

Storm Homecare Limited

# Storm Homecare Limited

## Inspection report

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01 November 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Storm Homecare Limited is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to older adults, younger disabled adults, people with a long-term mental health condition, and people with a learning disability or autistic people. At the time of our inspection there were 19 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

**Right Support:** Medicines were not always managed safely, and risks to people were not always adequately assessed and mitigated. Safeguarding training was not always effective and there were not always enough staff to meet the needs of the people using the service. Staff completed training, however, not all training was adequate due to the concerns identified above. Staff received regular supervisions.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

**Right Care:** People felt the service was good, and staff were caring. People spoke positively about the care they received, the staff and the registered manager. People knew how to make a complaint, should the need arise. People's individual communication needs were met.

**Right Culture:** Systems and processes were not always effective at identifying the concerns we found during the inspection. Some records contained conflicting information, or had gaps. Staff felt supported and treated fairly, and spoke positively about the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 15 January 2018)

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took effective action during the inspection to mitigate the risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Storm Homecare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified breaches in relation to safe care and treatment, the identifying and reporting of allegations of abuse, staffing and recruitment, the need for consent, and good governance and oversight.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Storm Homecare Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider 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 team consisted of 2 inspectors.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 October 2023 and ended on 10 November 2023. We visited the location's office on 31 October and 1 November 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We looked at care records for 7 people. We also looked at records relating to the management and running of the service. These included 7 staff files, training records, the statement of purpose, quality assurance audits and complaints records.

We spoke with 2 people who used the service, 4 relatives, and 4 staff members including the registered manager, the nominated individual and 2 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. During the inspection we found a number of concerns with medicines, which the provider had failed to identify prior to our inspection.
- People did not always receive their medicines as prescribed. For example, some medicines were not administered at the correct time to ensure they were effective. Another person continued to receive medicines after the GP had stopped them.
- Medicine counts for 1 person identified multiple medicine doses had been missed, however medication records had been signed by staff to state the person had received all of their prescribed medicines.
- Some people received medicines which were not recorded on their medicine records. Staff had continued to administer these medicines and failed to escalate the concerns to the management team.

The provider failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Risks associated with people's health and wellbeing were not always identified. For example, a person who was at risk of falls had information missing from their care plan. This placed the person at increased risk of harm as staff did not have necessary information about known risks, and ways to mitigate these.
- There was a lack of guidance for people who required support with eating and drinking. Where guidance was available, staff did not always follow this. This placed people with health specific conditions at increased risk of harm.
- There was evidence the provider had reviewed a lot of the records we looked at prior to this inspection but had failed to identify the issues we found. This meant reviews were not sufficiently thorough, and improvements could not be made to the service.

The failure to assess and mitigate risks to the health and safety of people using the service was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm. During the inspection we identified 4 people who either had unauthorised restrictions on their daily life, or paperwork in their file which contained elements of restrictive practice. This was raised with the provider, who took immediate action to rectify this.
- Concerns of neglect and abuse were not actioned in a timely manner. For example, 1 person's records

showed there had been a lengthy delay in medical treatment being sought when they became unwell. The provider had failed to identify this as a concern and act upon this.

- Whilst the provider had safeguarding systems, training, and policies in place to ensure people's rights were upheld, these were not fully understood by all staff and consistently followed.

People were not protected from harm and abuse. The provider failed to ensure safeguarding systems and processes protected people from harm and abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Staffing and recruitment

- There were not always sufficient numbers of staff to safely meet the needs of people using the service. Staff rotas demonstrated some staff worked excessively long hours, frequently picked up calls on their day off, and worked on care visits in the day before working a waking night shift that evening. This compromised the safety of people using the service as staff were not always receiving adequate periods of rest.
- Staff rotas evidenced some staff did not always have enough travel time between care visits. This had sometimes impacted on staff being able to reach people's care visits at the rostered time. One staff member said, "We get calls that are very tightly scheduled."

Staffing levels did not always meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff were not always safely recruited. We identified some staff files to not contain evidence of interview before employment, and there were some gaps in people's employment history which had not been verified. This meant the provider could not demonstrate that safe recruitment checks were always completed. We raised this with the provider, and they took action immediately.

The provider's safe recruitment processes were not effective. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Preventing and controlling infection

- Staff had received training in infection prevention and control, and the provider had systems in place to reduce the spread of infection.
- Staff were provided with Personal Protective Equipment (PPE). The provider demonstrated they had plenty of PPE for staff to access whenever they were running low.



# Is the service effective?

## Our findings

Our findings - Is the service effective? = Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider failed to fully understand the requirements of the Mental Capacity Act 2005 and operate in line with legislation and guidance. Capacity assessments had been completed for some people, who did not meet the two-stage test. This meant they did not need a capacity assessment to be completed and risked them being determined as lacking capacity incorrectly.
- People's mental capacity was not always documented consistently throughout their care records. For example, 1 person's file stated they lacked capacity on one document but had mental capacity on another. This meant staff did not have the correct information to understand if any support was needed with decision making for this person.
- Where people did lack mental capacity, best interest decisions were either missing, or not sufficient as they failed to describe how the best interest decision had been arrived at.
- For people who had mental capacity, care records did not clearly document where staff had sought consent before providing care to people or administering medicines. Records for 1 person showed care being delivered to them whilst they were asleep, which meant they did not have the option to refuse if they so wished.

