

Stocks Hall Care Homes Limited

Stocks Home Care Services

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 ●

Summary of findings

Overall summary

This inspection visit took place on 21 September 2017 and was announced.

Stocks Home Care is a domiciliary care service, which provides personal care for adults who live in their own homes. The service caters for older people, as well as those with a physical disability or sensory impairment and also those who are living with a dementia related illness. The home care service is based in well-equipped offices in a residential area of Skelmersdale. The service currently supports 272 people in the community and 90 care staff are presently appointed.

At the last inspection, the service was rated Good.

Stocks Home Care Service maintains a consistent 'good' rating and was found to be meeting all the relevant fundamental standards on this occasion.

At the time of our inspection a manager was in post, who was in the process of registration with the Care Quality Commission. She was available and co-operative throughout the inspection process, during which she demonstrated openness and transparency. Since the inspection the manager has completed registration and is now the registered manager of Stocks Homecare Services. 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.

People we spoke with told us they were happy and felt safe using the services of Stocks Home Care. Practices adopted by the service, such as recruitment and safeguarding helped to protect people from harm. Detailed assessments provided good guidance for staff about how health care risks could be minimised and we found that medicines were being well managed. This helped to ensure people were kept safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems of the service supported this practice.

Induction programmes for new employees had recently been reviewed and more substantial ones had been subsequently introduced. Records showed that personal development for staff was an important aspect of the organisations ethos. This was supported by regular supervisions, annual appraisals and a varied training programme for all those who were employed. This helped to ensure that the staff team was knowledgeable, competent and confident to deliver the care and support which people needed.

People told us their care workers were kind and caring. They confirmed that their privacy and dignity was respected at all times and that they were supported to maintain their independence, as far as possible. Records we saw supported this information. Specific training had been arranged for the staff team in relation to end of life care. This helped staff to support people in a compassionate manner during the last days of their lives.

Complaints were being well managed and people told us they were offered appropriate choices and that their preferences were considered and respected at all times. The new manager was making good progress with the development of the care planning system, so that a more person centred approach was adopted. This helped to ensure that people received the care and support relevant to their individual health and social care needs.

Systems had been implemented so that the quality of service provided could be closely monitored, to ensure that people were receiving the care and support they required. These were in the form of audits, surveys and risk assessments. Records showed that people had been asked for their views about the service they received and meetings for staff were held at regular intervals, so that they could express their views about the quality of care delivered and the support received by staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Stocks Home Care Services

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 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.

This comprehensive inspection took place on 21 September 2017 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure someone would be there who could provide us with the information we needed.

The inspection team consisted of two Adult Social Care Inspectors and an expert-by-experience. An expert-by-experience is someone who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had experience of caring for older people and people living with a dementia related illness.

Prior to this inspection we looked at all the information we held about this service, including information that the provider had told us about, such as significant events. We also listened to what people had to tell us, such as those who used the service, relatives and staff members. We also received feedback from local commissioners about the service provided by Stocks Home Care Services.

The provider had sent us their Provider Information Return [PIR] within the timeframes requested. A PIR gives us key information about the service and tells us about improvements they intend to make.

The methods we used for gathering evidence included speaking with 11 people who used the service and their relatives, visiting two people in the community, interviewing staff and pathway tracking. Pathway tracking enables us to establish if people are receiving the care and support they need.

We looked at a wide range of records, including the care files of ten people who used the service and the

personnel records of four staff members. Other records we saw included a variety of policies and procedures, medication records and quality monitoring systems.

Our findings

People we spoke with expressed their satisfaction about the service they received, particularly around their safety. One family member commented, "I trust them [carers] completely and my relative feels very safe with them too." And a person who used the service said, "I feel very safe with the carers. If I didn't I would say so."

Assessments were in place to ensure that health care risks and environmental hazards had been identified and strategies implemented, in order to protect people from harm. For example, the moving and handling risk assessment for one person, who was cared for in bed provided staff with clear guidance about how to use the rolling technique in a safe way, when providing personal care. This helped to keep the individual safe. The care records we saw clearly showed any allergies that a person may have, such as penicillin or particular foods. This helped to ensure that people were protected from the risk of allergic reactions.

