

Mr Glyn Kershaw

Stanlaw Abbey Business Centre

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?	Requires Improvement ●

Summary of findings

Overall summary

This was the first inspection of this location since the registered provider had made changes to their registration earlier in 2017.

Audits in respect of medication were not robust. On occasions, medication records did not have signatures recorded with no indication on why medications had not been administered. We found that the auditing of these records had concluded that they were satisfactory when this was not the case. Other auditing of care plans and daily logs were done appropriately. Staff were subject to periodic spot checks so that the quality of support could be measured.

Questionnaires had been sent out to people who used the service and spot-checks undertaken by the registered provider did ask for and record the views of people who used the service.

Staff felt supported by the management team. The registered provider demonstrated an understanding of the need to let people who used the service and others about ratings that would be applied to the service following this inspection. The registered provider was aware of the circumstances in which they needed to report incidents to us.

People told us that they felt safe with the staff team. Staff were able to outline the potential types of abuse and how they could report any concerns. They had received training in this and were familiar with whistle blowing and how poor practice could be raised with other agencies.

Medication systems were in place. Staff received training in this and had their competency checked through spot checks. People who relied on staff to assist in medication told us that this was never missed.

Recruitment records demonstrated that the registered provider had obtained all the necessary checks. This enabled people who used the service to be confident that people who supported them were suitable for their role.

Risk assessments were in place. These outlined the risks people faced through the support they were given as well as risks posed by their home environment. All risk assessments were up to date. Information included the susceptibility people had to falls and the steps staff needed to take when assisting with mobility.

Staff rotas identified when two staff needed to support people at any time. People told us that calls were not missed although delays did occur from time to time.

People felt that the staff team were trained and knowledgeable about their needs. Staff received supervision and appraisals so that their performance could be monitored and that they would be supported.

Provisions of the Mental Capacity Act 2005 were taken into account by the registered provider. Staff had received training in this and had a working knowledge about how to assist people in making decisions for themselves. Assessment information included reference to the capacity of people

Staff supported some people with their nutrition. People commented that staff prepared meals which were well cooked and had regards to their likes and dislikes.

People felt cared about. Staff were aware of measures to take to promote the privacy and dignity of people. Information retained by the registered provider focussed on the communication needs of people and the most effective way to provide information to them.

Care plans were person centred and linked to the daily routines of people. They were reviewed and changed as needs changed. Assessment information was in place covering all the needs people had in their daily lives.

People knew how to make a complaint. A complaints procedure was available. Some people had used this and had their concerns listened to. Other preferred a less formal way of complaining and they said that their views had been listened to their satisfaction.

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 was safe.

People felt safe with the staff team.

Staff understood the types of abuse that could occur and were aware of the system in place for reporting such concerns.

The recruitment process protected people.

Risk assessments outlined the risks faced by people in their daily lives.

Is the service effective?

Good ●

The service was effective.

People told us that the staff team were knowledgeable about their needs.

Staff received the training and supervision they required.

The agency took the capacity of people to make decisions into account.

The nutritional needs of people were met.

Is the service caring?

Good ●

The service was caring.

People told us that they felt cared about and that the staff team were always respectful to them.

Staff were able to provide practical examples of how privacy and dignity was promoted.

The registered provider took the communication needs of people into account.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and outlined all the social and health needs of people.

Assessments were completed covering people's needs and were agreed with each person.

An effective complaints procedure was in place.

Is the service well-led?

The service was not always well led.

Audits on medication records were not robust.

Questionnaires seeking feedback on the quality of support people received had been sent out and returned..

Improvements had been made in respect of the good governance of the service.

The registered provider had made ratings from the last inspection known.

Requires Improvement ●

Stanlaw Abbey Business Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4th and 12th May 2017 and the inspection was announced on both dates. We gave the service 48 hours' notice for our first visit so that the manager would be available to assist us with this inspection.

This inspection was carried out by an Adult Social Care Inspector. We spoke with seven people who used the service by telephone. Comments from people are included within this report.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at seven care plans and other records such as five staff recruitment files, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We spoke to four staff members.

