

Stocks Hall Care Homes Limited

Stocks Home Care Services

Inspection report

86 Sandy Lane
Skelmersdale
WN8 8LQ

Tel: 01695 7222111

Website: www.stockshall-care.co.uk

Date of inspection visit: 03/12/2014

Date of publication: 30/03/2015

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 

Overall summary

Stocks Home Care Services is located in a residential area of Skelmersdale. There is ample space to facilitate meetings, private interviews and staff training. Some car parking spaces are available and on road parking is permitted. At the time of this inspection the service was supporting 215 people in the community and 75 care staff were appointed. Agency workers provide personal care and complete domestic duties for people who live in their own homes, so they are able to remain in the community for as long as possible. Good support is provided by the administrative staff working in the agency office. Stocks Home Care Services is owned by Stocks Hall Care Homes Limited and is inspected by the Care Quality Commission.

An unannounced visit to the agency office was conducted on 3rd December 2014 by an inspector from the Care Quality Commission. An Expert by Experience spoke with 20 people who used the service or their relative by telephone prior to the site visit. An Expert by Experience is a person who has experience of the type of service being inspected. One person commented, "I have been pleased with the service." Another told us, "They (the staff) are polite and cheerful. They cheer us both up (service user and spouse)." A relative said, "There is nothing negative. All very good with Mum. Personal care is seen to and that means a lot to me."

Summary of findings

The inspector also contacted seven members of staff by telephone prior to our visit to the agency office, in order to ascertain what it was like working for Stocks Home Care Services. All responses were positive. One member of staff commented, “The manager is very nice. She is really supportive. You can ring her at any time.” Another told us, “It’s smashing. I really like it.”

Prior to this inspection we asked seven external professionals, who had worked alongside Stocks Home Care for their views about the service. We received two responses, which were in general positive. However, one of these people told us that although Stocks Home Care was a caring service, they felt it would be better if the managers could attend the homes of people in the community when a new piece of equipment was being introduced. This would then enable the managers to instruct their staff on its correct useage and subsequently monitor the competence of all staff using the new piece of equipment.

The registered manager of the agency was on duty when we visited Stocks Home Care Services. 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 and associated regulations about how the service is run.

Records showed the staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records were retained on staff personnel files. However, we noted an annual appraisal for one staff member had not been completed for several years. The manager of the agency told us that these had fallen behind in some instances, but she advised these would be brought up to date shortly.

We recommend that appraisals are conducted each year for all members of staff. This would enable those who work for Stocks Home Care to discuss their annual work performance with their line manager, so that any areas of good practice or areas for improvement can be noted and action plans developed for the forthcoming year.

Staff were confident in reporting any concerns about a person’s safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people’s care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people who used the service, or their relatives had been involved in making decisions about the way care and support was being delivered. However, the plans of care could have been more person centred in some areas. For example, one person whose care records we looked at required help with his meals, but there was no indication about his dietary preferences or the type of utensils he liked staff to use when assisting him. The plans of care were not always followed in day to day practice. For example, one person told us their commode was not always emptied, despite the plan of care clearly stating, ‘Empty and clean the commode.’ Therefore this plan of care was not always being followed.

We recommend people’s needs are consistently recorded in a person centred way. This would help to ensure the care and support they receive is in accordance with their individual preferences and wishes. We also recommend that the plans of care are consistently followed in day to day practice by the care staff delivering the service.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm. However, the records we looked at for one person showed he was at risk of choking and although nutritional risks were included in his plan of care, there was no separate risk assessment in place in relation to choking.

We recommend that any identified risks should be supported by a separate risk assessment, showing what strategies have been implemented to reduce the potential risk factor and therefore promote people’s safety.

Summary of findings

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy and dignity was always respected.

Staff spoken with told us they felt well supported by the manager of the agency and were confident to approach her with any concerns, should the need arise.

We found hand written entries on the Medication Administration Records (MAR) had not been signed, witnessed and counter signed, in order to reduce the possibility of medications being transcribed incorrectly.

We recommend that all hand written entries on the MAR charts are signed by the person making the entry, witnessed and countersigned by a second member of staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

At the time of this inspection we looked at a wide range of records and we found that relevant checks had been conducted before staff were appointed, to make sure only suitable people were employed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans, which had been implemented.

Environmental risk assessments had been conducted in relation to any potential hazards evident in people's houses, with strategies implemented to protect them from harm.