A business continuity plan had been developed, which provided staff with the actions they needed to take in the event of power failure, interruption to water or gas supply, severe weather conditions, fuel shortages or a pandemic outbreak.

The policies of the agency provided clear guidance about safeguarding procedures. Staff we spoke with had good knowledge of the action they needed to take should they be concerned about the safety of someone in their care. The agency reported any potential safeguarding issues through the correct channels and informed the relevant authorities about their concerns. This helped to protect people from harm.

Recruitment practices adopted by the agency were satisfactory. One member of staff we spoke with said, "My recruitment was thorough." Another told us, "I couldn't start until I got my DBS [Disclosure and Barring Service] check." DBS is a police check, which must be conducted before prospective employees are appointed to work with vulnerable people. This highlights any criminal convictions and therefore enables the provider to make a decision about staff employment. This person went on to say that two references had been taken up and a good induction had been provided for them. Evidence was available to show that the agency had taken appropriate action in response to disciplinary proceedings. This helped to ensure that people who used the service were kept safe.

Medicines were being managed well. However, we made a recommendation to increase the number of medication audits completed each month so that a higher percentage would be covered annually. The manager of the agency assured us that this would be implemented without delay. The auditing system

enabled the manager to identify any shortfalls in the management of medicines and to provide additional support through competency assessments and training for relevant staff members.



Our findings

One relative told us, "We don't have a problem with the carers. An odd time they may be a bit late, but they let us know if they are going to be late." One person who used the service said, "They're very very helpful. They never try to rush me at all. If my [relative's] been up, I do say they can go but they always stay and have a little chat with me, which is nice."

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 the mental capacity to make 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.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at the care files of ten people who used the service and found that mental capacity assessments had been conducted on behalf of people, when deemed necessary and people had given their consent in a variety of areas, including the provision of personal care. There was no-one who used the service at the time of our inspection who was being deprived of their liberty.

We saw a copy of the employee handbook, which was issued to all new staff members. This was very detailed and contained a lot of relevant details, including important policies and procedures, such as equal opportunities, disciplinary and grievance procedures, whistleblowing, safeguarding and complaints. This helped to ensure that new staff were provided with the information they needed to start working for Stocks Home Care Services.

One member of staff we spoke with said, "I had an induction at the office when I first started and then I did four shadow shifts. After a few weeks they [agency] enrolled me on my NVQ [National Vocational Qualification – a nationally recognised qualification in care]. I have completed that now." Another told us, "We do some training on line and some in the training room. They [agency] tell you when you need to do it. You cannot work until you have done it. We get paid for doing training. I have never worked anywhere that

does that before. We do meet with the manager regularly for supervision, which is documented on the computer."

We looked at the personnel records of four members of staff. These showed that new employees were interviewed and once they commenced employment they were assisted through an induction programme. However, the new manager showed us that she had developed a more detailed induction programme for new employees, which spanned a three month period. Staff we spoke with gave us some good examples of training modules they had completed, such as safeguarding vulnerable people, dementia care and moving and handling. We were told that the frequency of learning updates varied, depending on the topic and records we saw supported this information.

Records we saw and care workers we spoke with confirmed that they received regular supervision and annual appraisals from senior staff. This helped to improve their personal development, highlight any concerns they may have and to identify any additional training needed.

Staff we spoke with were able to discuss people's needs and evidently knew those in their care very well. One member of staff said, "I go to the same people week in and week out. We get the same rota, so we can visit the same people." This helped to promote good continuity of care.

Our findings

We spoke with eleven people who used the service or their relatives. We received positive comments from them all. People were extremely complimentary about their care workers, who were described as, 'kind', 'lovely' and 'jovial'.

Comments we received from people included, "My carers are very helpful and very nice. They were very affectionate and understanding when I lost my [relative]. They're really super girls"; "They come four times a day and they're fantastic. They deal with all her personal care and they're really good with her"; "They're very good, nothing is too much trouble for them"; "They're lovely girls, each and every one of them. They get [service user] laughing and her responses to them are just great. They're absolutely respectful, seriously brilliant" and, "It's nice to have them here. They have a real connection with [service user] and she likes them very much. They give her a shower and wash her hair and they really treat her with absolute respect."

