

Care Homes Stoke Limited

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Inspection report

Park View Day Centre
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Date of inspection visit:
16 May 2017
17 May 2017

Date of publication:
19 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was announced and took place on 16 and 17 May 2017. Car Homes Stoke provides personal care to people in their own homes. At the time of our inspection the service was supporting 117 people. We last inspected this service on the 9 November 2016 where we identified a number of concerns. This inspection was carried out to see if the provider had made improvements since the last inspection. We found some improvements had been made, however there were further improvements required.

There was a registered manager in post at the time of the inspection. 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. The registered manager was also the provider.

People told us there were ongoing concerns relating to late calls and they were not consistently supported by sufficient numbers of staff to ensure their safety. The systems in place to ensure the safe management of medicines had improved however further improvements were required to the audits and checks that were completed to ensure people received their medicines as prescribed. People told us they felt safe and their risks were appropriately managed by staff. Staff had up to date information on people's risks and how to manage them. People were supported by staff who knew how to recognise and report concerns about their safety. People were supported by staff that had been recruited safely.

People were supported by staff with the skills, knowledge and required support to provide safe and effective care. 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. People who were supported by staff to prepare and cook meals of their choice and staff understood how to meet people's specific dietary requirements. Where people were at risk of poor nutrition or hydration this was being monitored. People were supported to access healthcare professionals if required.

People told us staff were kind and caring and they were encouraged to make day to day decisions about their care and support. Staff respected people's choices and promoted people's privacy and dignity and encouraged their independence.

People were not always supported by a consistent staff team. Improvements had been made to people's care records which now contained personal information regarding people's specific needs and individual preferences, however not all records had been update at the time of this inspection. Most people and their relatives were invited to attend care reviews and provide their input. Staff were informed of any changes to people's care needs to ensure they were able to provide effective support. The provider had made improvements to the complaints process and we saw complaints were documented, investigated and appropriate action taken to address concerns raised.

The provider had made progress in developing systems and processes to monitor the quality and

consistency of the service. However these were not always effective at identifying the required improvements. There were processes in place to enable people and their relatives to provide feedback on the service. Staff felt supported in their roles and were confident to raise ideas or suggestions about how to improve the service or care for people. The provider understood their responsibilities to notify us of certain events such as allegations of abuse and serious injuries and had done so appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Further improvements were required to ensure people were consistently supported by sufficient number of staff. The systems in place to ensure the safe management and administration of medicines required further improvement. People felt safe and they were supported by staff who understood their risks and how to manage them. People were supported by staff who knew how to recognise and report signs of harm or abuse.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge and appropriate management support to deliver their care. People's rights were protected as the provider was appropriately applying the principles of the Mental Capacity Act. People were offered choices of food and during and where required their food and fluid intake was being monitored. People were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People were supported to make choices about their care. People were supported by a staff team who understood the importance of treating people with dignity and respect and promoted their independence.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not always supported by a consistent staff team. People's care records took account of their individual needs and preferences and changes to care needs were regularly reviewed and documented. People and their relatives were encouraged to

take part in care reviews. Complaints were investigated and responded to.

Is the service well-led?

The service was not consistently well led.

The providers systems and processes to monitor the quality and consistency of the service were not always effective at identifying the required improvements. People and their relatives were provided with opportunities to give feedback on the service. Staff felt supported in their roles and felt their views and suggestions were listened to.

Requires Improvement 

Care Homes Stoke Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 May 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

Before the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or serious injuries. We also contacted the local authority service commissioners and the safeguarding team for information they held about the service. We used this information to help us to plan the inspection.

During the inspection we spoke with three people who use the service and nine relatives. We also spoke with six care staff, a senior care staff member, a senior care coordinator, the HR and training manager, the care manager and the registered manager who was also the provider. We reviewed a range of records about how people received their care and how the service was managed. These included seven people's care records, three staff files and records relating to the management of the service. For example quality checks, accidents and incidents logs and complaints.

Is the service safe?

Our findings

During the last inspection completed on the 9 November 2016 we found a number of concerns relating to the safety of people. We found the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider was not ensuring care and treatment was being provided in a safe way. We also found a breach of Regulation 18 as there were insufficient staff to ensure people's safety and needs were met. We asked the provider to send us an action plan to advise us of how they would make improvements. During this inspection we found the provider had made improvements and were meeting their legal requirements, however further improvements were required.

