any concerns. We also saw positive feedback from reviews in people's support plans.

The registered manager told us about and showed us minutes of staff meetings which were held monthly the last one being February 2016 where among other things on the agenda were timesheets, reviews and holiday forms.