

## Stoke-on-Trent City Council

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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a short or longer-term service to adults to help maximise their independence.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were 61 people receiving personal care at the time of this inspection.

This inspection site visit took place on 29 June 2018. Telephone calls to people, relatives and staff took place on 28, 29 June and 5 July 2018. This was the first ratings inspection for the service.

There were two registered managers 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.

People were safeguarded from abuse. People had plans in place which supported them to reduce the risks to their safety.

There were enough staff employed to provide consistent care to people. People received support from staff to administer their medicines safely. People were protected from the risk of infection. The registered managers had systems in place to learn when things went wrong.

People's needs were assessed; and care plans were in place to guide staff. Staff received the training and support they needed to deliver effective care. People were supported to eat and drink enough and their choice was promoted.

People were supported to have maximum choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice. People were supported to access health professionals when required.

People were supported by caring staff that protected their privacy and dignity. People had support to make decisions and choices about their care and maximise their independence.

People's preferences were understood by staff and recorded in their care plans. Care plans were developed alongside people and regularly reviewed to ensure they were accurate. People understood how to make a complaint and felt their concerns would be addressed.

People, relatives and staff were aware of the values and vision of the service and staff were passionate about promoting people's independence.

Staff felt supported and listened to by management. The service had systems in place to gather feedback and continuously improve.

There were systems in place and operated effectively to monitor and improve the quality and safety of services provided.

The service worked well in partnership with other agencies and their achievements had been recognised by winning an award.

## 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.

People were protected from abuse and their risks were assessed and managed to help them stay safe.

There were sufficient numbers of staff employed to provide people with a consistent and safe service.

People received support to take their medicines as prescribed and staff followed safe procedures to protect people from the spread of infection.

Lessons were learned and improvements were made when things went wrong.

### Is the service effective?

Good 

The service was effective.

People's needs were suitably assessed and their support was delivered by staff who had been trained and supported to provide effective care.

People were supported to eat and drink enough and professional advice and input was sought and followed when required.

Staff worked together well and with health professionals to deliver effective support.

People were supported to consent to their care and staff followed the law and guidance in relation to this.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion by staff who knew them well.

People were supported to make their own choices and decisions and their communication needs were assessed and met to help

them to do this.

People's privacy and dignity was respected.

People's independence was promoted and maximised.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their needs. Their care plans were developed with them and regularly reviewed and updated to ensure staff had the information they needed to provide personalised care.

Staff knew people's preferences and catered for these.

People felt able to complain if they needed to and any complaints were responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and positive culture where staff and managers worked together to achieve the best possible outcomes for people.

People, relatives and staff felt the registered managers were approachable.

There were systems in place that were operated effectively to monitor the safety and quality of the service provided.

People, relatives and staff were engaged in the development of the service and felt their views and feedback were listened to.

The service worked well in partnership with other agencies.

# Stoke-on-Trent City Council

## 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 was planned to check 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.

Inspection activity started on 28 June 2018 and ended on 5 July 2018. It included telephone calls to people who used the service and their relatives on 28 and 29 June 2018. It also included telephone calls to care staff, interviews of staff, reviewing of people's care plans, daily care notes and medicines administration records and reviewing records relating to the management of the service. We visited the office location on 29 June 2018 to see the registered managers and office staff; and to review care records and policies and procedures. This visit was announced. We gave the service 48 hours' notice because we needed to gather information about people who used the service in order to consult them for feedback.

The inspection team consisted of 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 uses this type of care service.

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with eleven people who used the service and four relatives. We also spoke with the two registered managers and their manager, along with ten staff which included five care co-ordinators.

We reviewed the care records of five people to see whether they were accurate and up to date. We looked at records relating to the management of the service. These included staff training records, incident records, meeting minutes and quality assurance records.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe when being supported by Stoke-on-Trent City Council staff. One person said, "Yes I do feel safe with all of the carers who come to my home, the girls seem to know just what help I need. They are all very kind they really give me confidence" and, "I have felt safe with the carers from day one." A relative said, "From the first day the carers came I knew my [relative] would be safe with the carers. All the ones I have met are just so nice to [my relative]."

People were protected from abuse and avoidable harm. Staff we spoke with were knowledgeable about safeguarding adults' procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. A staff member said, "I would report any safeguarding concerns to the senior back at the office." Office staff understood their responsibilities in reporting concerns to the appropriate authority and the registered managers supported staff to ensure people were protected from abuse. This showed that staff were aware of the systems and processes in place and we saw this was working to ensure that people were protected from abuse.