At the last inspection we identified there were not always sufficient numbers of staff to ensure people received their calls on time and care for people safely. During this inspection we found the provider had taken some action to try to address this. They told us they were continuing to recruit more staff and had introduced a number of payment related incentives to prevent a high turnover of staff. We also saw staff deployment had been reviewed to ensure staff were allocated to calls within a geographical area to reduce travel time. However we found further improvements were required. People we spoke with gave mixed responses about their calls being on time. One person told us, "It can vary 1 hr 20 minutes is the most I have waited, this happens on rare occasions". They told us staff absence could cause variations on whether calls were on time. A relative said, "There are problems with staff and their time keeping". They told us on occasions their family member had had to take their own medicines or these had been administered by a family member as staff had been late. Another person said, "Yes they come on time." A further relative we spoke with said, "They generally arrive on time, occasionally they can be late if they are dealing with an emergency but they do let you know". Staff we spoke with told us that whilst there was always the appropriate numbers of staff present at call, for example two staff where a person required the use of a hoist, they told us they were frequently late to some calls. Records we looked at confirmed what people and staff had told us. We spoke to the provider and they were aware of the concerns and were taking steps to improve this. They had recently introduced a call monitoring tool which they were using to identify patterns and trends and were taking action to recruit more staff. This meant that people were not consistently supported by sufficient numbers of staff to ensure their calls were on time to ensure their safety.

During the inspection carried out on the 9 November 2016, we found the provider was in breach of Regulation 12 as the provider did not have systems in place to ensure the safe management and administration of medicines. During this inspection the provider had made improvements and had systems in place to check people's medicines were administered safely and as prescribed. However they were not always effective and required further improvements. People who received support from staff with their medicines told us they were given their medicines as prescribed and on time. One relative told us, "[Person] was forgetting to take their medicines; they are more stable now as medicines are being given as prescribed". People were supported to take their medicines by staff that had been suitably trained and deemed as competent. Staff we spoke with told us they received regular medicines training which included a written test and they were spot checked. Records we looked at confirmed this. We looked at people's medicines administration records (MAR) and the systems in place to check people's medicines had been administered as prescribed. We found regular checks of people's records were completed which identified

improvements that were required and we saw appropriate action had been taken. However we found these audits were not consistently identifying concerns with the recording practices. For example we found one person's prescribed creams and eye drops had not been signed for on a number of occasions. Whilst we were assured the person had been given their creams as prescribed this had not been accurately documented on the person's MAR chart. This meant the provider had improved the systems in place to ensure people's medicines were managed safely and administered as prescribed, however further improvements to the safety checks completed were required.

During the last inspection we found the providers systems and processes to assess and manage risk required improvement. During this inspection we found the provider had made improvements to the assessment and management of risk. People and relatives we spoke with told us they felt safe and their risks were appropriately managed by staff. One relative said, "[Person] is at risk of getting sore skin. The staff put creams on and regularly check their skin and will inform me if there are any changes". People's care records contained detailed information about their identified risks and how to manage them. For example, where people were at risk of getting sore skin or pressure sores this was clearly documented and the actions staff were required to take to mitigate the risks were recorded. Staff we spoke with had a good understanding of people's risks and how to manage them. Where people's risks had changed we found staff had been made aware of the changes and the records had been updated. For example, one staff member told us about a recent change to a person's risk of choking. We found they were aware of how to appropriately manage this risk and saw the person's record had been updated to reflect the change in risk. This meant people were supported by staff that had up to date information on people's risks and how to manage them.

At the previous inspection completed in November 2016 we found the provider was not always analysing accidents or incidents in order to identify patterns and trends and take action to prevent them from re-occurring. During this inspection we found improvements had been made. Accidents and incidents were being documented, appropriate action was being taken and the provider was now analysing the information to mitigate risks. For example, we found one person had been identified as having increased mobility difficulties. We saw this pattern had been identified and the person had been referred to the appropriate healthcare professionals for review. Staff we spoke with knew of the required action which should be taken in the event of an accident or incident and records we looked at confirmed staff were appropriately recording incidents. This meant there were systems in place to ensure people's safety.

