

Storm Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an announced inspection of this service on 23 May 2014. Two breaches of legal requirements were found. This was because the provider had not ensured that staff received the appropriate support and training they needed to carry out their duties. The provider had also not ensured that appropriate plans were in place to meet people's care needs and preferences.

After this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this announced inspection on 21 July 2015 to check that they had followed their plan and to confirm that they had now met legal requirements.

Storm Homecare Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in Leicester city centre. The service currently provides services to people living in Leicester and Leicestershire with a variety of care needs including complex care, brain injury, palliative care, learning disability, and social and general care needs. At the time of our inspection there were 32 people using the service receiving approximately 3500 hours per week of care and support.

The service had a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 told us they felt safe using the service and trusted the staff. Staff were trained in safeguarding (protecting people from abuse) and knew what to do if they were concerned about the welfare of any of the people they supported. Staff had the information and equipment they needed to keep people safe including risk assessments and aids and adaptations.

There were enough staff employed by the service to meet people's needs. The provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service.

Since we last inspected the provider's training programme had been improved and expanded. Staff completed a wide range of appropriate courses. They were knowledgeable about the people they cared for and knew how best to meet their needs.

People were well supported at meal times and staff were trained in basic food hygiene so they understood how to prepare food appropriately. People were safely assisted with their medicines and said staff helped them to access medical care if they needed it.

Staff were attentive to people's needs and supported them in a dignified and respectful way. They were keen to offer people a good service and committed to improving the quality of people's lives.

Since our last inspection staff had re-written and improved assessments, care plans, and risk assessments to ensure they were personalised and responsive. As a result staff had a better understanding of people's needs and how to meet them.

People were satisfied with the care and support provided by the service. Staff at the office were friendly and knew all the people using the service by name and had regular contact with them in person or by phone. People had the opportunity to give their views on the service and improvements had been made as a result of this.

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?

The service was safe.

People told us they trusted their staff and felt safe with them.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

There were effective systems in place to manage risks to people.

Medicines were safely managed and people given the support they needed to take them.

Good



Is the service effective?

The service was effective.

Staff had the training they needed and a good understanding of people's needs and preferences.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood people's rights in relation to their care and support.

People were encouraged to choose their meals and to eat and drink enough to meet their nutritional needs.

Staff supported people to access healthcare services when they needed to.

Good



Is the service caring?

The service was caring.

People told us that they got on well with the staff and that they were kind, friendly, and interested in the people they supported.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs. Plans of care were reviewed regularly and changes made where necessary.

People knew how to make complaints if they needed to and staff responded appropriately.

Good



Is the service well-led?

The service was well-led.

People's views were sought using a range of methods, including surveys and telephone calls, to check they were getting the quality and type of care they wanted.

The office was well-organised and record keeping of a good standard.

Good



Summary of findings

There was evidence of continual improvement to the service.	
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Storm Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 21 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors. Before the inspection we reviewed the provider's statement of

purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with five people using the service, three relatives, and the registered manager, one of the directors, two care managers, and four care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Is the service safe?

Our findings

People told us they felt safe using the service and trusted the staff. One person said, “The carers come into my house and I trust them completely.” A relative commented, “I know my [family member] is safe with the staff and we have never had any cause for concern with this agency.”

Staff were trained in safeguarding (protecting people from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. One care worker told us, “We would always report it if we thought someone was being abused. We would tell the managers and they would tell social services and it would be investigated.”

The provider’s safeguarding policy gave clear instructions to staff on how to respond to any safeguarding concerns. It explained the referral process and included guidance on interagency working, information sharing, and staff training. Records showed this policy was followed when a safeguarding concern was raised, the local authority was alerted, appropriate records kept, and staff dealt with concerns promptly.

Areas where people using the service might be at risk were identified in care records. This meant staff had the information they needed to keep people safe. Risk assessments covered areas such as moving and handling, tissue viability, and infection control. They explained how staff could minimise risk, for example by having appropriate training and using aids and adaptations.

The care workers we spoke with told us they followed the service’s risk assessments. One care worker told us, “We always check them [risk assessments] before we do anything. They tell us how to care for people safely, how many staff we need per visit, and what equipment we need. They also tell us to check things like pressure areas.”

Risk assessments were personalised and showed that people using the service had been involved in decisions

about managing risk. For example, one person had signed a ‘risk taking agreement’ with regard to their mobility. This included instructions to staff on what tasks they could carry out to support this person’s activity. Records showed that risk assessments were updated regularly and when changes occurred.

People told us there were enough staff employed by the service to meet their needs. One person said, “They always send someone even when my regular carer’s on holiday. They’ve never let me down.” A relative commented, “My [family member] needs two carers for some calls and there’s never been a problem with the agency supplying them.”

Records showed the provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service. One care worker told us, “They won’t let you start work until they’ve got all your documentation in, they ask for references and a criminal records check and also training certificates.”

