

Stennack Homecare Limited

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Inspection report

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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

About the service

Stennack Homecare Limited is a domiciliary care agency. The service provides personal care to people living in their own houses or flats. At the time of our inspection there were 20 people using the service.

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

People we spoke with were positive about the agency and the support provided. People told us, "I am generally satisfied with the support I receive", "Nothing is too much trouble for them [staff]" and "Having this support has given me some respite and peace of mind."

Staff understood the importance of safeguarding people from the risk of abuse. Training was provided and regularly updated. Staff were reminded of safeguarding issues and practices in meetings to ensure information was up to date.

People told us they felt safe with their care workers. A relative said, "I don't know what we would do without them. Yes, completely safe". Staff were recruited safely and were deployed to suit the specific needs of people.

People were supported to have maximum choice and control of their lives 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.

Most people administered their own medicines, but where staff supported people, they managed medicines according to national guidelines. Support for people was planned to ensure the persons needs and wishes were considered.

There were individual risk assessments which were person centred to ensure people were protected and could be supported safely. Staff knew clients well and demonstrated an understanding of their individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

Safe infection control measures were followed by staff and there was enough PPE available to support this.

Records showed staffing levels had recently been increased to ensure any gaps were filled. People told us this had improved visiting times. There was a good skill mix. A staff member told us, "We are a really strong team and support each other." Three people using the service told us staffing had been an issue affecting call times. However, they told us this had improved, and it was rare for calls to be late. There was an ongoing recruitment process in place.

Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff

were appropriately trained, and their competency regularly checked, to ensure people's needs were met.

There was a range of auditing systems in place and these were completed regularly and used to drive improvements. The registered manager had a clear role and their responsibilities were understood by the staff team.

People told us they had confidence in the registered manager. When things went wrong the registered manager reviewed how things were done to identify areas for improvement.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 15 February 2022 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Stennack Homecare Limited

Detailed findings

Background to this inspection

Inspection team

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 registered manager was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection 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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection. We visited the location's office on 16 November 2022.

What we did before the inspection

We used the information the registered manager sent us in the registered manager information return. This is information registered managers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. In addition, we received feedback from 4 members of staff, and the registered manager. We received feedback from 1 professional. We looked at a range of records. This included 2 people's care records, 2 recruitment files, training records, medication records and audits 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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People we spoke with told us they felt safe with their support staff. Comments from people and relatives included, "We are really well supported. I trust all the carers", "Very caring and yes I do feel safe" and "The carers always make sure we are safe and comfortable before they leave."
- There were effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings and through staff development meetings. Staff confirmed they had received training and they had regular updates.
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been identified and assessed so that staff understood people's individual risks and what actions were needed to reduce or manage risks.
- Peoples care records included risk assessments considering risks associated with the person's environment, their care and support, medicines and any other factors.
- The registered manager ensured communication with people using the service and families took place so that they understood their assessment and what support would be delivered.
- Regular audits were completed, and lessons learned were acted upon to mitigate future risk. For example, recognising the boundaries of care where challenges had occurred.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the assessed needs of the people in a person-centred and timely way. Staff confirmed the office were supportive. People told us, and the registered manager confirmed there had been staff shortages which had meant they and senior staff had been supporting people to ensure calls were not missed. Some people told us they had experienced late calls, however all said this had improved. There was now a skill's mix and all calls were being monitored. People told us, "It has been difficult for them [staff] but it's a lot better now" and "They [staff] are a really good bunch and there are more of them now so no late calls."
- The registered manager's recruitment practices were robust and staff records confirmed appropriate checks were undertaken before they supported people in the service. Staff files showed a range of checks including references, an application form, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as

unfit to work with vulnerable adults

Using medicines safely

- Most people using the service administered their own medicines or relatives were responsible. Where medicines were administered, they were managed safely.
- Some people were prompted to receive their medicines as prescribed by their doctor. Families told us they administered their relative's medicines and staff were not responsible. This had been identified in the persons care plan. Where staff did administer medicines, they were competent. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- Regular competency checks were made by registered managers to ensure medicines were being administered and recorded safely.
- There was a regular auditing process carried out by the registered manager.

Preventing and controlling infection

- There were effective systems in place to protect people from the risk of infection and cross contamination including COVID-19. Staff told us personal protective equipment (PPE) was available to them when they delivered care to people.
- Staff told us they received had received training in the use of PPE and infection control procedures.

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 of this newly registered service. We have rated this key question 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

- People's needs were assessed before the service agreed to provide care to ensure the person's individual needs and preferences could be met. Initial assessments were carried out by the registered manager or senior staff. Any additional needs identified during these visits were documented and added to people's care plans.
- Information gathered during the assessment process helped to form care plans, with involvement from family and health and social care professionals to ensure an efficient service was delivered. A relative told us, "The assessment was very good and they [registered manager] regularly review [person's name] and make changes if they have to."
- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service ensured there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.

Staff support, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles efficiently. Staff spoken with explained training was provided and they were supported to attend courses relevant to their roles.
- Staff told us they felt supported by the manager and received one to one supervision sessions. Records confirmed this.
- Staff told us they received an induction at the start of their employment with the service.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. There had been some gaps in the training records, however due to the increase in staffing levels the registered manager had increased access to training for all staff.

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

- People were supported with meals and refreshments which they preferred, and which met their dietary requirements.
- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- Records documented people's likes and dislikes and identified any associated risks with eating and drinking.

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

- Care plans detailed where people may need support to monitor health needs and where they require

support to attend any healthcare appointments and what risks they entailed.

- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Staff promptly referred people to other professionals when their needs changed. This ensured people could get support required from health or social care professionals. For example, where a person's needs had changed and staff were struggling to support the person, the registered manager had involved professionals to support them in the decision-making process to ensure improved outcomes for the person.
- The registered manager and senior staff monitored calls and informed people if calls would be late. Some people told us this did not always happen. We advised the registered manager of this who agreed to act on the information immediately. People told us, "They [staff] generally let us know if there is a delay. It doesn't happen very often" and "It would help if they let me know if they are going to be late".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported in accordance with the requirements of the MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service helped ensure decisions made on people's behalf would be in a person's best interest.

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 of this newly registered service. We have rated this key question 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

- Staff were described as very kind and thoughtful. One person said, "They [staff] all so lovely. Kind and caring and very patient. It takes me some time to get going in the morning."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.
- People were supported to maintain their independence. The registered manager completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. Where specialist equipment was required to help people maintain their independence the service worked with professionals to ensure they could operate it effectively and safely.

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

- We received positive feedback about the staff and the management of the service in relation to respecting people and promoting their independence. A relative told us, "I have complete confidence in the staff. They know [person's name] well and know what they need."
- People were supported to be involved in day to day decisions and as much as possible had control over their daily routines. However, some people told us there had been some disruption to their support due to staffing issues. They told us this had now greatly improved.
- Care plans also contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.
- People were asked their views on how the service was delivered through ongoing communication and reviews.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. The provider had a range of policies in place to help staff to promote people's privacy and dignity and information relating to advocacy services was available. Advocacy seeks to ensure people can have their voice heard on issues that are important to them.
- People were supported to retain their independence. The systems within the service supported them to maintain the life skills they had and promoted their independence. One person told us, "I like to be as independent as possible and the staff support me to do this."
- People's confidential information was kept securely. Information held on electronic recording systems required specific access requirements for security.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- There were systems in place to ensure the planning of people's care and support was person centred and tailored to individual needs and choices. Care plans and risk assessments had been developed. They provided detailed information for staff and helped them to deliver support in a way which would best meet people's needs.
- There was an effective communication system to support the staff team. Information was shared with the staff team. Staff told us they had the information they needed to support people and any changes were passed to them. One person said, "It is really important for us to know the information because things do change."
- Staff were skilled at identifying when someone was becoming distressed or feeling anxious. There was guidance in place to help the person feel calm and reassured. The registered manager told us they supported staff and recognised where some people may need additional support which the service could not provide in the best interests of the person. There were examples of the service working with other agencies in these circumstances.
- People told us they were encouraged to make decisions about how they preferred their support to be delivered. One person told us, "I do have choices as not every day is the same." Some people were supported to make decisions by others who were involved in their care, such as relatives or community professionals.
- A relative told us they were kept up to date with how their family member was being supported and if any changes were needed. One person said, "They [registered manager] keeps me up to date and we talk about any changes. I do have my say."

Meeting people's communication needs

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

- People's communication needs formed part of their care plan, which detailed how they preferred to be communicated with.
- People and their relatives said staff communicated well with them, including keeping them up to date with any changes to service delivery.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. For example, where one person's support package had increased the registered manager looked at community activities that might be suitable for them to be supported with.
- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- The service had an effective system for people to raise concerns or complaints. People and their relatives knew how to complain. One person told us, "I have had to raise some issues in the past, but they were sorted out quickly. [Registered manager] has been very supportive"
- People had the opportunity to raise any issues during their care plan reviews.
- The registered manager continued to learn from any issues arising and shared this with the staff team during team meetings with the aim of improving the care provided.

End of life care and support

- The service supported people reaching the end of their lives. Staff received training and ongoing support for delivering end of life care and support. There were five condolences cards and thank you messages for staff. Staff told us they were proud to support people and families through end of life care and support. They told us they built good relationships with the family.
- End of life care planning records were in place. Staff delivered end of life care and support and had access to a health services for escalation of clinical 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 of this newly registered service. We have rated this key question 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

- The culture within the service was open and centred on the people who used the service. The registered manager told us they had developed an inclusive culture in the staff team, and this was supported when we spoke with staff. They told us, "There have been some challenges, but I think we are in a good place now", "The registered manager is always available when I need to speak about something. If not, I can speak with the seniors" and "Lots of changes but I think they have all been for the better. It is a lovely service wot work in."
- People told us staff were helpful and approachable and communicated well with them. One person said, "The service is very good for us. There have been some staffing problems, but I believe it's all sorted out now. It is for us." Another person told us the registered manager or senior staff were approachable and, "Very helpful. Kind and respectful."
- Peoples care plans were person centred and recorded details about specific needs and choices. These were kept under regular review and updated when necessary.
- Staff were committed to providing the best possible support for people. They demonstrated a good understanding of people's individual needs and preferences.

How the registered manager understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and staff understood their regulatory responsibilities. Relatives were kept well informed of any events or incidents that occurred.
- The registered manager was committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their role and responsibilities. They were committed to developing the service for the benefit of people using it.
- The registered manager had notified CQC of any incidents in line with the regulations.
- The registered manager had systems which effectively monitored the service. Regular audits and checks were completed. Internal practices were embedded to check on staff performance and management systems. Audits had highlighted areas for improvement and action plans had been devised to ensure

improvement would be made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were developed to ensure people and relatives were fully engaged. People knew the management team well. People using the service and their families told us they would have no hesitation in contacting the management team if they needed to.
- Engagement with all stakeholders was seen as important in measuring the agencies performance in order to develop the service further. The service planned a survey to gain the views of all stakeholders. People had been asked their views and involved in decisions about their care. One person told us, "Yes. I am asked my views especially at my reviews."
- Staff told us they felt valued. One staff member said, "I think it is a good place to work. Feel very supported". A professional told us the registered manager was good at communicating with them in the best interest of the person using the service.

Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.