

Stick Care 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stick Care Ltd is a domiciliary care agency providing support to older people living in their own homes, some of who were receiving end of life care. At the time of our inspection there were 11 people using the service. All people using the service received support with personal care.

People's experience of using this service and what we found

The registered manager did not have a thorough knowledge of incidents and events that they had a legal responsibility to notify the Care Quality Commission about, and we have made a recommendation about this.

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Medicines were managed in a safe way. Steps had been taken to help prevent the spread of infections. Accidents and incidents were investigated so lessons could be learnt.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. The provider worked with other agencies to meet people's health care needs. People were supported to eat a healthy diet and were able to make choices about what they ate and drank.

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.

Relatives told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. The service used different ways to help communicate with people, depending on their individual needs. Relatives told us they had confidence that any complaints raised would be addressed. People's end of life care was being met.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

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

Rating at last inspection and update

This service was registered with us on 26 January 2018 and this is the first inspection.

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 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 ●

Stick Care 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 carried out by an 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.

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. 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 reviewed information we had received about the service since it was registered. We sought feedback from the local authority 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 three members of staff including the office administrator [who also worked some shifts as a

care assistant], registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included multiple medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of policies and procedures. We looked at care records relating to four people. We were unable to speak with people who used the service due to their complex needs. However, we spoke with nine relatives and two staff, both of whom were care assistants.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. There were policies in place about whistleblowing and safeguarding adults. The safeguarding adult's policy made clear the provider's responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission [CQC].
- The registered manager told us during the inspection that there had been two safeguarding allegations in November 2021. Records showed these had been dealt with in line with the policy, with one exception. The provider had not notified CQC about the allegations in a timely manner, although they were eventually sent to CQC.
- The provider told us these were the only two allegations of abuse since they were registered. The provider submitted both notifications to CQC within 24-hours of our inspection and committed to reading CQC published guidance on provider's responsibilities with regard to things they had a responsibility to notify CQC about.
- Staff had undertaken training on safeguarding adults and understood their responsibility. One staff member told us, "I am going to report it [allegation of abuse] straight to my manager. If I feel they are not taking action I can report it to CQC."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks individuals faced and included information about how to mitigate those risks. Assessments covered risks including those related to skin care, mobility, health conditions and oral care.
- Assessments were subject to regular review, at least monthly, or sooner if there was a significant change in risk. This meant assessments were able to guide staff as people's risks changed over time.
- Relatives told us people were safe. One said, "[Person] is definitely safe, they [staff] have complete dedication to what they do. I visit regularly so I can see what is going on. [Person] is well looked after, they [staff] regularly wash their hair, they make sure they are nicely dressed." Another relative said, "Their general behaviour towards [person] is very caring, it is nice to see. There is nothing to make me worry, they are fastidious about making sure they get their required food, drinks and fruit."

Staffing and recruitment

- The registered manager told us there were enough staff employed to meet people's needs. However, they added there had been some problems with staff punctuality, but they had taken steps to address that.
- Most relatives said staff were punctual. One said, "They arrive on time, if there are ever any problems with my [relative's] care, they stay longer."

- The registered manager told us where there were concerns about staff having enough time to travel from one appointment to the next, they had authorised the use of taxis, and staff confirmed this. Further, the provider had recently purchased an electronic system for monitoring what time staff arrived and left each visit. They were in the process of providing staff training and explaining the system to people at the time of inspection and told us they planned to start using the system from 1 March 2022.
- The provider carried out various checks on prospective employees to test their suitability to work in a care setting. These included criminal records checks, identification, employment references and proof of right to work in the UK.

Using medicines safely

- Systems were in place to promote the safe management of medicines. Medicines administration records [MARs] were used for staff to record every time they administered a medicine, which meant there was an audit trail in place.
- Senior staff carried out audits of MARs to ensure they were completed correctly and to check if any medicines had not been given. We checked a sample of MARs and found them to be accurate and up to date.
- Staff undertook training on the administration of medicines, which included an assessment of their competence to do so. Staff who had not undertaken this training told us they were not expected to provide support with people taking their medicines.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection. The provider had an infection prevention and control policy in place which provided guidance to staff and regular infection control audits were carried out.
- Staff were supplied with adequate amounts of Personal Protective Equipment and had regular tests for COVID-19.