We asked one person, who we visited in their own home if they were happy with the care and support they received. We received a 'thumbs up' sign, which indicated they were.

Everyone we spoke with was fully aware of their care plans and the information contained in the folders within their homes, such as the complaints procedure, contact details for the agency and the daily logs by the care workers.

The care files we saw showed that people were supported to maintain their independence. For example, the plan of care for one person stated, 'I want to live as independently as possible in my own home with my [name].' Specific training had been arranged for the staff team in relation to end of life care.

The policies of the agency and the plans of care we saw highlighted the importance of promoting people's privacy and dignity, particularly during the provision of personal care.



Our findings

One relative told us, "At the initial assessment it was just agreed as an evening call, but the care package has been developed to suit [name] needs." And another commented, "As well as personal care, they take [name] shopping once a week. It's brilliant because it gets her out for an hour and they help her with her money and make sure she gets all her receipts."

One person who used the service commented, "I normally have two regular carers four times a day, it's a double-handed visit, but I've had three different ones for the last week or so. Most of the time they're on time, never more than half an hour late. They never ring as they know that half an hour's OK." And another told us, "They always arrive on time, within 15 minutes or so at the latest, which is fine by me."

We looked at the care files of eleven people who used the service. We found that information about people's health and social care needs and their medical history had been gathered before a package of care was arranged. This helped to ensure that the staff team were confident in meeting individual needs.

The new manager of Stocks Home Care, through the auditing process, had already identified that some recently written plans of care needed to be more person centred. She had therefore introduced a new system, which incorporated detailed individualised care and support needs. We found these to be well written, very informative documents and provided staff with clear guidance about people's needs and how these were to be best met. One plan of care we saw was particularly person centred around diabetes and another contained very good detail in relation to complex care needs. This helped to ensure that those who used the service received the care and support they required.

One member of staff told us, "If I have to go to someone new, I read the care plan as soon as I go in. Anything I am not too sure about I ring the office."

The agency had a complaints procedure in place, which contained clear guidance and was easily accessible to those who used the service and their relatives. People we spoke with said they would know how to make a complaint if they were unhappy and would tell their care workers or the agency office. A system was in place for the recording of complaints, which outlined the areas of concern and any actions taken as a result of an internal investigation, as well as a response to the complainant.

Our findings

Comments we received from people were positive in relation to the management of the service. These included, "A very good service"; "More than pleased with the agency and [carer]"; "Absolutely brilliant service. We've had some poor care from elsewhere in the past, but we are going nowhere. It's working brilliant for us because at the end of it [person who used the service] is my priority"; "They're fabulous, absolutely fabulous. One of the bosses came last week to check our package and get feedback. It was just a review meeting, but I did say 'please don't change our girls'" and "The office staff always answer the phone and they're very polite and helpful. They've only asked for feedback informally."

We saw a selection of recent surveys, which had been completed by those who used the service or their relatives. The comments seen were all positive and people expressed their satisfaction about the service received. Surveys for the staff team had also been conducted. The results of these were produced in bar chart formats, for easy reference. Obtaining feedback from those with an interest in the service allowed people to express their views and opinions about the quality of service provided. Records showed that regular staff meetings were held. These enabled the staff team to discuss topics of interest and to voice any concerns or areas of good practice in an open forum, should they wish to do so.

Systems were in place to effectively assess and monitor the staff team and the quality of service provided. Evidence was available to show that changes had been made in response to the findings of the auditing systems. The service worked well with other agencies, such as community professionals and commissioners.

A wide range of updated policies and procedures were in place at the agency office. This helped to ensure that the staff team were kept abreast of current guidelines and any changes in legislation.

One care worker we spoke with raised a concern in relation to the length of calls allocated for one person who used the service. This was discussed with the manager of Stocks Home Care and it was established that this was already being addressed by the manager with the funding authority.

One member of staff told us, "This was my first care work and I was a bit nervous at first. I love it now. I wouldn't do anything else." Another said, "The new manager is marvellous. I trust her. She has an open door policy and I am comfortable to go and see her if I need to. I can discuss any issues and I know it won't go any further."