We looked at how people were assisted with their medicines. Care workers at Storm do not administer medicines and this is made clear in the provider’s documentation. People’s medicines care plans explained they administered their own medicines independently, prompted by care workers where necessary. The meaning of ‘prompting’ was defined so all parties understood what care workers were authorised to do.

When medicines were prompted care workers completed MARs (medicines administration records) to show people had taken them. If people were on PRN (as required) medicines care workers followed protocols to help ensure people took their medicines appropriately. For example, care workers were advised to ‘suggest’ one person might like to take their medicines if they were experiencing particular symptoms, but records showed the choice ultimately lay with the person using the service and not the care worker.

Is the service effective?

Our findings

At our last inspection the provider had not ensured that all the staff employed had received the training they needed to provide effective care to the people using the service.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Supporting workers. This corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Following that inspection the provider sent us an action plan stating how they intended to address this issue. This included a new training programme for staff and a monthly audit by the provider to check staff had had the training they needed. At this inspection we found that the provider had followed the action plan and this breach in regulation was met.

All the people using the service and relatives we spoke with said they were satisfied that staff were appropriately trained. One relative told us, "The carers are skilled and know what they're doing." Results of the service's 2015 customer survey also showed that people were satisfied with this aspect of the service and considered the staff to be 'knowledgeable and experienced'.

Records showed that the service's training programme had been substantially improved and expanded since we last inspected. Staff had completed a wide range of courses designed to provide people working in social care with the skills they needed. These included health and safety, moving and handling, and personalised care. Training that was specific to particular people using the service included courses on stoma care, epilepsy, and tissue viability.

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They told us they were satisfied with the training they'd had. One care worker told us, "I'm very happy with the training we get. We get the basics and if we need anything more specialised, to work with a particular client, we get that too."

Staff had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and

understood what they meant in practice for the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions.

Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people's ability to make decisions. The provider used mental capacity assessments to help determine whether or not people were able to make decisions about their care and other aspects of their lives. Where they were deemed not able to consent, records showed that relatives and other representatives had been involved in the decision-making process.

Some people using the service had restrictions in place and records showed staff were aware of these and worked in tandem with other agencies to help ensure people were not unlawfully deprived of their liberty. For example, one person needed support with road safety and this was clearly explained in their care plan so staff understood their responsibilities when accompanying this person out into the community.

People told us they were well supported at meal times. One person said, "They always ask me what I want and if it's different from what I had yesterday. They're not fixed in their ideas, they let me change my mind if I want to." Another relative commented, "The carers are very good at encouraging my [family member] to eat and clearing up afterwards."

Care plans set out the support people needed which helped to ensure their nutritional needs were met. If people had particular needs relating to nutrition these were recorded. All staff who assisted with meals were trained in basic food hygiene so they understood how to prepare food appropriately.

People said staff helped them to access medical care if they needed it. One person said, "If I was ill they would know what to do. They'd phone my GP or call an ambulance." A relative commented, "If my [family member] is unwell they call me straight away and we decide what to do. They always alert me and keep me informed and I feel they do put my [family's member's] wellbeing before anything else."

Records showed people's health care needs were assessed when they began using the service. Care workers were made aware of these in plans of care. This meant they could support people to be healthy, and alert health care

Is the service effective?

professionals if they had any concerns. Results of the service's 2015 customer survey showed people using the service had a high level of satisfaction with how staff monitored their health care needs.

If people had particular health conditions information about these was included in people's plans of care. This helped to ensure care workers were knowledgeable about

all the needs of the people they were supporting. Information leaflets on particular medical conditions were included in care plans to help ensure care workers had a general understanding of these.

Records showed that people were consulted about how they wanted their healthcare needs met. Where necessary people gave written permission for staff to liaise with their GPs and other medical professionals so as to promote multiagency working.

Is the service caring?

Our findings

People using the service told us they thought the care workers were attentive to their needs and supported them in a very caring and respectful way. One person told us, “The carers are all absolutely lovely. I look forward to them coming because they always find the time to have a little chat with me.” Another person commented, “I’ve not had a problem with any of the carers. They are all good.”

All the people using the service had ‘personal profiles’ in their care plans which provided basic information about them and their support needs. Care workers said they read these alongside care plans to help them get to know the people they would be supporting. One care worker told us, “The records are good as an introduction and give us an idea of how best to care for people. We then update them if we find out people want things done differently. We try and be flexible because people’s needs changes from day to day. We also involve relatives where possible as they have some good ideas too.”

All the staff we met seemed to genuinely care about the people who used the service. They talked about people as individuals and had a good understanding of their needs and preferences. They were keen to offer people a good service over and above basic care and support. Daily records showed care workers recording the tasks they carried out and also commenting on the wellbeing of the

people using the service and what they had done to improve the quality of their lives. For example, one care worker recorded their social interactions with the person using the service and how much both parties enjoyed this.