People were supported by staff who knew how to recognise and report concerns of harm and abuse. Staff had received training in keeping people safe and records we looked at confirmed that concerns about potential abuse had been appropriately escalated to the local authority safeguarding team. Staff were aware of the providers whistleblowing policy and told us they would be confident to use it if required. This showed there were systems in place to ensure people were protected from the risk of harm or abuse.

People were supported by staff that had been recruited safely. Staff told us they were not able to work with people on their own until the provider had received suitable pre-employment checks, such as references and DBS checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at confirmed this.

Is the service effective?

Our findings

During our last inspection we found staff were not always receiving appropriate training and support to enable them to care for people effectively. During this inspection we found significant improvements had been made. People were supported by staff that had the skills and knowledge to deliver their care. A relative we spoke with told us, "The staff seem well trained and they know [person's] needs well". Another relative said, "There are always two staff when they are hoisting and they do this safely and carefully there has been no accidents". Staff told us they had to complete an induction which included training, shadowing more experienced members of staff and the completion of the care certificate. The care certificate is a set of national minimum standards that new care staff must cover as part of their induction process. Staff had access to ongoing training to ensure they were kept up to date with legislation and best practice. Staff told us they had access to regular support from their line manager both formally through one to one supervisions and informally as and when required. One staff member commented, "I have brilliant support, regular one to ones and the managers always have time for me". Staff also told us they were spot checked and they were given feedback on good practice or areas for improvement. This showed people were supported by staff who were suitably skilled and supported to undertake their role.

At our inspection carried out on the 9 November 2017 we found the provider did not have an understanding and was not appropriately applying the principles of the Mental Capacity Act. During this inspection we looked to see if the provider had made improvements and found that they had. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff who sought their consent before supporting them. One relative said, "Staff will ask before they start doing care and support". Another relative said, "[Person] is offered a shower, sometimes [person] refuses but they don't force them". Staff demonstrated a good understanding of the importance of gaining people's consent. One staff member said, "I ask people and if they cannot give verbal consent I will look for signs of body language or facial expressions that may show signs of consent". Where people lacked capacity to make decisions the provider had completed a decision specific capacity assessment and where required meetings were held with other relevant individuals to make decisions in the person's best interests. This meant the provider was appropriately applying the principles of the MCA to ensure people's rights were upheld.

At the last inspection we found people's specific nutritional requirements were not always documented to enable staff to provide people with the appropriate support required. During this inspection we found people's specific dietary needs had been assessed and there was appropriate guidance for staff to follow to ensure people's nutritional and hydration needs were met. People who were supported by staff with their meals told us they were offered choices. Staff were aware of people's individual likes and preferences in relation to food and drink and could tell us about people's specific dietary needs. For example, people who required their food to be cut up to reduce the risk of choking. Where people were at risk of poor nutrition or

hydration this was being monitored and concerns were appropriately referred to other healthcare professionals. We looked at a compliment completed by a relative. It stated, "[Person's] weight is increasing this is down to the care of the staff". This meant people were supported to make choices about what they ate and drank and received the appropriate support to eat and drink sufficient quantities when required.

People mostly managed their healthcare appointments themselves or were supported by relatives. Staff understood the action they needed to take if they noticed a decline in a person's health or wellbeing and we saw where there had been concerns this had been reported and appropriately escalated. One person told us how they had been ill and senior staff had been concerned and had visited them to check they were ok. People's records contained information about other healthcare professional's involvement such as speech and language teams and district nurses. Staff were able to tell us how they were following healthcare professional guidance. For example, the specific actions required to reduce the risk of people getting sore or broken skin such as repositioning, application of creams and pressure relieving equipment use.

Is the service caring?

Our findings

At the last inspection people told us they felt their care calls were rushed. During this inspection although people told us staff could be late we found there had been improvements in the length of time staff were staying during visits. Most people and relatives we spoke with told us staff stayed the full duration of the call.