People's risks were assessed and planned for and staff knew people's risks well and how to support them to stay safe. We saw that people's care files contained risk assessments relating to health and safety, moving and handling and mobility and that staff were aware of the information they needed to manage people's risks. Where a particular risk was identified for a person during their initial assessment, a specific risk assessment was completed and all staff supporting them were made of this. A staff member said, "In the file there are risk assessments and care plans, you follow the risk assessment and don't do something unless there's a plan in place for it." Each person who used the service was offered a referral to the fire service to arrange a home visit to ensure that fire risks were minimised in people's homes. Additionally, staff completed a risk assessment in people's homes and gave them advice about how to minimise risks, for example, removing clutter or lose rugs to minimise risk of falls. This showed that people's safety was monitored and staff supported them to stay safe.

People told us there were enough staff to provide a consistently safe service. One person said, "The carers come when they are supposed to and they do all they can to help me. I am never rushed, we have chance for a chat and nothing is a trouble to any of the girls. They are as cheerful last thing on a night as they are first thing on a morning, they all work so hard." Another person said, "The [staff] are always on time and never once has anybody been more than five minutes late. That's pretty good going by my account. Even when that terrible weather was here they were on time." Staff told us they felt there was enough of them to meet people's needs. A staff member said, "Oh yes definitely there is enough staff. You have your regular calls all the time except for holidays and sickness and even then, we try to send the same cover carers." Another staff member said, "There is enough time planned to allow us to be on time for people." This meant that the provider had ensured that there was enough staff employed and that they had enough travel time planned to ensure they could arrive at their planned call times. People told us and staff confirmed that if they were ever running late due to unforeseen circumstances, the office staff would inform people.

There was an electronic monitoring system in place which allowed staff to log in and out of people's homes.

This meant the provider could monitor whether calls were being delivered as planned and they were always aware of their staff's whereabouts to promote their safety. We looked at the electronic monitoring of people's calls and found these matched what people and staff told us.

The registered manager told us that robust recruitment procedures were in place and staff confirmed that the provider checked their suitability to work with people who used the service by requesting references and completing a DBS check. The DBS helps employers make safer recruitment decisions.

People told us that when staff supported them with their medicines, they got their medicines as prescribed and that staff recorded what had been given. People's care plans identified what level of support they required with their medicines for example, if they needed no support, prompts or administration of their medicines. When people required medicines support there were medicines administration records in place. These records showed people had received their medicines as prescribed. When people's medicines were kept in boxes, staff kept a running total of the stock of medicines to ensure accuracy and accountability. Some people were prescribed 'as required' medicines. We saw that there were protocols in place for staff to follow so that staff knew when and how much medicine to administer. Staff told us that a new medicines policy had recently been introduced to improve the systems and processes in place to ensure medicines were managed safely. They told us they had received training on this and were able to demonstrate their knowledge of the policy and procedure for safe management of medicines.

People were protected by the prevention and control of infection. Staff had been trained to understand their role in relation to preventing the spread of infection and they were provided with personal protective equipment such as gloves, aprons and antibacterial hand gels which they told us was readily available to them.

The provider had systems in place to learn lessons and make improvements. Managers told us and we saw that there had been a period of complaints about consistency and continuity of care staff providing support to people. The provider looked at the systems they had in place and adopted a new electronic monitoring system which allowed them to monitor care delivery more closely. They had also investigated and analysed any missed care calls and found that many were down to errors or miscommunication about rotas. They implemented a new system whereby not as many people are involved in developing the rotas to cut down on the risk of errors in miscommunication. This showed that when things had gone wrong, lessons had been learned and improvements had been made.



# Is the service effective?

## Our findings

People had their health and social care needs assessed in line with law and guidance and there were clear plans in place to meet identified needs. Needs and choices were holistically assessed with input from health professionals when required. For example, one person had an assessment from an occupation therapist alongside their social care assessment and had identified goals that they wanted to achieve. The care plans in place supported achievement of these goals.

Staff had the skills and knowledge to provide effective care. People had confidence that the training provided to staff equipped them with the skills needed. One person told us, "Although the carers have only been coming for one week I already feel confident that they know what they are doing and I am going to be alright with them all." A staff member said, "We have all the training we need, we are always on training! We have three-monthly supervision as well as an appraisal and we have a catch up about our training to make sure it's all up to date." During our conversations with staff they were able to demonstrate their competence. We viewed records which showed that staff had attended required training and further training dates were booked for staff when this was required. The registered managers showed us a new training matrix which was being developed so they could further monitor staff compliance with required training. Observations of staff were also completed to check their knowledge and skills in delivering effective care.

