

Staffordshire Healthcare Staffing Ltd

The Care Company - Stoke

Inspection report

The Angel Building
12 Westport Road, Burslem
Stoke-on-trent
ST6 4AW

Tel: 01782757607

Website: www.thecarecompanystafford.co.uk

Date of inspection visit:

10 April 2019

15 April 2019

17 April 2019

30 April 2019

Date of publication:

12 June 2019

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: The Care Company - Stoke is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of inspection there were 46 people receiving the regulated activity.

People's experience of using this service: People receiving support from the service were positive about the care provided by staff. People were supported to remain independent within their own homes. People said they had their dignity upheld by staff and were treated kindly.

People had their needs assessed before receiving support and were regularly reviewed to make sure they were getting the support they needed. People had personalised care plans, which detailed what was important to them and what their choices were regarding their care.

The service worked in partnership with other healthcare professionals to provide a responsive package of care to people. People had risk assessments in place for staff to use to help keep them safe. People were supported to be independent and maintain their social relationships.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Medicines were safely managed. Staff supported people with their medication appropriately and worked in partnership with GPs and other health care professionals to regularly review people's medication and assess their needs.

Staff received regular training and new staff were provided with an in-depth induction programme to provide them with all the necessary skills to support people. The registered manager and provider worked together well to put people at the heart of the organisation.

There was a robust quality and assurance system in place to monitor the quality of care provided to people. People, relatives and staff were asked for their feedback and this was used alongside the quality and assurance system to improve the service.

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

Rating at last inspection: This was the first inspection of the service since it was registered in April 2018.

Why we inspected: This was a planned inspection based on the date of the service registering with the CQC.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in-line with our 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

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 well-led.

Details are in our Well-led findings below.

Good ●

The Care Company - Stoke

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, an assistant inspector and one 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.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day.

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 site visit because they provide a domiciliary care service and we had to make sure staff would be in.

Inspection activity started on 10 April 2019 and ended on 30 April 2019. We reviewed information provided by the service on 10 April 2019. We visited the office location on 15 April 2019 to see the registered manager and to review care records, policies and procedures. We contacted people and their relatives, with prior permission, on 17 April 2019 and spoke to staff on 30 April 2019. We spoke to the registered manager on 15 and 30 April 2019.

What we did: Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information that we held about the service. This included any statutory notifications

received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation and spoke to staff, people and relatives.

We spoke with five people who used service, 10 relatives and five members of staff including the registered manager. We reviewed the care records for three people, medicine records for three people and the recruitment records for two members of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, and information related to the governance 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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around identifying abuse and knew their role in keeping people safe. One staff member told us what they would do if they saw anything of concern and said, "Do not hesitate to escalate it straight away."
- There were safeguarding policies and procedures in place at the service. The registered manager investigated all concerns in line with the policy and raised concerns to the local authority.

Assessing risk, safety monitoring and management

- People had personalised and environmental risk assessments in place. These were regularly reviewed, and staff were able to follow these to help keep people safe.
- Staff assessed risks to people and escalated these to management appropriately. One staff member commented, "Everyone is cared for and safe."

Staffing and recruitment

- There was enough staff to support people safely and one relative told us, "My Mum has familiarity and continuity and is very safe with the carers."
- Staff recruitment was safe. All new staff had appropriate pre-employment checks in place to make sure they were suitable to deliver care.

Using medicines safely

- Medicines were managed safely. Staff had received training in medicine administration and had their competencies checked.
- People's medicine administration records were accurately completed and audited regularly.

Preventing and controlling infection

- There was an infection control policy in place at the service and staff had received training around preventing and controlling infection.
- Staff had access to personal protective equipment (PPE), for example aprons and gloves, and told us, "PPE is provided free of charge."

Learning lessons when things go wrong

- Accidents and incidents were investigated, and outcomes shared with staff, people and relatives.
- The management team shared lessons learned with staff and the wider provider group when incidents occurred.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People receiving support from the service had their needs assessed and delivered in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence (NICE) guidance.
- People and their relatives consented to each aspect of their care and there was documented evidence to support this.
- People and their relatives were involved at every stage of their care planning and were part of regular reviews. Daily logs showed what support each person had received. One relative commented, "They keep comprehensive notes and MARS (medicine administration record) sheets are recorded and all signed. The previous company were very shabby compared to this one. The care plan is followed."
- Initial assessments were completed for people before the service provided care. These assessments were very detailed and covered physical, emotional, well-being and social needs.