We also looked at the Provider Information return (known as a PIR) that the registered provider made available to us when we asked them to. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us they felt safe using the service. They said "Yes I definitely feel safe" and "Yes I trust the staff they are very good". People also told us that where staff assisted with medication, that this was always given on time and never missed "Yes they always remind me to take my medication when I need it and I take a lot of medication". People told us that staff did not miss calls although there were occasions when staff were delayed by traffic for example. People were informed of this.

We looked at five personnel files relating to people who had recently been. All contained evidence that people had received appropriate checks before starting work at the service. These included Disclosure and Barring Service checks (known as DBS). A DBS is a check made to see if people had been convicted of offences which would affect their suitability to work there. Further checks included references sought from previous employers. Arrangements were in place if needed for the registered provider to risk assess people if any issues arose on their DBS check. Other information included photographic evidence confirming the person's identity and a statement of their general health confirming that they were fit to carry out their role.

Staff demonstrated a good understanding of how to identify potential types of abuse. They outlined how they would respond to any allegations of abuse and were confident that the registered manager would take action as a result of any concerns. Staff also demonstrated an understanding of the idea of whistle blowing and were able to identify those agencies that they could refer to. The service had its own safeguarding procedure as well as an up to date copy of the Local Authority's procedure for reporting abuse. No safeguarding referrals had been received of late. There was evidence that any low level concerns were reported to the local authority on a monthly basis. A low level safeguarding concern is any incident which harms a person or puts a person at risk of harm that does not meet the threshold of significant harm set down by external agencies.

Risk assessments were in place relating to those risks faced by people during support and risks that could be posed by their environment. Information was in place for staff to be aware of any issues concerning people's homes that could put them or the people they supported at risk. Additional information was in place relating to the needs of people which needed to be taken into consideration to keep them safe. This included where relevant susceptibility to falls and risks present when assisting people with their mobility. All risk assessments were up to date.

Plans were also in place in the case of emergencies arising when assisting people in their own homes. In the event of people needing to be evacuated, appropriate actions were in place. The registered provider also had a plan in the event of disruption to the service such as a breakdown in IT systems.

Staff rotas were in place. Staff rotas for the previous two weeks prior to our visit and the following two weeks were seen. These were sent to staff members in advance. Where people required the support of two staff members in line with their needs; this was clearly identified on the rota. Assessments were in place in care plans identifying the needs of people and the numbers of staff required to support them effectively. People told us that staff always turned up and that calls were never missed although at times they would be

delayed by traffic for example.

Staff had received medication training. This was confirmed through training records. Spot checks on staff performance enabled the registered provider to monitor the competencies of staff assisting with medication where needed. These checks were confirmed by the staff team. Support with medication was outlined in care plans with people having the opportunity to maintain their own independence in managing their medication or having a family member do this. One care plan outlined arrangements for staff to manage medication if a family member was not available to do this. This was confirmed by the individual when we spoke with them. A medication policy was in place and was available to staff. Care plans outlined where the medication was stored and how staff should assist with support in this area where required. Medication administration records were retained by the office each month once they were completed. Some medication had been misspelled on the sheet and we raised this with the registered manager. The registered manager had introduced medication administration records in relation to the application of creams. This involved details of how frequently the creams should be applied and where on a person they should be applied.

Staff had received infection control training. Policies in infection control were up to date. Spot-checks carried out by the management team paid attention to how infection control was promoted by the staff team. People told us that the staff team used personal protective equipment such as disposable gloves during support with personal care.

Accidents and incidents were recorded. There had been no accidents reported and as a result there was not enough information for the registered manager to analyse trends or patterns of accidents to minimise future re-occurrence. Body maps were available in care plans to record any acquired injuries that required investigation. Any other incidents were recorded on low level safeguarding forms and returned to the Local Authority monthly.

Is the service effective?

Our findings

People who used the service told us that they were happy with the staff team. They considered staff to be knowledgeable and they were confident staff knew what they were doing.

Staff told us that they had received training. This included safeguarding, medication, mandatory health and safety topics such as first aid and moving and handling. Training had also been received in response to the needs of people such as dementia awareness training. Staff had also had the opportunity to further their own qualifications with a National Vocational Qualification (NVQ) being provided at Level 2 and 3. An NVQ is a work based award that are achieved through assessment and training. Copies of training certificate confirmed the training that had been received and qualifications attained.