People were supported to eat and drink enough to maintain a balanced diet, when this was an assessed need. We spoke with staff who supported people to eat and drink and they told us how they offered people choice and supported them to cook their chosen meal. One staff member said, "I support [Person] to cook a meal. They usually like a full cooked dinner so that's what we make." Staff were aware of any particular needs in relation to eating and drinking and supported people in line with their needs and choices. A staff member said, "[Person] used to have a soft chew diet because of problems with their teeth. Now they have new dentures they are able to have a normal diet but I cook their vegetables softer than usual to make it easier for them." Another staff member said, "If they are having pork or lamb for example I ask if they want me to chop it up for them. They are able to choose and tell me how they would like it." This showed staff supported people to eat and drink in line with needs and choices.

Staff worked together well and in partnership with people and their relatives to deliver effective care. A relative told us, "I have regular contact with the office as I live quite away from my [relative] so it gives me real peace of mind and I know [my relative] is ok. I can only describe the support as brilliant." Staff told us they worked well as a team to deliver consistent and effective support to people. One staff member said, "We work shifts with a back to back partner so that the person has consistent staff supporting them. It works well because we hand over to each other in our notes and you get to know people really well." Co-ordinators who were based in the office told us, "There are four coordinators and we work back to back to mirror the shift pattern of the carers. It definitely works well because there is consistency for both people and staff. It means you get to know each adult (person who used the service) very well." This showed how staff teams worked together to deliver effective support.

People were supported to access healthcare professionals. People we spoke with told us they felt confident

staff would support them to access healthcare service when this was needed. A staff member told us, "I went to support a person but it was not my usual call so I followed their care plan and found their leg was bleeding. I called the person's GP (general practitioner) to inform them and ask for advice. All the information I need was in the file, who to contact and everything." This showed that staff contacted healthcare professionals when needed and they had access to all the information they needed about a person's health and healthcare professionals. Another staff member told us they had contacted paramedics on people's behalf when this was required. They said, "If we need to phone an ambulance for someone, we wait for the ambulance to arrive. We don't leave them at all. We call the office and they arrange cover for the next call." Staff worked in partnership with a range of healthcare professionals to achieve the best outcomes for people. A care coordinator told us, "The occupational therapists and community psychiatric nurses at [another of the provider's locations] are involved in the assessment process when required. We also work with social workers to determine if a maintenance (longer term) care package is needed." We saw that professional advice was incorporated into people's care plans and staff were aware of and following this. This showed that people had access to healthcare advice and support when needed.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of seeking consent from people and could describe how they did this with people. They told us there was nobody that did not have the capacity to consent to their care and we saw that people had signed consent to their care plans. Staff told us they had received training in the MCA and demonstrated an understanding of the principles. One staff member said, "We never presume people don't have capacity to make their own decisions. I still always ask people and give them choices, you don't just pick for them. I encourage people to make their own decisions. Everyone can consent to their care and I always ask for their consent." The registered managers told us that currently the people they were supporting could consent to their care. However, they demonstrated they understood the principles of the MCA and the actions they would need to take should a person lack the capacity to consent to their care. This demonstrated the principles of the MCA were understood.

## Is the service caring?

### Our findings

People told us they were treated with kindness, respect and compassion. All the people we spoke with wanted to share praise for the service and the way staff treated them. One person said, "It's like being cared for by friends. Each [staff member] is just lovely. They are so smart. I nearly always know who will be coming, I like that. We have a laugh and a joke I am never rushed and I always have everything I need before they leave to go to the next call." A relative said, "I have real confidence in the carers. [My relative] is not always amenable to going in the shower but with kindness and a bit of encouragement the [staff] can usually get them sorted." Another relative said, "The carers who come to look after [my relative] are so sensitive to their needs. They treat us both with such respect all the time. At first [my relative] couldn't get used to being washed by someone else but the [staff] are so kind, in fact they are amazing and now with their help [my relative] can do a bit more for them self." Staff we spoke with demonstrated respect for the people they supported. One staff member said, "The first time I support a person I always introduce myself and ask what they like to be called." This showed that staff treated people with respect.