Learning lessons when things go wrong

- The provider took action to learn lessons when things went wrong. They had a policy on accidents and incidents which detailed the steps to be taken in the event of an accident or incident.
- We saw accidents were recorded and analysed to see what action could be taken to reduce the risk of a similar accident occurring again.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before the provision of care. This was to determine what the person's needs were, and if the provider was able to meet those needs. The provider told us on occasions they had been unable to meet the person's needs and consequently not been able to offer support.
- Records confirmed that assessments were carried out in line with guidance and legislation. For example, they were person-centred, looking at the needs of the individual and considering what was important to them. They covered a variety of needs, including those related to equality and diversity issues.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills and knowledge to help them in their role. New staff undertook an induction training programme which included classroom based training and shadowing experienced staff as they provided care to people. A staff member told us, "I did three days of induction, then I did shadowing to client's houses."
- Staff undertook regular on-going training. Topics considered to be mandatory by the provider were covered annually and these included communication, safeguarding adults, person-centred care and moving and handling.
- Staff had regular one to one supervision meetings with a senior member of staff. These gave them the opportunity to discuss matters of relevance to them, such as training and development needs and issues relating to people who used the service.

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

- People were able to make choices about what they ate themselves, except where they lacked the capacity to do so. In these circumstances, family members chose food for people.
- Where staff provided support with eating and drinking, this was detailed in care plans. Staff had undertaken training about nutrition and hydration. A relative told us, "They [staff] take time to encourage [person] to eat."

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

- We saw that the provider worked with other agencies to provide effective care, such as local authorities and health bodies. Referrals had been made to health care professionals such as GPs and district nurses to meet people's medical care needs.
- The registered manager told us the service did not provide support to people with attending medical appointments, and this was generally done by relatives.

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.

- People were supported to make decisions over their daily lives where they could, for example, about what they ate and the clothes they wore.
- Where people lacked capacity to make decisions, the provider carried out mental capacity assessments which involved input from family members. Best interest decisions were made by family members and the organisations who commissioned the person's care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives said staff treated people well. One said, "They talk to [person] even though they know they are not going to get a response. They always greet [person] nicely and always say goodbye." Another relative said, "They make an effort to understand [person's] needs, they introduce themselves properly, [relative] knows their names."
- The registered manager told us they tried to provide consistency whereby people were provided with the same regular carers, so good relationship could develop. Staff told us how they sought to build relationships with people and act in a caring way. One staff member said, "I have to be helpful and considerate. I talk to them in a calm and respectful manner."
- A relative told us, "We have live-in staff. They try not to change them, so they are able to build up a real relationship. It is important because my [relative] has dementia. They are respectful to older people, they treat [person] like their own grandmother."
- Equality and diversity needs were covered in people's care plans, and policies were in place to help guide staff in this area. The registered manager said they matched staff from particular backgrounds with people of a shared or similar background. In this way, it was hoped that the staff would have a good understanding of people's cultural and religious needs.

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

- People were supported to express their views and be involved in making decisions about their care.
- Staff told us how they supported people to make choices. One staff member said, "Some service users are able to communicate what they want so I have a chat with them. I say, 'What do you want to drink, what do you want to wear?'"
- Care plans included information about people's likes and preferences to help guide staff in supporting people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- The provider sought to promote people's privacy, dignity and independence.
- Staff told us how they supported people's privacy and dignity. For example, one staff member told us, "I cover them up when I am giving personal care" and added, "I encourage them, I say 'You can do this, you can move around'."
- Staff understood the importance of respecting confidentiality and were knowledgeable about who they could share information with. There was a policy on confidentiality which provided guidance about this. Confidential records were stored securely in password protected electronic devices and locked filing cabinets.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were in place for people. These set out the needs of individuals in a person-centred way and covered needs including communication, personal care and continence. Care plans were subject to monthly review, which meant they were able to reflect people's needs as they changed over time.
- People and their relative were involved in developing care plans. This helped ensure they covered what was important to the person. Staff told us they were expected to read care plans and that they found them useful tools in providing support to people. One member of staff told us, "I have read their care plans, so I know what their needs are."
- Relatives said staff understood people's needs. One said, "They are professional, my [relative] likes them, they have a good rapport", while another said, "They look after [person] well, they are aware that they have dementia." Another relative said, "My [relative] is unable to stand and requires lifting and rolling. It's always done in a light-hearted way to make them feel comfortable, they [staff] take away the seriousness of the situation."

