

Stourport Nursing & Home Care Limited

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Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stourport Nursing and Homecare is a domiciliary care agency. They provide personal care to people living in their own houses and flats in the community. They provide a service to older adults and people who have dementia. At the time of our inspection 16 people received personal care in their own homes.

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

People's risks were not always assessed and reviewed. Staff did not always have the required training to support people with complex health needs. Medicines were not always safely managed, records were not always effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Governance systems were not always effective in identifying when people's care plans had not been reviewed.

There was a positive culture throughout the service, people and families felt safe and were happy with the support provided to them. Feedback was gathered from people, staff, and relatives to help identify where improvements or changes needed to be made. The provider understood their legal responsibilities and when to be open and honest when things go wrong and worked in partnership with other agencies.

People were supported by staff that knew them well and were kind and caring in their approach. Relatives said they were happy with the care people received and had confidence in the registered manager. Staff had received training on how to recognise and report abuse and felt they could speak up and would be listened to. People were treated with dignity and respect and received a service that could be flexible to meet their changing needs. The provider involved people in the planning and reviewing of their care packages.

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 5 January 2018).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We have identified breaches in relation to safe care and governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stourport Nursing and 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 was carried out by 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.

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.

We used information gathered as part of monitoring activity that took place on 15 February 2023 to help plan the inspection and inform our judgements. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and 3 family members. We spoke with 6 staff members including the registered manager, and the provider. We reviewed a range of records in relation to people's care, including medication and care records. We also reviewed a range of records held by the service including, policies, staff training, rotas and recruitment records.



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.

Assessing risk, safety monitoring and management; Using medicines safely

- Systems were not always in place to minimise risks to people's health, care and welfare.
- People with specific health conditions did not always have guidelines or risk assessments for staff to follow to ensure they provided the correct care which met their health needs. For example, where people needed support with diabetes and modified diets. This put them of increased risk of harm.
- Peoples care records were not always reviewed in a timely manner and lacked clarity. For example, some people had not had a review for over 2 years, this meant people may not receive the correct care and support.
- People did not always have their medicines administered safely. We found inconsistencies in how medicines were documented on the medicines administration records (MARs). There were several gaps where medication was not recorded for February and poorly documented handwritten entries on the back of the MARs. This placed people at increased risk of harm.
- MARs did not always have the required information to ensure medicines were dispensed safely, for example there were no times of administration, total dosages or guidance given for specific time periods between administration.
- People did not have protocols for medicines that had been prescribed to be used "as and when required".
- We found conflicting information in people's MARS and care records about which medication should be administered, this put people at risk of potential medication errors. We shared our concerns with the registered manager who told us they would start to make improvements in the shortfalls identified.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate assessing risks, safety and medicines were manged safely or effectively. This was a 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

- The provider had a safeguarding policy in place; however this had not been updated since 2015 and required more detail to give information about how to access the local safeguarding team. This meant people may not be accessing the most recent legislation and information when needing to make a referral.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- Staff told us they knew how to report abuse and would speak with the registered manager if they had any concerns.

- People told us that they felt safe and knew where they could go if they had any concerns. One person said, "I feel safe when they support me, really happy with them".

Staffing and recruitment

- Staff were recruited safely into the service, the relevant safety checks before commencing employment had been obtained.
- There were enough staff to meet people's needs and people told us they benefitted from having continuity of staff.
- People spoke fondly about the staff, comments included, "[staff] are lovely, very helpful, class them as a friend", "I don't know what I would do without them, I couldn't manage without them", "It's been above and beyond, they offer me moral support, it's reassuring to have someone to talk with me".

Preventing and controlling infection

- Staff had received training in infection and prevention and where needed, were provided with personal protective equipment (PPE).

Learning lessons when things go wrong

- There were systems and processes in place to monitor and record accidents and incidents.
- There had been 3 accidents recorded since 2017, the registered manager had taken appropriate action and completed the relevant documentation.

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. 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.