A structured induction process was in place. Following satisfactory recruitment, staff were invited to shadow existing members of staff until such time as they were considered competent to work alone. Induction included training in key health and safety topics as well as safeguarding and medication. All training was linked to the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff confirmed that they received supervision appropriate to their role. Supervisions undertaken had included a mix of one to one meetings with staff, spot checks and appraisals. Spot-checks enabled care practice to be monitored directly with an account of staff performance gained. The spot checks also provided people who used the service the opportunity to comment on their general experiences of the support they received. Appraisals enabled staff to discuss their general performance and areas of development. All supervisions methods were recorded and evidenced during our visit.

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 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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked on this visit whether the registered provider was operating within the Mental Capacity Act and its associated safeguards. Training records outlined that staff had had training in mental capacity and this was confirmed through certificates. Staff were able to outline a working knowledge of the Act. The process of assessment used by the registered provider in gathering information on the needs of people included reference to their capacity to make decisions. While no person was subject to a Lasting Power of Attorney, the registered manager stated that these would be taken into consideration when they were present.

People's consent to the support they received were gained by the agency. A consent procedure was in place. People consented to the contents of their care plans. Staff also told us that they gained consent from people

verbally before undertaking personal care tasks. People told us that staff always sought to gain consent from them prior to them undertaking tasks.

People we spoke with either required a degree of support from staff to have meals or required no support at all. For those who required support, they told us that meals were always prepared to their satisfaction and that attention was paid to staff to prepare meals in a hygienic manner. Training records indicated that staff received food hygiene training. Care plans outlined the degree of support people needed in eating meals and most of these were confined to staff preparing meals with no assistance required by people to eat them. Consideration was included in care plans to any dietary needs that people had with some people requiring support with shopping so that they had control over what food they wanted to eat. Care plans also included a summary of any likes or dislikes people had in respect of food. Our last inspection noted a deficiency in the recording of a fluid chart. This had now been addressed.

The general health needs of people were recorded on care plans. Information included any allergies they had, their medical history and which doctor they were registered with. The agency was able to monitor those people who had been admitted into hospital so that they did not receive unnecessary calls.

Is the service caring?

Our findings

People told us "Staff are very professional", "They are very caring" and "They go the extra mile to look after me". People told us that they felt as though they were treated with respect.

Staff gave us practical examples of how they would promote privacy for people during personal care tasks. This included ensuring that doors and curtains were closed during these times. Staff also gave an overview of the importance of keeping personal information confidential. A confidentiality policy was in place.

The agency held details on the communication needs of people. This included the most effective way to provide information to people. Some people were identified as not being able to receive telephone calls and it was decided in these instances that verbal communication was the best way to ensure that they had all the information they needed.

The registered provider had devised an information pack for people using the service. This included key information on how to make a complaint and contact the agency as well as the values that the agency sought to apply in its work. Such values included promoting privacy and dignity at all times. Care plan information included consideration about the preferred term of address for each person and this was recorded. No one we spoke with specifically had external advocates to support them yet information was in place on care plans indicating people's capacity to consent to care provided. Each person had significant others such as relatives who would assist them with communicating their needs and details of people's relatives and friends were included in care plans. Care plans also included the daily routines of people.

The agency sought to involve people in their support. Care plans had been signed to confirm that people had contributed and agreed with how they were to be supported. In addition to this, the independence of people in preparing meals and managing their own medication was included. When people were able to prepare their own meals, the care plan was clear that this was to be encouraged. Where people were able to manage their own medication, again this was clearly outlined in care plans. Information was also available outlining the preferred terms of address people wish to be called as well as reference to any religious preferences they may have.

Compliments had been received about the service. These had been put on display within the main office and included cards and letters thanking the agency for their care and attention.

Is the service responsive?

Our findings

People told us "I have not had to make a complaint but I know who to speak to". Others told us "I have not made a formal complaint but if there is something I am not happy with I just tell them and it is sorted out". Other told us that they had had to make a complaint in the past but it had been addressed quickly. All people confirmed that they had a care plan.

