

Stoke Heath Homecare Ltd

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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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stoke Heath Homecare Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection 33 people were receiving the regulated activity of personal care from the service provider. 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

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.

Right Support: The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice. The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. Staff enabled people to access specialist health and social care services in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care: People and their relatives told us they were not always treated with dignity and respect. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People were able to communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture: We received mixed but mostly negative feedback on how people and their relatives were being involved in their care. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 August 2018).

Why we inspected

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

Follow up

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 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 not always caring.

Details are in our caring findings below.

Requires Improvement 

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 

Stoke Heath Homecare Ltd

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 was completed by 1 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 care 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.

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 48 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 7 September and ended on 7 September 2023. We visited the location's office on 7 September 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives. We spoke with the registered manager and communicated electronically with 8 care staff members. We received feedback from 1 healthcare professional working with the service. We looked at a range of management records including medicines and quality audits, and staff training. We reviewed care records for 4 people, including risk assessments and 3 staff recruitment records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received training in how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I witnessed or suspected abuse of one of my clients, I would first of all inform my manager of my concerns. If my manager had not done anything about it I would take it up by myself and contact local authority".
- A safeguarding policy was in place and followed to protect people using the service from the risks of abuse.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Detailed risk assessments had identified hazards and guided staff on how to eliminate various kinds of risk to people and themselves. For example, risks around falls or use of specialised equipment.
- People's care records helped them get the support they needed because it was easy for staff to access, and the provider kept high quality clinical and care records. Staff kept accurate, complete, legible, and up-to-date records, which were stored securely.
- Staff assessed people's sensory needs and did their best to meet them.

Staffing and recruitment

- The numbers of staff and their skills matched the needs of people using the service.
- Recruitment processes were safe. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Services (DBS) checks which provide information including details about convictions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, their relatives and staff told us there were enough staff to meet people's needs. One person's relative told us, "I would say there are enough staff, there is a team of 3-4 who come regularly". A member of staff told us, "I believe the amount of staff we have now is enough to cover our client base".
- Some people and their relatives told us staff did not always stay for the allocated time. We raised this with the registered manager who told us this had been an issue in the past. At the time of the inspection the service used electronic monitoring to ensure staff stayed with people their allocated time. We saw evidence the system was operational at the time of the inspection and all visits were logged in to ensure staff stayed with people as per their care plans.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely
- We reviewed medicines administration records (MAR). We found there were no gaps or omissions and medicines audits were effective in identifying mistakes.

Preventing and controlling infection

- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- Staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- The provider's infection prevention and control policy was up-to-date.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Our findings

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. The rating for this key question has remained good. This meant 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. If people had sensory impairment, care plans specified how to communicate with people effectively. For example, one person's care plan specified the person wanted staff to shout as they entered the person's house.
- Staff ensured people had up-to-date care and support assessments, including people's medical, psychological, functional, communication needs, preferences and skills.

Staff support: induction, training, skills and experience

- Most people and their relatives told us staff were trained to effectively meet people's needs. One person told us, "I think they know my needs as they have been supporting me for over 2 years now". However, one person told us they might have concerns about a member of staff, referring to an incident that had happened at the person's premises. We raised this with the registered manager who told us this issue had not been brought to their attention. They told us they would address the incident at a team meeting to inform all staff and prevent similar incidents from recurrence.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf. This was done in line with the law and supported by effective staff training and supervision.
- Staff told us they felt supported by the provider. A member of staff told us, "My opinion on inductions, appraisals and supervisions is that they are good. It's nice to catch up with your manager about how you are and how your workload is, what you've done right and what things you can improve on. There are always things to improve on and learn when you are caring for vulnerable people".

Supporting people to eat and drink enough to maintain a balanced diet

- Most people and relatives told us people's nutritional needs were met. However, some people and relatives told us further training would be required to meet all people's nutritional preferences. We raised this issue with the registered manager who told us that staff has already been provided with additional training and are now able to meet people's nutritional needs.
- People received support to eat and drink enough to maintain a balanced diet.
- People's care plans contained information about their dietary needs. For example, records stated a person had diabetes and there was advice regarding this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- Care records included details of GPs and other relevant health professionals involved in people's care. They also included details of people's medical history and how staff were to support people to manage their health.

