

Stirling Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This focused inspection took place on 13 June 2017 and was announced. We carried out an announced comprehensive inspection of this service on 18 and 25 May 2017. After that inspection we were concerned about the provider's ability to operate a service that would keep people safe and meet the requirements of the regulations. We sent an urgent letter of concerns to the provider, upon receipt of this letter the provider sent us an action plan. We reviewed the action plan and found that it did not give us sufficient assurances that appropriate and immediate actions had been taken by the provider to make sure people were safe. As a result we undertook a focused inspection to gather further information from the provider. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Stirling Home Care Limited) on our website at www.cqc.org.uk.

Stirling Home care provides personal care and support for people living in their own homes. At the time of this inspection there were 19 people using the service, 17 of whom received support with personal care.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was in breach of their conditions of registration, because the registered manager left some time ago and the provider had failed to inform us of the changes and no new application to register a manager had been received by us.

People did not benefit from a service that was managed and organised to ensure they were safe from harm. This was because the provider had not taken adequate and appropriate actions to address serious concerns that we raised with them. The action plan submitted did not demonstrate that sufficient gravitas had been given to the seriousness of the concerns, and had not set out clear plans or intentions about how they would meet the requirements of regulations that were in place to ensure people's safety in a timely way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

People did not benefit from a service that was well led. This was because the provider did not understand their responsibilities to implement effective procedures to ensure the service was monitored for safety.

Inadequate ●

Stirling Home Care 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 13 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector. We last inspected this service on 18 and 25 May 2017 at that inspection we found numerous areas of concerns about the lack of systems and processes that were in place to ensure people were cared for safely. We requested an urgent action plan from the provider so they could tell us what they would do to reduce the risks to people. We undertook this focused inspection to ascertain if the provider had taken any actions and if we could be assured that the risks were reduced. We undertook a focused inspection on to check that they had followed their plan and to confirm that they now met legal requirements.

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During the inspection we spoke with a director of the company and the manager. We also looked at the care plan for one person that used the service, to review new procedures that the manager said had been put in place. We looked at the recruitment record for one staff and the electronic training system that the provider said they had put in place. We did not speak with people on this visit. This was because at our inspection on 18 and 25 May people told us they were happy with the care they received from the care staff that visited them in their homes.

Is the service well-led?

Our findings

At our inspection in May we identified a number of concerns about the systems, processes and practice within the service. We also identified multiply breaches of regulations. These concerns included the fact that the provider had breached their conditions of registration and that there was no one appointed to take responsibility for the regulated activity. The provider had not implemented safe systems to support the care people received. Such as, safe procedures for protecting people from abuse and harm, recruitment, training and support of staff to ensure they could deliver care safely. In addition the processes that were in place for assessing, planning and managing the risks to people's care were not safe. Following this inspection we sent the provider an urgent letter of concerns asking him to tell us how they will ensure the service was safely managed. The provider sent us an action plan, which we reviewed during the inspection. We completed this focused inspection to see what actions the provider had taken following receipt of the urgent action letter. We inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting legal requirements in relation to that question.

During this inspection we asked the director if they could tell us what actions the provider had taken following receipt of the urgent action letter we had sent. We went through the action plan item by item. The director was asked to provide any evidence to support what had been done to date, since receiving the letter of concerns. The director's action plan stated that an application for the manager/nominated individual to be registered would be submitted by the end of the day (13 June 2017). We asked the director if he was aware of the process for submitting the manager's/nominated individual's application, the director said they were not aware of the process and said they thought the manager could use their current Disclosure and Barring Check (DBS). The director said he had done nothing to address the manager's/nominated individual's application as the day was still long. We asked the director to explain why the 13 June 2017 had been specified in the action plan to achieve this. The director said, "In a bit of defence he had put the 13 June down as the date for submitting the manager's application in the action plan because he did not expect us to visit today." This indicates as spokesperson for the company we cannot rely on the validity of the information provided.

We asked the director what action had been taken to ensure risk assessments and care plans were in place by 13 June 2017, as specified in the action plan. The director said he had contacted a company that developed procedures for care plans and was waiting for the company to visit the following week to help in implementing the care plans. The director showed us blank documents that he said he intended to use, but confirmed they had not implemented any other process in respect of the safe care and treatment as indicated by the action plan.

The director said he was "baffled" by care workers saying that care plans were not always available in people's homes for staff's instruction and guidance on how to care for people. However, the manager said she accepts that the care plans were not always completed so that staff did not have the information they needed to meet people's needs safely. This meant the director did not have an effective oversight of the service provided to people.