Good



Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work for the agency, followed by a range of mandatory training modules and regular supervision.

We noted an annual appraisal for one staff member had not been completed for several years. The registered manager of the agency told us that these had fallen behind in some instances, but she assured us these would be brought up to date shortly.

Records showed people were helped to prepare their meals, as was needed and those requiring help to eat their meals were assisted to do so.

Good



Is the service caring?

This service was caring.

People described staff as, 'absolutely lovely', 'very good' and 'friendly'. Evidence was available to show people had been supported to plan their own care.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Good



Is the service responsive?

This service was responsive.

An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were, in general well written. However, these could have been more person centred in places. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good



Summary of findings

Is the service well-led?

This service was well-led.

Staff spoken with felt well supported and were very complimentary about the way in which the agency was managed. Records showed that a culture of openness and transparency had been adopted by the agency.

Well organised systems were in place for assessing and monitoring the quality of service provided, with lessons learnt from shortfalls identified.

The agency worked in partnership with other organisations and an important aspect of the service was the ethos of sharing relevant information with those who needed to know.

Good



Stocks Home Care Services

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 8th November 2013, when we found the service was meeting all the regulations we assessed.

An unannounced visit to the agency office was conducted on 3rd December 2014 by an inspector from the Care Quality Commission. An Expert by Experience spoke with 20 people who used the service or their relative by telephone prior to the site visit. An Expert by Experience is a person who has experience of the type of service being inspected.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager of the home had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information provided within the PIR. We asked people who were involved with the service for their views about the overall operation of the agency, such as GPs, community nurses, the local authority and specialist medical staff.

We spoke with seven members of staff by telephone and during our site visit to the agency office we looked at the care records of two people who used the service.

Is the service safe?

Our findings

All those we spoke with told us they felt safe using the service. Staff told us they were confident in reporting any concerns they had about the safety of those who used the service. Records showed staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of Stocks Home Care. One care worker told us, “If I thought someone was being abused I would contact the office or my senior straight away.” Another told us, “The office deal with any concerns quickly.”

We spoke with staff members about the recruitment procedures adopted by the agency. We found the practices in this area to be robust. Details about new employees had been obtained, such as application forms, written references and Disclosure and Barring Services (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual. Staff members confirmed that all relevant checks were conducted before they were able to start working at Stocks Home Care and records seen confirmed this information to be accurate. One member of staff commented, “I already had a CRB (DBS) when I started, but they (the company) did another for me before I could start to work.” Records showed the agency deployed staff in accordance with people’s needs and ensured relevant checks were conducted for prospective employees, to ensure new staff were suitable to work with vulnerable people.

A variety of assessments within a risk management framework had been introduced, so that people were protected from harm. However, the records we looked at for one person showed he was at risk of choking and although nutritional risks were included in his plan of care, there was no separate risk assessment in place in relation to choking.

We recommend that any identified risks should be supported by a separate risk assessment, showing what strategies have been implemented to reduce the potential risk factor and therefore promote people’s safety.

Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Staff spoken with confirmed risk assessments were conducted and these were retained at people’s homes, as well as the agency office.

The feedback we received from one external professional was in relation to moving and handling procedures. This person felt it would be better if the managers could attend the homes of people in the community when a new piece of equipment was being introduced. This would then enable the managers to instruct their staff on its correct useage and subsequently monitor the competence of all the staff using the new piece of equipment. We were also told that expectant care workers were sometimes allocated to work with people who had extensive moving and handling needs, which could affect the safety of the care worker, her colleague and the service user. There was insufficient evidence available to demonstrate that expectant care workers provided care and support to people with extensive moving and handling needs.

Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising. A business continuity management plan had been developed, which instructed staff about action they needed to take, should an emergency situation arise.

We noted medication audits were conducted every week and any issues were identified. Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving out medications, which was formally recorded. They confirmed that managers conducted regular medication audits. This information was supported by records seen. Staff described the process for people taking their prescribed medications, which was in accordance with the policies and procedures of the agency. However, we saw a sample of a Medication Administration Record (MAR) and we found hand written entries on the MAR charts had not been signed, witnessed and counter signed, in order to reduce the possibility of medications being transcribed incorrectly.

We recommend that all hand written entries on the MAR charts are signed by the person making the entry, witnessed and countersigned by a second member of staff.

Is the service effective?

Our findings

At the time of this inspection there were 215 people who used the service. People told us they were satisfied with the service they received from Stocks Home Care and that their needs were being met by a kind and caring staff team.