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.

- Staff empowered people to make their own decisions about their care and support.
- Staff had a good understanding of MCA. A member of staff told us, "My understanding of the mental capacity act 2005 is that we can assume that any person has capacity unless proved otherwise, and that someone shouldn't be treated as incapable based on their decisions".
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.

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. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We had varying views from people and relatives. Some people and relatives told us they were not always treated with dignity and respect. One person's relative told us, "Some of the staff are very caring, I would say the ones who have been there a long time. The newer staff don't seem to have enough English to communicate with mum, and they even talk over her to each other in their own language". A person told us, "My main concern is that the carers' English is very poor, so it makes it difficult to communicate". We raised this with the registered manager who told us they were unaware of this but would take action to address this.
- Other people and relatives told us that staff were respecting people's privacy and dignity. One person's relative told us, "The carers are respectful to both my daughter and my wife".
- Staff told us they were promoting people's independence. A member of staff told us, "We encourage them to brush teeth, hair, wash where they can reach. We encourage people to make a cup of tea, encourage them to dress or undress".
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.
- People and their relatives told us staff were caring. One person told us, "The carers are kind, they are always asking me if I have what I need and how they can help".
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- We received mixed feedback on how people and their relatives were being involved in their care. One person told us, "I am not listened to, it seems that it's my voice that gets lost. I say it's my home and I should be able to say what I like being done". Another person told us, "They (staff and management team) have switched to everything being on their phone and that has my personal data on it. No one has ever asked me if that is OK or told me what safeguards are in place".
- We received mixed information on how people's relatives were being kept up-to-date with information on people. One person's relative told us, "Some of the carers who have been with the agency for a while will let me know if things change, like they suspect [person] has a water infection, it is then up to me to contact the

doctor". Another person's relative said, "My brother and I are kept up-to-date with changes, but not from the office from individual carers".

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

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- The provider met the needs of people using the service, including those with needs relating to protected characteristics.
- People had individual care plans in place which reflected their current needs, including the actions staff should take to support people to meet their intended outcomes and goals.

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.

- People and their relatives told us that sometimes they were not properly understood because of a language barrier. One person told us, "I don't think things are always fully explained, but that's more to do with some carers not having very good English. So it's because of a language barrier".
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We saw as a result of complaints some issues had been discussed during team meetings, supervision meetings and some care staff had been removed from calls.
- People and those important to them were able to raise concerns and complaints easily and staff supported them to do so.
- Most people and their relatives told us the service provider responded to people's complaints. One person told us, "I do feel complaints are acted on. The manager apologised and staff are much more careful now". Another person's relative told us, "I do find if we raise things, we are listened to, and things improve a bit".

End of life care and support

- There were systems in place to record people's advanced wishes. These included people's choices regarding resuscitation in the event of a cardiac arrest and treatments they would want to have in an emergency.
- Staff were trained in provision of end of life care. Staff told us people's advanced wishes would be respected.
- The registered manager told us they were not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most people and relatives praised the leadership of the service. One person's relative told us, "Since [person] had a stroke last year, we have felt well supported by the service". Another person's relative said, "The manager is very good, she bends over backwards to help".
- Staff felt respected, supported and valued by senior staff which contributed to creating a positive and improvement-driven culture. A member of staff told us, "The registered manager's office is open to us anytime we need help with anything work-related or if we are going through other challenges in our personal lives".
- Managers promoted equality and diversity in all aspects of the running of the service.

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 service apologised to people and those important to them when things went wrong.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the services they managed.
- Staff understood the provider's vision and values and knew how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe and protect people's rights. For example, we saw that medicines audits resulted in improved recording of people's medicines administration records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback about communication between the service provider and people and their relatives. One person's relative told us, "There hasn't been the need to communicate with the manager, but we have good communication with the carers themselves".

- Staff told us there was good teamwork, they felt involved and were encouraged to attend team meetings. A member of staff told us, "When we have team meetings, everyone is given a chance to say out their challenges and experiences in clients' houses and the general relationships between co-workers. I think this helps us to remain united and work together to provide holistic care".
- The registered manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager and staff worked in partnership with other health and social care organisations. This helped to improve people's wellbeing and ensure effective care and outcomes for people.