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

- Records of people's care and support were not reviewed regularly or delivered in line with best practice. We identified shortfalls in care plans, risk assessments, medicines management and supporting specific health needs.
- The provider had an initial assessment process which gathered information about a person's support needs before providing care.
- Relatives told us that they were involved in the assessment process. One relative said, "I had input into the care plan, we had a discussion, it has been tweaked with changes that we needed".

Staff support: induction, training, skills and experience

- Staff had not always been trained or received competency checks by a certified training provider when delivering complex specific health care to a person. This posed them at an increased risk of harm. We shared this with the registered manager at the inspection who agreed to source the relevant external training required.
- Staff had completed a variety of mandatory training courses, which included learning disability, Autism and stroke awareness.
- Staff told us they had received an induction and shadowing period before starting their role, one staff member said, "I had an induction, training inhouse and shadowing, this helped me prepare for the role".
- People told us they knew staff members well and benefitted from having continuity of staff. One person said, "We [staff] have built up a nice relationship together it works really well".

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

- The provider had identified when people needed additional support with eating and drinking. However, there were not always risk assessments or speech and language therapy guidance and information in peoples care plans. For example, a person required a mashable diet, we saw no guidance or speech and language report for staff to follow to ensure they were providing the appropriate format of food.
- People told us they were happy with the support they received from staff who prepared their breakfast for them.
- Staff had received training in food hygiene.

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

- The provider worked in partnership with people and their families to help them to access appropriate health care services, such as district nurses, physiotherapists, GP's and speech and language therapists.

- People and relatives told us staff worked additional hours to support them with hospital and therapy appointments.

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- Where people lacked capacity with finances, capacity assessments had been completed and appropriate referrals had been made to necessary professional bodies for support.
- The registered manager gained consent from people to have their care delivered and this was recorded in their care plans.

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 had failed to identify that staff did not always receive the appropriate level of healthcare training, clinical oversight or competency checks when providing support to a person. Staff were carrying out delegated complex healthcare tasks without having received certified training from a medical professional. This put the person at increased risk of harm.
- The statement of purpose was not reflective of the service provided and the people being supported. This was shared with the registered manager who told us they would apply to add the additional bands without delay.
- The providers governance systems were not robust and failed to identify shortfalls in reviewing peoples care records and producing risk assessments for people with specific health needs.
- Some of the provider policies had not been updated for 8 years and required reviewing to ensure they included the latest regulation information and staff were following best practice.

The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our feedback, the registered manager told us they were planning to act on the areas of concerns identified.

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

- The provider did not always identify when external health professionals were required to deliver specific health training to staff.
- The registered manager was open to working in partnership with others. Records showed that staff contacted health and social care professionals for advice and support when needed, changes in the delivery of a person's care had been shared with staff. The service worked in partnership with the Money Carer Foundation to support people with their finances.
- The service sought feedback from people and their relatives through satisfaction surveys. An overview was completed so the service could identify things that were working well and where improvements were needed.
- People told us the registered manager and staff were kind, caring, considerate and supportive and would

go the extra mile if needed.

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

- There was a positive culture within the service, people and families were involved in decision making and care planning.
- People and family members told us the service provided was flexible and they had options to change and increase the frequency of their visits. Comments included, "I can call [registered manager] about increasing visits to support holidays and medical appointments it's never a problem". Another family member said, "I told them the hours were not convenient for us, so they made the changes to a more suitable time".

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 understood their responsibilities for notifying the CQC for events such as abuse and neglect and change of manager.
- The registered manager demonstrated knowledge of their responsibilities about being open and transparent with people when things go wrong, and how information should be shared with external agencies.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's risks were not always assessed and reviewed. Staff did not always have the required training to support people with complex health needs. Medicines were not always safely managed, records were not always effective.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not effective in identifying people's care plans and risk assessments had not been reviewed. The provider had failed to identify that staff did not always receive the appropriate level of healthcare training, clinical oversight or competency checks when providing support to a person. The statement of purpose was not reflective of the service provided and the people being supported.</p>