Staff support: induction, training, skills and experience

- Staff told us that they were supported by the management team through regular supervisions and competency checks.
- Staff received regular training and an in-depth induction which also included the 'Care Certificate'. One staff member told us, "We get all the training we need. We can request additional training and, when you don't feel confident, they will give you additional training They won't let you sign off until you feel confident."

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

- Some people were supported by staff with their meals. People were encouraged to make choices about what they ate and drank.
- Relatives told us people always had plenty to eat and drink. A relative said, "They make sure Mum has breakfast and cups of tea."

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

- People's care records detailed advice and guidance from other healthcare professionals, for example GPs and the district nursing team.
- Staff told us that if they saw a change in the person's needs they would refer or contact the correct agency. One staff member described a time they had contacted the local GP for one person who had taken ill.
- Staff supported people to make their homes comfortable and helped them access services to improve their well-being. For example, occupational therapy teams to provide walking aids.

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

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

- People and relatives we spoke to were complimentary about the staff who supported them. One person told us, "I like all my carers, they are very nice."
- Staff spoke kindly about people, knew them well and their personal preferences. One staff member said, "Many service users have told me how happy they are with the care and the care they receive from the staff. I can rest assured my service users are well looked after."
- There were equalities and diversity policies in place at the service and staff had received training around this.
- People and relatives told us about the positive relationships with staff. One relative said, "They always arrive on time to my Mums and treat her very well, they interact very well with her and joke and laugh she likes that."

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

- Staff worked with people, relatives and healthcare professionals to make sure all their needs were met.
- People were involved in all aspects of their care. One staff member commented, "Clients are involved in their care and get the best support available."
- The service promoted advocacy and there was information available for people and relatives to access these services in their service user pack. Advocacy services support people to express their views and choices relating to their own individual care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans were individual and person-centred.
- People told us they felt respected by staff. One person told us, "I am treated with great respect and I am very appreciative."
- Relatives we spoke to told us how people's privacy and dignity were upheld. One relative said, "They show my Dad dignity and respect and they have a good rapport with him."
- People were supported to remain as independent as possible within their own homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported with social inclusion by the staff. People and relatives we spoke to, all told us about the staff taking time to have conversations with people whilst supporting them.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example speaking directly to a person or speaking in short, loud sentences.
- Care plans detailed people's choices for their support, for example time of calls, who supported them and how they wanted to be supported.
- Care files showed people's needs were regularly reviewed and audited to make sure they were getting the support they needed. One relative told us, "I am very happy with the service provided to my Dad, there are no problems. I can't fault any of it, the manager comes out and does reviews, they are all very pleasant and he is safe in their hands."

Improving care quality in response to complaints or concerns

- The registered manager investigated all complaints and concerns in line with the service's complaints policy.
- People and their relatives had access to the complaints policy and knew how to raise a complaint.
- Outcomes from complaints were used as a learning scenario and shared with the staff team to improve the quality of care provided to people.

End of life care and support

- At the time of our inspection no one was receiving end of life support.
- There was an end of life policy in place at the service and staff had received training in supporting people with this type of care need.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives were positive about the service and staff. One person told us, "They treat me well and they spoil me. I know all the carers very well and they are all very good. I get plenty to eat and drink and they keep my house tidy. They are well trained."
- If things did go wrong apologies were given to people and relatives, lessons were learned, and these were used to improve the service.
- A relative told us about how initially care plans didn't fully reflect what was needed by a person. They were positive about the action taken by the registered manager. They said, "I think the service is well led as the manager sorted out the problems and everything in the care plan was tweaked."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of their responsibilities and escalated all safeguarding concerns appropriately to the local authority. They had a good understanding of their responsibility to notify CQC of things which affected people who used the service, such as accidents and matters of concern.
- The quality and assurance systems in place effectively monitored the care provided to people. Regular audits were completed and the results from these were used to improve the service.
- Staff told us morale was good. One staff member commented, "Really good staff morale but we work between ourselves we sort things straight away. Love to coming to work. All the staff enjoy the job, with the support of the management and it's nothing but good so it gives you a boost. Communication is good too."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service asked for feedback from people, relatives and staff to help improve the service.
- Staff told us that they discussed lessons learned from incidents and improvement ideas during supervision and team meetings.
- People were asked for their views on the service and any concerns were addressed immediately by the registered manager.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible in their homes.
- Care records showed involvement from the local nursing teams, GPs and other health and social care

professionals.