

Standon House Limited

# Standon Gardens Domiciliary Services

## Inspection report

12 Standon Gardens  
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Date of inspection visit:  
15 February 2018

Date of publication:  
08 March 2018

## 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

Standon Gardens is a group of 25 apartments for older people. Standon Gardens Domiciliary Services offers personal care to people who live in the apartments. Not everyone using Standon Gardens Domiciliary Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection<sup>14</sup> January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's care was planned to suit their needs and keep them safe. Staff understood their responsibility to protect people from harm and poor care. The provider followed recruitment processes to ensure staff were suitable to work within a caring environment. People received their medicines because there were arrangements in place for safe storage, administration and stock control.

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

People who requested support with their meals were provided with a choice of nutritious food which they enjoyed. Staff liaised with health care professionals to help people maintain their health and wellbeing.

Staff provided kind, compassionate and considerate care. People were given opportunities to voice their opinions and were confident that if they raised a complaint they would be listened to and it would be investigated thoroughly.

People and staff felt supported by the management arrangements in place. An open and inclusive environment was provided for people and staff. There were audits in place to monitor the quality of the service to drive improvements in care.

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 remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Standon Gardens Domiciliary 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 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 was undertaken by one inspector and took place on 15 February 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. At the time of our inspection eight people were receiving personal care support from the service.

Whilst planning the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

We spoke with three people who used the service, the registered manager, the general manager, a support manager who also provided care and a member of care staff. We looked at three care plans to see if they reflected the care people received. We also looked at records related to the management of the service including two recruitment files to check that a suitable employment process was in place.

# Is the service safe?

## Our findings

People were protected from harm. One person told us, "It's such a relief to be living here. I couldn't be looked after better and I feel very safe and secure". Staff understood their responsibility to protect people and report any concerns they had. One member of staff explained, "I would report any concerns straight back to my manager and make a note of everything so we had a good record". Staff were aware of the providers own reporting systems and that they could contact the local authority and us directly if they felt the appropriate action was not taken.

Risk assessments were completed to identify and reduce known hazards for people. No one using the service at the time of our inspection required equipment such as a hoist, to assist them. However we saw staff were provided with guidance and regular updates on safe moving and handling techniques to ensure they understood how to complete people's movement safely when required. Staff monitored people's mobility and reported their concerns, for example a tendency to trip or fall, they had discussions with the person and contacted their doctor or falls services on their behalf. The details of the fall or incident were investigated and when relevant, shared with staff. This demonstrated that the service recognised when improvements were required to keep people safe and lessons were learned.

There were sufficient staff to meet people's needs. People told us staff responded to them when they requested support with their personal needs. One person told us, "The girls always come when I'm expecting them". Another person said, "I have a pendant to contact them in an emergency. They always come straight away to check on me. It makes me feel very safe". Most of the staff at Standon Gardens Domiciliary Services had worked for the provider for a long time and staff turnover was low. When new staff were recruited we saw there were recruitment checks in place to ensure staff were suitable to work within a caring environment. We looked at two recruitment files which confirmed that staff were interviewed and all pre employment checks were completed before staff were able to work with people.

Medicines were managed safely. Four people were being supported by staff to take their medicines. One person told us, "I used to look after my own medicines but the staff take care of them for me now. They don't forget and they always make sure I've taken them before they leave me. It works out better". Staff told us that they received regular training related to medicines. One member of staff said, "Our medicine training is updated every year and initially I was watched to make sure everything was done as it should be". We looked at the way staff recorded people's medicine administration and saw that records were completed accurately and stock was monitored to ensure there were adequate supplies in place.

Staff told us they had received training and understood their roles and responsibilities for maintaining cleanliness and hygiene when providing people's care. We saw staff used appropriate equipment such as gloves and aprons, and followed good practice to ensure people were protected from the risk of infection.

## Is the service effective?

### Our findings

Staff told us they were offered opportunities to increase and refresh their knowledge and were supported with regular supervision sessions. One member of staff told us, "We have regular training and updates. If there's something you particularly want training in you can discuss that and absolutely anything else you like during supervision sessions". New staff were provided with an induction during which they received training and had time to shadow experienced staff. A member of staff told us, "New staff are well supported. No matter what their previous experience is they are able to work with another member of staff for several weeks. We let them lead when they feel they're ready".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection.

Staff understood the importance of gaining consent from people before delivering their care and support and had received training in the MCA. Staff told us that everyone receiving personal care from them had the capacity to make their own decisions. We saw that people had been asked to consent and signed their care plans to confirm they were happy for staff to support them. One member of staff had personal experience of providing advocacy services to a family member and being involved in best interest meetings. The member of staff confirmed this had provided them with practical experience which they could draw upon within their working environment if necessary.