The manager said they had started to re-assess people and were going to draft care plans to make sure care plans were in each person's home. The director then went on to say that basic training would be delivered via an eLearning module, which was sent to staff by email, on their personal devices. The director said that staff would be expected to do this training in their own time. The director showed us the electronic system that was in place to provide staff training. We saw that the manager had completed safeguarding training on 13 June 2017 and Mental Capacity Act training (MCA) on 12 June 2017. We saw that one other member of staff had completed MCA and control of substances hazardous to health training on 12 June 2017. No other staff had completed additional training at the time of this inspection. The director said that other than the manager, no other staff had received safeguarding training to date so people could not be assured that staff knew how to recognise and respond to allegations of abuse. The director then said that he would send the email for safeguarding training out to staff on the day of the inspection, and they would be expected to have completed it on the same day in their own time. We asked the director how they would be assured that staff were competent and had completed the eLearning assigned to them. The director said they would make a better effort to check that staff had passed the knowledge test and if they have failed they will need to take the test again. In addition the director said they would check staff understanding of the training they received in their supervision.

The director said that all staff had been asked to provide a curriculum vitae (C.V.) and references by the end of the day and they would be expected to have done this by 20 June 2017. The director said the staff member previously identified as not have an appropriate DBS had now undertaken one and evidence was seen to show that this had been completed. The director said that applications had also been made to update the DBS for two other members of staff. We looked at the recruitment record of a senior member of staff and we saw that the staff member's DBS showed they had a significant criminal offence listed. We asked the director if they had undertaken a risk assessment to ensure that the staff member was safe to work with people that received services. The director said that they had not completed a risk assessment. This meant that the provider could not be assured if the member of staff posed any risks to people that used the service.

We asked the director how they were going to support staff in line with their action plan. The director said they had planned all supervisions and the plan was to get them completed by the following week. We asked to be shown the supervision plan. The director said, "When I say plan I mean the names of the cares that [manager's name] is going to do." The manager said that moving and handling training was planned to be delivered by the 28 June 2017 and that they had identified a training provider and a venue with equipment for this to take place. This meant in the mean time people would continue to be supported by staff without the required skills, placing people and staff at risk of harm. The director said they were intending to renew the manager's train the trainer's certificate by September 2017. This showed that the provider had not put appropriate plans in place with timescales that could be monitored to ensure staff received the supervision and appraisal necessary for them to do their job.

We asked the director to talk us through the process that would be put in place for monitoring the service, so that they were assured that they were providing a quality service. The director said that they would implement their quality promise on the day of the inspection. The director said he would deliver the questionnaires to people using the service and complete it with them. The manager then said she thought it was better to send the questionnaires out by post in order not to pressurise the people using the service and to enable honest feedback. The director said that he disagreed with this as he felt he had a good relationship with the people using the service and he was concerned that some people may not be able to complete them independently. This showed that the provider had no understanding on the importance of people giving objective feedback and that people may wish to comment about the service without being identified.

The director said he did not understand the comments in our letter of concerns about the 12 Months' time scale for investigating complaints and confirmed that he was not aware that their policy documents gave a timescale of 12 Months. The director said the complaints procedure used was the one that was in the statement of purpose, which he said was given to people using the service and the time scale for complaints investigation was 14 days. The manager confirmed that she had shown us the complaints policy that was located in the policy folder containing relevant procedures used by the provider. This indicated that the provider was not aware of the implications of policies that they had implemented and the impact of this on people using the service and had failed to ensure that the procedure's available to guide staff were fit for purpose.

The director said he was unaware that care plans were not always in the homes for staff to follow. The manager said that now that the staff have mentioned this and it was in the inspection report, they had started to ensure care plans were in the people's homes for the first visit. The manager confirmed that this had not always been the case and said she accepted this. This meant the director did not have an effective oversight of the service provided to people.

At our last inspection staff had told us they did not think there was enough staff to manage the service and ensure the safety of people. This was because the director and manager were always out delivering care and this impacted on their ability to offer guidance in an emergency situation. The director said that he disagreed with the comments that there wasn't enough staff to manage the service. The director said, "It's not my fault if carers say they are unwell, or if they have to pick up their kids." The director said if staff rang in sick, the care calls are covered by other staff, himself, or the manager. The evidence showed that the director had not put adequate plans in place to address the areas of concerns that we had raised with them following our comprehensive inspection on 18 and 25 May 2017. We found that the director did not understand their responsibility to ensure that the service was monitored and safe. In addition the director was not open in their response to us when we advised them of the concerns we had about the service. The director admitted that he had sent us misleading information about the action they would take. The director we spoke with confirmed that they had given us timescales for actions that they knew they did not intend to keep.