People and relatives we spoke with told us staff treated them well with kindness, dignity and respect. One person said, "I talk with the staff and we have gentle laughter." One relative said, "Staff are professional, polite and clean". Another relative said, "Staff are very kind to [person]". A third relative told us, "Staff are absolutely brilliant, they care for [person] in a way I would do myself, you can't fault the care". One staff member said, "People need to be treated with respect, if you show the respect they will respect you." People and their relatives told us they had good relationships with the staff. One relative said, "The staff have a good relationship with [person]". Another relative said, "They are kind and friendly not only to [person] but to me as well. They brighten my day and we have a lot of banter". Staff we spoke with demonstrated a kind and caring approach to the care and support they provided and told us they developed good relationships with people. One staff member said, "The name of the game is caring for people". Another staff member told us, "If we are supporting people with meals I will always ask if I can go in their cupboards to look at what food is in, it's important that people have control over their own home". This showed that people were treated kindly and with respect.

People were involved in making day to day choices about their care and support. People and relatives we spoke with told us staff always provided choices when delivering care. One relative said, "Staff will offer choices like clothes, food and drink and they allow them to make the decisions for themselves". Staff told us about the ways in which they encouraged people to make a range of choices whilst carrying out care and support such as, a choice of clothes and food. One staff member said, "We always offer people choices". They shared examples of how they ensured people who were unable to communicate verbally were provided with choice and control over their care, such as showing them a selection of clothes for them to choose or the options of food and drink that were available to them. Staff told us they were respectful of people's choices. One staff member told us about a person who sometimes liked a 'lazy day' and would wear their nightwear as they respected this and always asked them if they wanted a 'lazy day' or to get showered and dressed.

People were supported by staff who understood the importance of maintaining people's privacy and dignity and promoted their independence. One person told us how staff encouraged them to do some gentle exercise and maintain their mobility by supporting them to have a short walk outside. One relative said, "Staff always maintain her privacy and dignity they draw the curtains and cover them with a towel when they are on the commode." Another relative told us, "Staff will encourage [person] to do what he can for himself but will support when necessary". Staff shared examples of how they worked to maintain people's privacy and dignity such as closing doors and curtains when supporting people with personal care and covering them with a towel. One staff member said, "Some people are very independent and can do a lot for themselves so we are just there to support". Another staff member told us how a person they supported could be independent but needed time to complete tasks. They told us how they waited with them and

were patient to allow them to do things for themselves.

Is the service responsive?

Our findings

At the last inspection we found the provider did not complete person centred care plans and was not involving people and their relatives in the planning and review of their care. We also found the provider was not always responding appropriately to complaints. During this inspection we found improvements had been made, however further improvements were required.

People were not always supported by a consistent staff team or by staff they preferred. We received mixed views from people and their relatives. One relative said, "We get consistent staff". Another said, "[Person's] has dementia. They get used to staff and become confident with them and then they leave, it is not ideal for him to be having different staff". Some people and relatives told us their requests for female staff had been respected, whilst others told us their preference was not always provided. Staff we spoke with told us they were mostly given the same people to visit and records we looked at confirmed this. However staff told us that staff absence or staff leaving the company could have an impact on staff consistency or the ability to provide people's preferred staff. This was confirmed by the registered manager. The registered manager had identified this as a problem and was taking action to try to improve this.

During the last inspection we found people's care records lacked personal detail and did not reflect a person centred approach to care delivery. At this inspection we found people's care records had been updated and contained personal information regarding their needs and preferences. Records also contained information about people's personal history. Staff we spoke with had a good understanding of people's needs and preferences. Most people and relatives we spoke with told us staff knew their needs and preferences well. One relative said, "[Person] likes a glass of cloudy apple and the staff will pour [person] one". A staff member said, "I have got to know people well, their preferences and needs". Where people's needs had changed we saw their care records had been updated. For example where a person required to be cared for in bed following discharge from hospital. Staff were made aware of changes in people's needs. One staff member said, "If we pick up on an issue we think needs changing we report it and the care plans are updated. We are informed of any changes by a messaging system". Another staff member told us, "All the information I need about the people I am supporting is to hand before I go so I know what I am doing". Following the last inspection the provider had introduced a new care planning tool. We saw that they had made good progress at transferring people's information a more person centred care plan, however at the time of the inspection not all records had been completed.

At the last inspection we found people and their relatives were not involved in the planning and review of care. During this inspection we found improvements had been made. Most people and relatives we spoke with told us they had been involved in the planning and review of their care. One person said, "Yes I was involved in the review of my care". A relative said, "We have reviewed and me and [person] can have our say". Staff who completed care reviews told us they involved people in the process as much as possible. Records we looked at showed people's care was being reviewed and documented. People and their relatives were asked about the service they were receiving and if the current arrangements for care and support were sufficient. This showed the provider had made improvements to involve people and their relatives in the planning and review of their care.