People were supported to express their views and be involved in making decisions. When people had particular communication needs, these were assessed and met. For example, one person needed to have an interpreter and a registered manager told us how this was arranged with a local service to ensure the person's needs were met and their views were heard. Staff told us how they supported people to make their own choices. A staff member said, "One person I support just needs a little bit of extra help to make their own choices. I don't give as many options and give a little bit longer to help them decide. You repeat the options if you need to, whatever it takes to help them decide for themselves." This meant that people were supported and encouraged to make their own decisions.

People told us their privacy and dignity was respected. One person said, "The thing I like the most is the way I am treated by everyone who comes into my home. I am shown respect and when I am being showered I am kept covered and the curtains are drawn so no one can see in to the bathroom, I have a really good bunch of carers." Staff demonstrated how they respected people's privacy and dignity. One staff member said, "I make sure people are covered over when having support with personal care. I ask them where they would like to be supported and make sure there is privacy. I let them do as much as they can for themselves."

There was a strong ethos of supporting people to be as independent as they could be and people told us staff supported them to regain and maintain their independence. One person said, "They (staff) really help me to be independent again. I had a fall and ended up in hospital so to help me I am having some care so that I can see how I manage. It makes my family feel better that I am not on my own all day the carers only come in once a day and its' great for me." Another person said, "I had a terrible accident and I nearly drowned. I couldn't even go near a shower afterwards, let alone go in the shower but [staff] started coming three times a week and now with the help and support they have given me I can almost look after my own personal care. I really don't know what I would have done without them." A staff member said, "Our role is to rehabilitate people to get them to the best they can be. We try and get everybody to be as independent as possible." Another staff member said, "I enjoy my job. I like going out, meeting people, getting to know them

and making sure they are safe and comfortable. It is all about enablement, helping them to be as independent as they can be." Care plans were written in a way that promoted people's independence and staff were very clear that this was their role. This showed that people's independence was respected and promoted.

## Is the service responsive?

### Our findings

People told us they received personalised care that was responsive to their needs. People's needs, choices and preferences were considered before they started to receive a service and these were catered for, including diverse needs relating to culture, religion and sexuality. Most people told us they chose the times of their care calls to suit their preference but where requested call times were difficult to fulfil, people were consulted about this and each person was happy with their call times. One person said, "At first they weren't sure that they could do the calls at the time I wanted. I am not sure how but it was sorted in the office so that I received my calls at my preferred time. I really appreciated what they did for me. It's as though nothing is a trouble to them." This showed the service had regard for people's preferences and catered to them as much as they were able.

Each person had a care plan that was developed with them during the assessment process. Plans included important personalised information about people including their life history, hobbies and interests and staff told us they used this information to help provide personalised care. People and relatives told us they were fully involved in developing the plans and we saw that people had set their own personalised goals for what they wanted to achieve. For example, one person had a goal to be able to access the front of their house with mobility practice and to be able to walk to their front garden and back. Daily progress notes were kept and these showed how people were being supported to achieve their personalised goals. One person had achieved their goal of taking a walk with their spouse. This showed that people were involved in their assessment and planning were supported to achieve outcomes that were important and personal to them.

People's care plans were regularly reviewed and updated to make sure that staff access to up to date information to provide personalised care. People were able to access their plans at any time and were involved in what was recorded about them. One person told us, "I have a care plan though I choose not to read it but everything the carers do is written in it, I know that much." We saw that regular reviews took place and that care plans were updated following reviews. Regular reviews were planned but if people's needs or preferences change outside of the planned reviews, care plans were updated and amended accordingly. For example, a coordinator told us that one person was planned to have support with a shower. However, they changed their mind and preferred to have a strip wash so the service arranged for a reassessment with an occupational therapist and updated their care plan to reflect their preference.

Staff were familiar with the people they supported, understanding their needs and preferences. People told us they had consistent support from staff who knew them well. A staff member said, "If you've not been before, you always spend some time reading the care plan and look at the notes from the last call to familiarise yourself with the person and their needs. If you want to make conversation with a person you just look at the service delivery plan and it tells you their interests. This helps you to build a relationship with people." Another staff member said, "At first it's about getting to know people and the best approach to use with people. Once you get to know them you find the best approach for that individual person." This showed that staff delivered personalised care that was responsive to people's needs.