People we spoke with told us their health care needs were being met. Records showed some external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required. One relative told us, “They (the staff) get her ready for appointments, coming early if necessary, using a hoist to get her into a wheelchair.”

Most of the staff members we spoke with had worked for the agency for several years. However, we were able to discuss induction programmes with two who had been recently appointed. These staff members told us the information and initial training provided was sufficient for them to be able to do the job expected. One said her induction was thorough and she felt comfortable to ask for support and advice, as was needed. Another commented, “I got a really good induction before I started work and then I did some shadow shifts.” Induction programmes covered areas, such as policies and procedures, discipline and grievance, training, safeguarding adults, dignity in care and health and safety. Employee handbooks and job descriptions were issued to all staff. Together these outlined the policies and procedures of the agency and what was expected of each employee, in accordance with their specific job role.

Staff spoken with told us they had individual supervision meetings with their line managers and were observed doing the job at regular intervals. Records showed these covered areas such as, review of work performance, staff training, support and development. This helped to make sure the staff team delivered an effective service. One member of staff told us, “We have supervision with our co-ordinator about every six months. I’m very happy working for Stocks. I love my job. There is nothing I would change.”

We noted an annual appraisal for one staff member had not been completed for several years. The registered manager told us that these had fallen behind in some instances, but she advised these would be brought up to date shortly. However, we did see some recent appraisal

records, which covered areas, such as work performance, achievements, strengths, weaknesses and job descriptions. We also spoke with one member of staff, who confirmed she had an appraisal done every year and another who said she had recently had an appraisal conducted, when she had requested more training in dementia care, because it was an area that interested her.

We recommend that appraisals are conducted each year for all members of staff. This would enable those who work for Stocks Home Care to discuss their annual work performance with their line manager, so that any areas of good practice or areas for improvement can be noted and action plans developed for the forthcoming year.

Staff we spoke with gave us some good examples of training they had completed, such as health and safety, fire awareness, safeguarding adults, infection control and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate. One member of staff commented, “The training is excellent. I did a lot of mandatory training before I could go and look after people. We have updates all the time and there is always more training we can do if we want.” Records showed the staff team had completed the ‘Six steps to success for end of life care.’

We asked people we spoke with about their meals. We were told that, in general families organised this, although staff did prepare ready made meals or snacks for some people, which were quick to make due to the time constraints within their visit. One person told us, “I provide the food and they (the care workers) cook or help me to prepare it. Mostly it is frozen meals.” The care records for one person who used the service showed his care workers assisted him with meals. This helped to ensure his dietary needs were being appropriately met. One care worker told us, “We give people a choice of what they would like to eat from the food they have in their cupboards. We will do some shopping, if people want us to, but families usually do their shopping.”

An extract from a recent thank you card read, ‘Many thanks to you all for helping mum to remain in her own home. It was her final wish, which you all made possible. The carers have been wonderful and mum felt she had a close bond with them.’

Is the service caring?

Our findings

We asked those people we spoke with if staff respected their privacy and dignity and promoted their independence. Their responses were all positive, which included comments, such as, “Yes they do” and “Definitely.” Staff were described as being; ‘absolutely lovely’, ‘very good’ and ‘friendly’. Staff we spoke with were fully aware of people’s needs and how they wished care and support to be delivered.

Policies and procedures incorporated the importance of providing people with equal opportunities, despite their age, religion, race or disability. This was confirmed by talking with staff and those who used the service. We noted that information for people who used the service, such as the Service Users’ Guide was available in other formats, such as large print, Braille or other languages. This helped everyone to have access to the same information.

We looked at the care records of two people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of a relative. They confirmed that a copy of their care plan was retained at their house. One person said, they were involved in planning their own care, “in the initial stages.” Another told us, “They (the agency) asked what we wanted done and it has been provided.” A third commented, “There is a copy of the care plan. I have written another one. Some things are not done sometimes. The commode is not always emptied. I am disappointed the curtains are left open. It’s dark and this matters to (name removed).” We looked at the records for the person who made the last statement and found the care plan instructed staff to ‘Empty and clean the commode.’ Therefore the plan of care was not being followed consistently and this person’s dignity was not promoted.

We recommend that the plans of care are consistently followed by the care staff delivering the service.