Records showed that people using the service and their relatives, where applicable, were involved in making decisions about care, treatment and support. People had signed to say they were in agreement with their care plans and risk assessments. One person said, “They always ask first before they do anything, they check with me how I want things done.”

People told us staff consulted with them about whether they wanted male or female carers and any other social or cultural needs they might have. One relative said, “My [family member] does prefer to have female carers and the agency understands and accept this.”

All the people we spoke with said staff treated them with dignity and respect and protected their privacy. One person told us, “The carers are always respectful of me. They treat me very well and make me feel special.” A relative commented, “I don’t have any worries about staff attitudes – they are all very polite and considerate.” Records showed care workers had been trained to respect people’s privacy and dignity. Care plans gave them clear instructions on how to do this, for example care plans for providing personal care advised care workers how to do this in a respectful manner.

Is the service responsive?

Our findings

At our last inspection the provider had not ensured that care plans and risk assessments included the detail necessary for care workers to be able to identify and meet people's needs, including their cultural needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

Following that inspection the provider sent us an action plan stating how they intended to address this issue. This included re-writing and improving care plans and risk assessments to ensure they were detailed enough for care workers to provide responsive care. At this inspection we found that the provider had followed the action plan and this breach in regulation was met.

People using the service said they thought the service provided was personalised and responsive. One person said, "I'm quite particular and the staff know this and they do things the right way. I did have a fall and I had to have some extra help and this was provided straight away." A relative commented, "My [family member] has quite a few mental and physical health problems. These were all considered when we started using the agency. If anything new crops up the staff change the records so everyone knows what to do." People also told us staff were punctual and provided a high standard of care.

Since we last inspected the provider had reviewed and improved the service's assessment process. People who were interested in using the service were visited by a care manager to discuss their needs and preferences. An assessment document was completed and this was used as a basis for producing care plans and risk assessments.

The records we saw showed that staff gave consideration to all aspects of people's physical and mental health needs during the assessment process. This meant staff had a comprehensive overview of each person's needs from the outset. Where people had specific needs care plans were detailed and comprehensive. For example, we looked at care plans for pressure areas and saw that care workers had the information and documentation they needed to provide responsive care. These included daily monitoring forms, body maps, and access to specialist advice.

Records showed that people's cultural needs, including their lifestyles and preferences, were taken into account. Care plans were flexible so people could change their minds about their care on the day if they wanted to. Records showed care plans they were reviewed regularly and changes made where necessary.

People told us they knew what to do if they had any complaints about the service. One person said, "I'd speak to one of the carers or call the office. I'm happy to speak out if there's ever a problem." A relative said, "We were given information on how to complain although I haven't had to use it yet. But if something was wrong I'd just phone up one of the managers and tell them."

The complaints procedure was in the service's statement of purpose and service user guide. When we inspected it was in need of updating to better explain the role of the local authority, the Ombudsman, and CQC in dealing with complaints. We told the provider about this and by the end of our inspection the procedure had been updated and was fit for purpose.

Records showed that staff at the service documented complaints and concerns and recorded action taken in response. This showed that staff took complaints seriously and worked with people using the service and relatives to resolve them.

Is the service well-led?

Our findings

People told us they were satisfied with the care and support provided by the service. One person said, “Overall they’re very good and I’ve no plans to go anywhere else, I’m very happy with Storm.” A relative commented, “The care is excellent and the carers seem well-organised and reliable. I would definitely recommend this agency to others.”

Staff at the office were friendly and welcoming. Senior staff knew all the people using the service by name and had regular contact with them in person or by phone. This gave them an overview of how the service was running and the opportunity to promptly address any areas that might be in need of improvement.

The service had a system of quality assurance to help ensure the care and support provided was of a good standard. Senior staff visited people in their homes every three months and telephoned them regularly to check they were satisfied with the service. In addition senior staff carried out unannounced ‘spot checks’ of care workers to make sure they were working effectively with people.

Questionnaires were sent out twice a year to give people using the service and relatives the opportunity to comment in writing, anonymously if they wished, on the care provided. The results of the most recent survey, carried out in March 2015, showed a high level of satisfaction with the service.

A couple of respondents had said they thought staff at the agency could be better at communicating with them, for example telephone calls were not always returned promptly. We discussed this with the provider who said this was being addressed through staff training and meetings to help ensure staff returned calls as a matter of priority.

Records showed that care workers had monthly supervision sessions. There were either one to one meetings with senior staff or observational supervisions while they were supporting people using the service. Supervisions focused on key areas of support including providing personalised care, communication, and moving and handling. Care workers told us their supervisions have given them the opportunity to express their views and opinions about the service and to identify their development needs.

The office was well-organised and record keeping of a good standard. There was evidence of continual improvement at the service. For example policies and procedures had been updated to introduce more effective ways of working. And, following consultation people using the service and care workers, rotas had been re-organised to improve the timeliness of calls.