

Care Homes Stoke Limited

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Inspection report

Park View Day Centre
106 Moorland Road, Burslem
Stoke On Trent
Staffordshire
ST6 1EB

Tel: 01782815182

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06 December 2018
10 December 2018
11 December 2018

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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

What life is like for people using this service:

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. End of life planning had been completed which ensure people were supported in line with their wishes.

Effective systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service. People and staff could approach the manager who acted on concerns raised to make improvements to the delivery of care.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Requires Improvement (report published 20 June 2017).

About the service:

Care Homes Stoke is a domiciliary care agency that was providing the regulated activity of personal care to 71 people in their own homes at the time of the inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection the service was rated requires improvement overall (in the key questions of Safe, Effective and Well Led). We found the required improvements had been made and the service has met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

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 well led.

Details are in our Well Led findings below.

Good ●

Care Homes Stoke 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 as part of our regulatory functions. This inspection checked 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 team:

The inspection consisted of one inspector 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 service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

Not everyone using Care Homes Stoke 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 consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on the 6 December 2018 and ended on the 11 December 2018. It included

telephone calls to people and relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 10 December 2018 to see the registered manager/office staff and to review care records and policies and procedures.

What we did:

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. We require this information from providers at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with two people who used the service and eight relatives to gain their experiences of the service provided. We spoke with six staff, the registered manager and the provider.

We viewed four people's care records to confirm what people and staff had told us. We also looked at documents that showed how the service was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were safeguarded from the risk of abuse because staff understood how to recognise and report suspected abuse in line with the provider's policies.
- The registered manager acted on reports of suspected abuse and informed the local safeguarding authority, which ensured investigations were undertaken to protect people from the risk of harm.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff were providing support. One person said, "I feel very safe. I have got regular carers who know me well".
- People's risks had been assessed and plans were in place to ensure staff had guidance available to support people safely whilst promoting their independence. Staff had a good knowledge of people's risks and explained how they supported people to remain safe in their own home.

Staffing levels

- At the last inspection people did not always receive their support on time and we asked the provider to make improvements in this area. At this inspection we found the required improvements had been made.
- People told us that staff mostly arrived on time and they were informed if a visit was going to be delayed. One person said, "The time keeping is much improved".
- The provider had safe recruitment practices in place, which were followed to ensure people were supported by suitable staff. The provider had a system in place to monitor staffing levels to ensure people received the support they needed at a time they needed it.

Using medicines safely

- At the last inspection we found improvements were needed to ensure medicines were consistently managed safely. At this inspection the required improvements had been made.
- People were supported to take their medicine in line with guidance provided by the G.P. Where medicines were refused the reason was clearly documented on the Medicine Administration Records (MARs).
- The registered manager had made improvements to the system in place to monitor medicines, which ensured people were receiving their medicines as prescribed. Where issues with recording were identified action had been taken to prevent a reoccurrence.

Preventing and controlling infection

- Staff followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; gloves and aprons. This meant people were protected from the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to learn from incidents that occurred. Incidents were monitored to analyse for themes and action was taken to make changes to people's care. Staff meetings were used to discuss areas of learning and improvements that had been identified through incidents.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed, planned and reviewed to ensure they received care that met their changing needs.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff skills, knowledge and experience

- People told us they felt confident staff were trained. One person said, "Before new staff provided care they came with the more experienced staff so they knew what to do. They came a few times together before coming on their own".
- Staff felt supported in their role and could suggest areas of development and training that would be beneficial. For example; one staff member told us they had asked for training on pressure sores to help when discussing any concerns with the district nurses. The registered manager was in the process of sourcing this training.

Supporting people to eat and drink enough with choice in a balanced diet

- People were happy with the way staff supported them to drink and eat sufficient amounts. One person said, "The staff are very good. They ask me what I want to eat and always make me what I ask for".
- Staff supported people with their nutritional needs in line with guidance received from professionals. For example; one person needed specific support to eat their food to lower their risk of choking. Staff we spoke with knew how to support this person effectively.

Staff providing consistent, effective, timely care

- Staff worked alongside other services to ensure people received consistent care. There was regular contact with district nurses who were providing care to people in their homes to ensure that people received consistent care.
- An electronic system was used to pass on any immediate changes to people's needs which was printed for staff with their rotas. This meant there was a system in place to provide consistent care.
- The registered manager had implemented groups of staff to provide care to specific people. This helped staff build relationships with people and the groups were in small areas so people received their care in a

timely way from consistent staff.