One person did not consider the service to be completely responsive to their needs. They agreed to let us discuss this with the registered manager who stated that this would be investigated.

Assessment information was in place for those people who used the service. This included information from local authorities, local agencies such as Age Concern or hospitals as well as the service's own assessment. These outlined the main health and social needs of people and the levels of support they were seeking. The assessments showed evidence of people agreeing to the details of the assessment and the summary of their main needs. Assessments were then translated into care plans. Initial risk assessments were devised with the agreement of each person prior to support starting.

In respect of care plans, people had signed to confirm their agreement with care plans. All care plans were supported by daily log records outlining progress for each person. All care plans made reference to health needs that people had, such as allergies and a detailed account of how each person could be supported during each visit and different times of the day. Included in these were details of the individual routines that people had in their daily lives. This enabled a person centre approach to support to be adopted by the staff team.

Care plans included an account of the social needs of people. In some instances, the main support provided related to supporting people in social activities. Where people were involved in daily activities such as attendance at day services, care plans reflected the need to ensure that support was on time so that routines elsewhere were not disrupted.

All care plans we looked at had been reviewed with the involvement of the person and their families/friends. Where changes to plans were needed for example with health needs, there was evidence that these had been identified and changes made to reflect this.

A complaints procedure was in place. This was provided to each person as part of information given to people. This outlined details of how any complaints could be raised and the timescales involved for investigation. A complaints record was in place. Two complaints had been received by the registered provider. In both cases, action had been taken to address the concerns of each person. Complaints had been responded to in a timely manner. Our records showed that we had not received any complaints about the service.

Is the service well-led?

Our findings

People told us that they were able to contact the agency and were happy with the support they received. They felt that the management team listened to them and that the service was generally well run. Some people told us that since coming to use this service, their needs had been met and that their experiences had been positive compared with past experiences that they had had from elsewhere.

Completed medication records were returned to the main office after each month and were subject to an audit. We noted on two completed medication records that occasionally signatures had not been recorded by the staff team. This meant that it was unclear if this was a recording issue or that medication had not been given and reasons for omissions not recorded. The audits on these sheets recorded that they had been completed correctly when they had not with no reference made to omitted signatures. This meant that the auditing of medication records was not robust and as a result, people who used the service were not in receipt of an entirely well managed service.

Further audits were undertaken on care plans and daily records. Daily records were returned to the office on a monthly basis enabling the management team to check each record for accuracy. Daily records provided an account of progress made by individuals and the support they received. Where recording could be improved, there was evidence that this had been discussed with the staff team to ensure that records were maintained to a required standard.

Quality assurance questionnaires had been sent out to people who used the service. These outlined that people were satisfied with the service they received and had no concerns. Further views of people who used the service were gained through spot checks carried out by the registered manager and recorded.

Further audits involved spot-checks on care staff practice. These had been completed regularly for each month. These checks enabled staff to be supervised as well as to ensure that practice was in line with the registered providers aims and objectives. The checks also gave people who used the service the opportunity to make general comments on the quality of support they received. Spot-checks included reference to the general presentation of staff and the manner in which they supported people, taking their privacy and dignity into account.

The service had a registered manager. This person had been involved with the registered provider for some time. They were able to give an account of the responsibilities they had in respect of being registered. The management team also consisted of individuals who directly supervised staff or where involved in the auditing of the service, staff rotas and undertaking assessments of prospective service users.

Staff told us that they felt supported by the management team. They felt as though the team were approachable and supportive to them in their role. They told us that they could approach the management team with any issues in between routine scheduled supervision sessions.

The registered provider had introduced a computerised system. While this was not in use during the

inspection, its introduction was imminent. The system had been introduced to enable the service to identify when spot checks, supervisions and care plan reviews were due. The system also enabled the management team to identify if any missed calls had occurred.

Appropriate certificates were in place relating to the registration of the service. This included the registration certification for the location and for the registered manager being on display. Other documentation suggested that the service had gained appropriate insurance cover.

The registered manager was aware of the requirement by law to display any future ratings and to make these known to people who used the service and the wider public.