People told us they knew how to make a complaint or raise a concern if this was required. All the people and

relatives we spoke with told us they felt it would be unlikely that they needed to complaint but they felt comfortable to do so if needed. One relative said, "I can't ever imagine having to complain about [staff], they are all so respectful to both of us all the time and nothing is a trouble to the carers. I know it tells us what to do if I have a problem in the care plan so I suppose I would reluctantly ring the office." We found the provider had a policy in place which identified how complaints would be investigated and responded to. We saw where concerns had been raised these were responded as the policy outlined and the information was used to share learning across the organisation. This showed there was a system in place to respond to complaints.

The service's purpose was to support people to maximise their independence and so, at the time of the inspection, no one was receiving end of life care so we have not reported on this.

## Is the service well-led?

### Our findings

The values and vision of the service were clear to people, relatives and staff. The service had a clear focus on supporting people to maximise their independence and this was understood by all. Staff were passionate and committed to enabling people to reach their maximum potential and providing good quality, person centred care. Staff were happy in their roles and felt well supported by the registered managers and strategic manager. A staff member said, "I absolutely adore my job. It's the best job in the world. The service is dedicated and caring and there is always someone to listen to you, I'd never be scared to ask for help." Another staff member said, "[The strategic manager] is exceptionally good and very approachable." The service had been nominated for 'Team Awesome' award in 2017 within their organisation. They were also successful in winning the 'Adults Champion Award 2018' and staff were rewarded with receiving an extra day annual leave. This showed that there was a positive and open culture where staff and managers worked together to achieve the best outcomes for people.

People and relatives felt they could approach the office and managers with any concerns and that they would do their best to help them. People told us they were always treated with respect and supported to resolve any issues. A relative told us, "I am in regular contact with the manager as I live quite a distance from my relative so if I am worried at all, I just pick up the phone and ring. It's most reassuring to me." People and relatives felt engaged and involved in the service because they could approach staff and managers at any time. People were also asked for their views and feedback in a quality survey. The managers were in the process of collating the feedback and producing a report of its findings, to identify whether improvements were required.

There were systems in place to check on the quality and safety of the service people received. For example, medication audits were scheduled to be completed every two weeks by the support coordinators. The coordinators visited the person's home to complete these audits so that they could check that records were completed accurately and that stock records were accurate. We saw that any issues were identified and followed up during these audits. We found that some audits were not always completed in the scheduled two weeks, however they were completed regularly enough to keep a check on the quality of the service and the registered manager told us they would review how they monitored the completion of the audits to ensure they were completed at the scheduled times. People's care plans were regularly reviewed and updated to ensure they were accurate and reflected people's current needs and preferences. This meant that systems were operated effectively to monitor the safety and quality of the service.

Staff felt engaged and involved in the development of the service. One staff member said, "I talk to my manager every day so we address any issues as and when they come up." Another said, "Managers are very responsive, they listen to us. I can feedback anything and know they listen." We saw that regular staff and management meetings were held to communicate any updates and changes and that staff were asked for their feedback and ideas which were responded to. For example, we were told that additional welfare checks were being implemented for people who had become independent in their care and moved on from the service. These checks would include a 28 day, three and six month welfare check to ensure people's goals were being achieved and they did not require additional support. A staff member told us, "The welfare

checks were our idea. They (management) are always asking us to come with ideas for improvement and they listen to them." This showed that staff feedback was gained and used to help drive continuous improvement.

The service had a number of systems in place to continuously learn and improve. Staff surveys had been sent out to gather feedback and the results had been collated and areas had been identified for improvement. For example, staff had identified that they had little contact with people they supported during certain, less busy periods of the day. Managers had investigated this and were piloting two new schemes to make the best use of staff's 'downtime'. One of these schemes was to work alongside assessors who supported people with sensory needs. Staff were using this time to support people with sensory needs to become more independent with activities such as meal preparation, mobility and travel. This showed how feedback was used to help the service to continuously improve and innovate.

The service worked in partnership with other agencies in order to achieve the best possible outcomes for people. For example, the service had provided support to other organisations when they had been experiencing difficulties to ensure that people who needed support, were not left without this vital support. They had been able to respond at short notice to ensure that vulnerable people were not left without support and received safe and good quality support. This showed the strong values and partnership working of the service, in ensuring people's care needs were met.

The registered managers understood their responsibilities are registration with us. Notifications are required by law when incidents occur, such as allegations of abuse and serious incidents. We found these had been submitted as required. The registered manager also showed us where their CQC rating would be displayed on their website, which is a requirement by law. This showed the registered manager understood their responsibilities.