One person told us her relative’s needs were met 80% of the time. She told us her relative’s timetable did not always work out. She stated, “We try to accommodate this. She should have a morning call at 8am. It never happens on time. The night carer did not come last night. Early bedtime, she put herself to bed.” The relative did say that a care worker may have turned up later, but she had not had time to check the care plan for a signature. We discussed this with the registered manager, who explained that quite often this person put herself to bed before the time the care worker was due to call. Therefore, the time of the evening call was reviewed by the agency, so that the care staff could possibly arrive at the individual’s home before she retired to bed.

Other people told us that, in general their care workers arrived on time, with the occasional variation, which was usually due to road works, vehicle problems or being held up at previous calls. People we spoke with told us that, on the whole they got the same care workers attending to their needs. This helped to ensure continuity of care and helped people who used the service and their relatives to develop a good working relationship and trust with those who provided the care and support.

When asked about the care workers doing their duties well, nine people said they did. However, one relative told us, “Some are better than others. Sometimes (name removed) lacks special cushions on his wheelchair. They help to keep him comfortable and supported. The lifting hoist is not always used correctly. Most get it correct.” Another commented, “The morning carer is very good. She gets milk if I am short and puts my washing in. Some people think and some just do what they think they need to do.”

One member of staff told us, “It is important to make sure people are respected. We need to protect people’s privacy and dignity by speaking with them on an even keel and by letting them choose what they want to do.”

Is the service responsive?

Our findings

We randomly selected the care records of two people who used the service. These files were well organised, making information easy to find. We chatted with the relatives of people whose records we examined and discussed the care they received. People told us they were happy with the care and support delivered by the staff team.

Needs assessments had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service. One member of staff said, “It is very important to let people choose how they want to be looked after, so that care is provided in the way they want it to be.”

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. The needs of people had been

incorporated into the plans of care and regular reviews had taken place. We found the plans of care to be well written documents and one of them was person centred throughout. However, the other could have been more person centred in places. For example, one person whose care records we looked at required help with his meals, but there was no indication about his dietary preferences or the type of utensils he liked staff to use when assisting him.

We recommend people’s needs are consistently recorded in a person centred way, so that the care and support they receive is in accordance with their individual preferences and wishes.

People we spoke with told us they would know how to make a complaint, should the need arise. One person told us, “Any issues I phone the company and they put it right straight away. A detailed complaints procedure was available at the agency office. A system was in place for any complaints to be recorded and addressed in the most appropriate way. However, no complaints had been recorded since our last inspection.

Is the service well-led?

Our findings

The home focused on a culture of openness and transparency. Staff we spoke with told us the registered manager conducted regular checks on practices and systems adopted by the home. These included obtaining feedback from people involved with the service and through the auditing processes. Records seen supported this information and action plans had been developed in some areas where shortfalls had been identified. The audits we saw covered a wide range of areas, such as staff personnel files, care plans, safeguarding referrals, complaints, health and safety issues and medication management.

One longer standing member of staff said, “New staff have shadowed me when they have first started working for the agency. They (the managers) do check up on our work, to make sure we are doing everything properly.” We saw regular direct observation records for moving and handling and the management of medications.

It was established that a variety of meetings were held periodically for the managers and the staff team. This allowed relevant information to be disseminated and encouraged people to discuss any topical issues in an open forum. One care worker said, “We have regular meetings. I really do like Stocks. Because they support me so well. It is nice to know that there is always someone at the end of a phone if we have a problem.” Another commented, “I have worked for a number of care services, but I have never been supported as well as Stocks supports us. You report a problem and they act straight away without any hesitation.”

We requested to see a variety of records, which were produced quickly. A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from Stocks Home Care. The company had achieved a variety of external quality awards. This showed periodic assessments were conducted by external organisations.

When people were asked if they thought the service was well-led, six simply answered, “Yes.” One said she would have no problem in contacting the office, if need be and another felt the managers were “Not out in the field enough.” Other comments included, “I don’t have any complaints” and “Yes I think so. It seems to be (well-led).”

Some people we spoke with told us the agency asked them for their feedback. Other people who had been receiving a service less than twelve months said they had not been asked for any information. **However, it is recommended that feedback is also gathered from new service users, so that the registered manager is able to determine if people are satisfied with the service provided.**

One member of staff told us, “The manager is always there for us. She is a brilliant manager.” Another commented, “If I ever have a problem or if I am worried, I phone the manager and she sorts it out for me. I wouldn’t think twice about reporting any concerns to the manager. I have every faith in her.”