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.

- The provider told us that most people were able to speak English, and where they did not, family members helped with communication. The registered manager said that information could be provided in alternative formats for people in the future if that was required, but said that was not currently the situation.
- Relatives told us staff communicated well with people. One said, "It's the way they interact with [person], they know how to build up a rapport." Staff told us how they used different methods to communicate, depending on the person's needs. For example, staff communicated through body language, speech and gestures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided personal care support to people living in their own homes. They did not provide support with social activities or accessing the community. People had networks of families and friends who provided them with social and emotional support, and this was covered in people's assessments.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people were provided with a copy of this. A relative told us, "In my [relative's] daily records book there is a complaints procedure." The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- Records showed that complaints received had been investigated in line with the procedure. This included investigating the complaint and providing an apology to the complainant where appropriate.
- Relatives told us they knew how to make a complaint and that concerns were dealt with. One said, "I spoke to the manager about the carers running late and not letting me know, they have now got it sorted."
- Records were kept of compliments received. For example, a relative had complimented that, "Stick Care provided excellent care for my relative. I was very happy with the carers." Another relative had said, "You did a fantastic job and showed so much kindness."

End of life care and support

- People were supported with end of life care. There were care plans in place about how to support people with end of life care. Some people also had care plans in place about the arrangements to be made in the event of a person's death. This was discussed with everyone, but some people preferred to deal with that with their family.
- The provider worked with other agencies to meet people's end of life care needs to promote a holistic approach to this care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had an open and positive culture to help achieve good outcomes for people. Staff spoke positively about the working culture and the registered manager. One staff member told us, "[Registered manager] is caring about service users and staff. I had an issue with [personal matter] and [registered manager] helped me." Another member of staff said, "Staff go to them [registered manager] all the time if they have problems. We have a lot of teamwork here."
- Care was person-centred, which helped to achieve good outcomes for people. Staff understood people's needs and people and relatives were involved to help ensure care reflected people's wishes and preferences.

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 obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, accidents and incidents were reviewed and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide some clarity about their roles.
- The provider understood issues relating to quality performance, and had a number of systems in place for monitoring and improving quality at the service.
- The registered manager was aware they had a legal responsibility to send notifications of significant incidents and events to the Care Quality Commission. However, they did not have a thorough grasp of all notifiable incidents.

We recommend that the provider and registered manager familiarise themselves with relevant legislation in regard to incidents and events that they have a legal responsibility to notify to the Care Quality Commission.

Continuous learning and improving care

- Various systems were in place to help drive improvements at the service. For example, audits were carried

out of medicines and infection control practices, while care plans and risk assessments were subject to monthly reviews.

- Spot checks were carried out by the registered manager. These entailed them observing a staff member on shift to check aspects of their performance, including punctuality, record keeping and how they interacted with people.

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

- Surveys were carried out of staff, people and relatives to gain their views about the service. We viewed completed survey forms, these contained mostly positive feedback. For example, one person wrote, "Very good, no problems, I'm very happy." A staff member wrote, "All the training is good."

- The provider considered peoples and staff's equality characteristics. For example, care plans covered people's equality needs. People were able to choose the gender of the staff that worked with them. Staff recruitment was carried out in line with good practice in regard to equality and diversity.

- Relatives told us that they had good communication with the registered manager. One said, "The manager phones to check that I am happy." Another told us, "[Senior staff member] has visited, we went through [relative's] needs. They checked with me that the carers arrive on time and treat [relative] with dignity."

- Regular team meetings were held. These gave the provider the opportunity to share important information, for example, in relation to updated COVID-19 guidance. They also provided staff with the chance to raise issues of importance to them.

- The registered manager told us they had good working relations with other agencies. For example, they attended a provider forum run by a local authority. This gave them the opportunity to share good practice. They provider was also a member of a national trade organisation for domiciliary care providers. The registered manager said this organisation provided advice, guidance and training.