People are supported to have healthier lives and have access to healthcare services

- People were supported to have access to healthcare professionals. Staff contacted professionals where people needed assistance such as; G.P's, district nurses and emergency services. This ensured that people's health and wellbeing was maintained.

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 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.

- People told us they consented to their care, which ensured they had choice and control over their care. The care records we viewed showed people's consent was gained prior to using the service.
- Where people were unable to consent to certain aspects of their care; mental capacity assessments had been completed in conjunction with family member and professionals. This ensured people's care was provided in their best interests.
- Staff had a good understanding of the principles of the MCA and explained how they supported people to make informed decision about their care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us staff were kind and caring. One person said, "The carers are very understanding and do anything I ask them to. They are kind towards me". A relative said, "They [staff] look after them well and are caring towards them".
- Staff told us they were given enough time to enable them to chat with people and provide support in an unrushed way. One staff member said, "Some people don't see anyone else so it is important to them that we can spend a little time with them chatting".

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

- People were involved in their care and were encouraged to make choices about how they wanted their care provided. One person said, "The staff listen to me and help me the way I like. They know me well so they know I like to do some things myself".
- Staff explained how they supported people who had limited communication to make choices. One staff member told us they look for physical signs and gestures and where people are unable to communicate they always talk with them and explain what they are supporting them with.
- Care plans contained individual guidance for staff to follow when supporting people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, which was respected by staff. One person said, "I am very independent and they [staff] know I am. They will help me if they see me struggling".
- People's dignity was maintained when staff provided personal care in privacy. Staff were sensitive and ensured people were comfortable with the care provided.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs were met:

People received personalised care from a consistent staff group that knew people well. Care plans were developed with people and their relatives which ensured people received care in line with their preferences and diverse needs.

Personalised care

- At the last inspection improvements were needed to ensure people were supported by consistent staff members and for people to receive care how they preferred. At this inspection the required improvements had been made.
- People told us they received care in line with their preferences. For example; people received their care at a time they preferred and where they had stated a preference in male or female member of staff this had been planned in line with their wishes.
- People and their relatives were involved in the planning of their care which ensured people received care that met their changing needs in line with their specific routines and preferences.
- Staff knew people well and explained how they supported people, which matched what people told us and the details that had been recorded in their care plans.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and who they needed to contact. One person said, "I would contact the office to raise any concerns". A relative said, "I just pick up the phone and anything is sorted out straightaway".
- The registered manager told us they acted on verbal concerns received from people or their relatives immediately to make improvements to the care people received. These had been recorded on the electronic system, which included the action taken in response to the concerns raised.
- The provider had a procedure in place to investigate and act on written complaints received at the service. At the time of the inspection there had been no formal written complaints.

End of life care and support

- People's advance wishes in relation to their end of life had been gained, which ensured people were supported in line with their wishes at the end of their life. The registered manager was in the process of developing end of life care plans to ensure these reflected people's preferences in all areas of the support required.

- The registered manager had developed a team of staff who were responsible for providing support to people at the end of their life. Staff demonstrated a caring approach to supporting people at the end of their life. This meant people were supported by consistent staff who understood people's needs at this time of their life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection improvements were needed to ensure the newly implemented systems were imbedded at the service and were sustainable. At this inspection improvements had been made.
- Governance systems were in place to monitor service delivery and mitigate risks to people. These systems were effective in identifying issues, which were acted on to ensure people received their care as planned. The registered manager had developed and sustained improvements at the service since the last inspection.
- The registered manager understood the responsibilities of their registration with us (CQC). The rating of the last inspection was on display which demonstrated an open and transparent culture.
- People, relatives and staff told us the registered manager was approachable and supportive. One person said, "I feel that I could speak to the manager if I needed to, but I haven't had to speak with them directly. I can always get through to the office and the staff are very helpful".

Engaging and involving people using the service, the public and staff

- People told us their they were asked to provide feedback on the service received. Information gained from people during telephone reviews, spot checks and annual surveys was collated and analysed. This was used to identify and act on areas that needed improvement.
- Staff told us they were encouraged to be involved in the service. One staff member said, "The registered manager encourages me to make suggestions and I always feel that I make a valuable contribution. Just a small suggested change can make a big difference to people".

Continuous learning and improving care

- Staff were encouraged to have discussions about their ongoing learning and development. Suggestions with regards to specific training required were acted on by the registered manager.
- Spot checks on staff performance were carried out to ensure staff understood how to support people effectively and where issues were raised staff received support to improve their practice.

Working in partnership with others

- The registered manager maintained good links with professionals to ensure people received a consistent level of care and their health and wellbeing needs were met.

- The registered passed on updates in the provision of care through staff meetings and one to one conversations with staff.