The failure to adequately assess people's capacity, and seek consent prior to care delivery was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's care and support needs were not always identified. This meant the person could not be assessed fully by the provider, to ensure care was delivered effectively to meet all their needs.
- The service monitored people's health needs but did not always consistently act on issues identified. This meant people did not always receive the best outcomes and there was a risk that their health could deteriorate.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care;

- Staff had completed regular training; however, this was not always effective. For example, staff did not always ensure the safe management of medicines. Concerns around medicine management were not always reported to medical professionals.
- Staff had received safeguarding training, however, safeguarding concerns were not always identified and escalated to the relevant agencies.
- Staff told us they received an induction to the service before commencing lone working, and the provider told us they employed a registered nurse to deliver more complex person specific training.
- Records showed staff received supervisions and appraisals with the registered manager. Staff confirmed these happened regularly and found them useful.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Feedback from people and their relatives was positive.
- People and their relatives told us staff were kind and made them feel safe. One relative said, "I'm very happy with the care and have never had complaints."
- Staff told us the registered manager took time to reflect on the needs of the people who used the service.

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

- People and relatives told us they felt involved and listened to by staff and management. One person said, "Staff listen to me and are very caring." Staff told us how they supported a person to make choices each day about the activities they completed.

Respecting and promoting people's privacy, dignity and independence;

- People told us they were treated with dignity and respect. One person explained this was because staff did not make them feel rushed and were very caring.
- People said they felt the staff members they had regularly were matched well. For example, 1 person was delighted to learn their regular staff member supported the same the football team as they did. They said, "You couldn't get a better match!"
- Family members shared the same view and were happy with the care their loved ones received. One relative said, "I am very happy and very content."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their care was person centred and coordinated. This meant people knew the staff who were coming to care for them, and staff had a good insight into people's needs. The staff we spoke to knew people well.
- People were supported to choose activities they enjoyed, and how they spent their day.
- People told us staff adjusted their care depending on their needs. One person said, "They are very good. They will do anything I ask."

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.

- The provider complied with the Accessible Information Standard, and shared information with people in a way that best suited their needs.
- People were supported well with their communication needs. Staff had guidance on how best to support people. For example, 1 person had some hearing loss. Their communication care plan advised staff how to communicate with the person in a way which suited them.
- Another person preferred to communicate with staff in Hindi. The provider ensured the staff who supported them could communicate in their preferred language. This meant any important information could be shared with them in ways they understood.

Improving care quality in response to complaints or concerns

- People and their relatives were clear about how they could raise a complaint, should the need arise. One person said, "I've got no complaints, but the manager would listen if I did."
- People and their relatives felt any complaints they did have would be taken seriously and acted upon by the management team. The provider's complaints folder was reviewed. This demonstrated some minor complaints had been raised, and the provider had acted appropriately. People were happy with the outcome of their complaint.

End of life care and support

- At the time of the inspection, there was no one who was in the final stages of life. The registered manager

was aware of people's health conditions and understood when specific end of life plans would need to be implemented. One person had chosen not to discuss end of life wishes; this had been recorded within their care records. Staff had received end of life training.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance and oversight systems were not always effective. Although there were systems and processes in place to ensure regular audits were taking place, these did not always improve the quality and safety within the service. They had failed to identify the concerns we found at inspection in relation to the Mental Capacity Act, staffing levels and medicines.
- Records were not always accurate, and up to date. Some people's records contained conflicting information, in respect of mental capacity and pain levels. This had not been identified and acted upon by the provider.
- Some records had gaps or were missing altogether. This meant it was difficult for the provider to have complete oversight, identify any concerns, and improve on these. Where the provider has made improvements in response to previous inspections, they have failed to sustain them as this is the second time they have been rated requires improvement.

Systems were not robust enough to ensure adequate oversight of the service, and that accurate records were maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service felt they would be listened to if they needed to share their views and concerns.
- Staff told us they felt supported. One staff member said, "It's a good company. Working with Storm I feel supported as an employee, they listen to you when you make suggestions."
- The registered manager provided multiple examples of how they worked in partnership with others.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke highly about the service. People felt they received person-centred care, and staff were respectful, considerate and helpful.
- People spoke very positively about the registered manager. We found the registered manager and the nominated Individual to be approachable and friendly during the inspection.
- Staff praised the registered manager and told us they were treated fairly.

- At the time of the inspection, the provider was transitioning to an electronic care planning system to improve service delivery.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their obligations and responsibilities in respect of the duty of candour.
- The registered manager understood their legal requirements to submit notifications to CQC when appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to adequately assess people's capacity, and seek consent prior to care delivery.
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not always protected from harm and abuse. The provider failed to ensure safeguarding systems and processes protected people from harm and abuse.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider's safe recruitment processes were not always effective.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staffing levels did not always meet people's needs.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to adequately assess and mitigate risks to the health and safety of people using the service.

**The enforcement action we took:**

We served a warning notice to the Provider

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to ensure adequate oversight of the service, and that accurate records were maintained.

**The enforcement action we took:**

We served a warning notice to the Provider.