People were supported to eat what they chose. We saw that when people started having support from the service their weight and dietary requirements were assessed with them to ensure their meals met their individual requirements. Staff working with people received training in food hygiene to ensure they understood how to prepare meals and ensure they were cooked correctly. There was a care home adjoining the home which was run by the same provider. People told us they could have their meals catered by this service if they wanted. One person said, "My food is brought over for me from the home. There's always a choice of the main course and pudding. It's very well prepared and good value. I enjoy it". Another person said, "I like my lunch from the home but the staff help me with breakfast and my tea".

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation. For example; if people had specific health needs or chronic illnesses information was included within their care plan. People took responsibility for their own health and staff worked closely with health care professionals to ensure that their health needs were met. One person told us, "I have to go to the hospital regularly, I always worry and the staff come with me. That's very kind of them".

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the staff and their relationship with them. One person said, "They'll do anything you ask of them. They're very kind and patient". Another person agreed and told us, "I have so much help from everyone here. I'm sure I couldn't be looked after anywhere better than this".

People told us that the staff promoted their independence and encouraged them to do as much as they comfortably could. One person said, "I like to be as independent as I can be but they're always here to help me out when I need it". We saw that staff knew people and their families well. People looked relaxed in the presence of staff and chatted with them as friends. One person told us, "They are lovely, I couldn't be happier".

People's privacy was respected. We saw that staff knocked on people's doors and announced themselves before going into their home. Staff checked with the people who had agreed to speak with us that they were still happy to do so before introducing us. People told us that when they received personal care it was delivered in a manner which made them feel comfortable. One person said, "The girls are very good and don't make you feel awkward about anything they do". Another person told us, "The girls are very patient and give me privacy when I need it". This demonstrated that staff provided people with support which maintained their dignity.

## Is the service responsive?

### Our findings

People's care and support needs were discussed and planned with them. Staff told us that the care manager liaised with the person to formulate their care plan. We saw that information about their likes, dislikes and preferences was included in their care plan. One person said, "They will do anything for you and they know how you like things done. We've all got our funny little ways". A member of staff told us, "People don't always know what to expect or how they'll cope at first so we review their care. We see people every day and if we feel their level of support isn't quite right for them we tweak it to suit them". We saw that care was reviewed on a monthly basis and staff responded to change if required. One person told us, "The staff from the office come to check everything is alright with me". Another person told us, "They are flexible. If we want something different they will try and sort it out". A member of staff said, "Even if people change their mind on the day we try and accommodate that for them". Another member of staff added, "Sometimes people will be watching a TV programme and want to see the end of it. Because we support a small number of people we can go back to them".

Although no one required any additional support presently the provider was aware of accessible information standards (AIS). AIS were introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. This demonstrated that people were provided with personalised support which met their preferences.

There was a complaints procedure in place however no formal complaints had been received since our last inspection. There was a 'grumbles' book which was used to record negative comments from people however there were no entries for over a year. The last 'grumble' recorded was associated with a meal and we saw that people had been refunded the cost in response to their concerns. People told us they would have no hesitation in raising their worries with the staff and management team. One person said, "I've never had to bring anything up with them. I have no complaints and I know they would sort them out if I did". Information on making a complaint was included in an information booklet. Everyone using the service was able to read the booklet in its current format. The care manager was aware that if necessary people should be provided with information in the most accessible format for them, for example, large print or in pictorial form.

We saw that staff responded in line with the person's wishes when they were reaching the end of their life. Staff told us that there had been concern about the deteriorating health of one person. We saw that staff had contacted the person's doctor, the district nursing service and a night support service to ensure the person received the care they required. During our inspection we saw that staff made unscheduled visits to the person to check on their wellbeing and ensure they received the care they had previously discussed with them.



## Is the service well-led?

### Our findings

People and staff were happy with the management of the service and the support they received. One person told us, "They are very open and honest with you and let you know what's going on". A member of staff told us, "I feel we provide a good quality of care. We don't have a big changeover of staff. People see the same faces and they like that". Staff spoke of a supportive relationship within the service. One member of staff said, "It's a family run business and they deliver good care. It just works here. I have no problem contacting anyone in the management team if I need advice, they're always available".

People were asked to provide feedback on the service they received. We looked at the most recent satisfaction survey and saw that people had provided positive comments. People's responses to the survey were shared with them and when queries had arisen these were discussed individually. For example one person commented that they would like staff to spend more time with them. We saw this was discussed with them but when they understood there was a cost implication they had second thoughts and withdrawn their comment.

There was a registered manager in post. 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 understood the service's management structure and were aware who the registered manager was and how to contact them if necessary. The registered manager was aware of the responsibilities of their role. We saw that the ratings poster from our last inspection was displayed. This was to ensure people who used the service and those wanting further information were able to read our judgement.

There were arrangements in place to monitor the quality of the service. One person told us, "The office staff come and borrow my book (care plan) to check that everything has been done properly". We saw that the administration of medicines was audited to ensure staff provided a safe service to people.

There were arrangements in place to feedback information to staff to ensure they were kept up to date. One member of staff said, "We have staff meetings but we're such a small team we see each other regularly to pass on messages. Any updates about people are shared at staff changeover. We have good relationships and support here".