People and their relatives knew how to raise concerns or complaints and felt confident to do so. During our last inspection we found people's complaints were not always responded to appropriately. During this inspection we found improvements. The provider had a complaints policy in place to appropriately manage complaints. We saw complaints had been documented, investigated and responded to. For example, the care manager or registered manager had visited people to discuss their concerns, the action they were taking and where required an apology had been offered. This meant the provider had a system to ensure complaints were appropriately managed.

Is the service well-led?

Our findings

During the last inspection we rated the well led domain as 'Inadequate'. We found the provider did not have sufficient systems in place to monitor the quality and consistency of the service and was not using feedback to drive improvements. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not have sufficient governance systems in place to assess monitor and improve the quality and safety of the service. We also found the provider was in breach of Regulation 18 of the registration regulations as they were not appropriately notifying us of events they are required to do so by law. A registered person must, insofar as they are applicable, comply with the registration regulations requirements specified in relation to any regulated activity in respect of which they are registered. At this inspection we found there had been some improvements and the provider was now meeting their legal requirements. However further improvements were required.

The provider had developed some systems and processes to monitor the quality and consistency of the service. For example medicines audits and checks of people's daily records were being completed to ensure their care was being delivered in line with their care plan. Spot checks on staff were also now being completed. However, some checks had not been documented to show the actions that had been taken to make the required improvements. For example the provider told us they regularly collated people's daily records to check care was being completed in line with people's care plans. We saw people's daily records available in the office. The registered manager told us these checks were carried out to identify if care was being provided in line with people's needs and to identify any concerns which may require further action. However these checks were not documented and there was no record of the actions taken where there were concerns over a persons' care or wellbeing. The medicines audits had not identified some of the recording concerns we found during the inspection. We discussed our findings with the provider and the care manager who acknowledged further developments were required. They told us they would take the necessary action to address these issues. The provider had completed an action plan following our last inspection and we saw they had made some progress in achieving some of the actions. However there was some work outstanding.

During our last inspection we identified that people were frequently having late calls. During this inspection we identified ongoing concerns. The provider had identified these concerns and was taking action to make the required improvements. They told us they were continuing to recruit staff and had implemented a number of incentives to reduce staff turnover. They had also looked at the deployment of staff and had implemented a system to monitor call times. This showed that the provider was using information and feedback to make improvements. However the changes had not yet improved people's experience of call times. Further improvements were required to ensure people had sufficient numbers of consistent staff who arrived consistently on time to their care calls.

At the last inspection we found the provider was not using people's feedback to drive service improvements. At this inspection we found improvements had been made. People and their relatives were invited to provide feedback on the service they received. Most people and relatives told us they were asked about their experiences of the service. We saw people were asked about their views on the quality of service through

care reviews and an annual satisfaction survey. We looked at some completed surveys and saw there were positive comments which included positive comments about staff, consistency of staff and care that had improved outcomes for people. We saw complaints had been acted on and used to make improvements. For example, we saw one complaint relating to the standards of care by a staff member. We saw the provider had taken appropriate action to address this issue. In another example a complaint had been made about a person's care plan not being updated to reflect a persons' change in need. We found the provider had promptly updated the person's care plan and notified staff of eh changes. The provider had implemented a new annual satisfaction survey which had not yet been distributed. The provider has systems in place to collate feedback from people and was using these to drive improvements.

Staff felt supported in their roles and told us the management team were supportive and approachable and felt their ideas or concerns were listened to. One staff member said, "I can raise concerns". Another staff member told us about an idea they had raised to try to improve a persons' care. They told us that this was currently being looked into by the management team. A third staff member told us, "It's an open door if you have any problems you can speak to someone if needed, the support is always there is you need it. I am adequately supported in my role. This showed staff were supported in their roles and their ideas and concerns were acted on.

At the last inspection the provider was not appropriately notifying us of event they are required to do so by law, such as allegations of abuse or serious injuries. At this inspection we found the provider was now meeting their requirements and had submitted relevant notifications to us as required.