Stockdales Of Sale, Altrincham & District Ltd

Stockdales Domiciliary Support Services

Inspection report

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Date of inspection visit:
08 January 2019

Date of publication:
05 February 2019

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

Stockdales Domiciliary Care Support Services is a registered charity that provides care and support to children and adults with learning and physical disabilities. Stockdales Domiciliary Support Services (Stockdales) is the company's community and home support service, registered to provide personal care and support to people with a learning disability and other complex needs within a community setting.

At our last inspection 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 ongoing monitoring that demonstrated serious 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.

Safeguarding systems were in place and staff had received training. Staff recruitment systems were robust and staffing levels were sufficient to meet the needs of the people using the service.

General and individual risk assessments were kept and the service had appropriate health and safety measures in place. Accidents and incidents were recorded appropriately. Medicines were given safely and staff had received appropriate training.

We saw evidence thorough assessments of people's needs were carried out. Care plans included relevant health and personal information.

The staff induction was thorough and training was on-going. Staff had regular supervisions and annual appraisals. The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

Staff were given training in dignity in care and equality and diversity. All staff understood the importance of confidentiality and data protection.

All the relatives we spoke with felt dignity and privacy were respected by staff. People told us they had been involved in the care planning and review processes. People who used the service were supported to be as independent as possible.

Care plans were person-centred and the service looked at matching staff with people who used the service to help ensure compatibility and consistency. There was an activities timetable for each person and these were individual and tailored to the person involved.

The service ensured they worked in line with the Accessible Information Standard. Staff had received training in end of life care.

There was a complaints policy and complaints and concerns had been logged and responded to appropriately. The service had received a number of compliments.

Staff felt they were well supported by the management. There were regular staff meetings. The service was involved with the wider community with activities and groups attended. They worked in partnership with other agencies to help provide a joined-up service.

A number of audits and quality assurance checks took place and feedback was sought from people who used the service to help inform service improvement.

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? The service remains Good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Stockdales Domiciliary Support 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.

The inspection took place on 8 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in to facilitate the inspection.

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the service. We looked at notifications sent to us at the CQC. We contacted Trafford Council's Commissioning and Safeguarding teams for information they held on the service; we received no concerns from these teams. We also contacted Trafford Healthwatch who told us that they did not hold any information on Stockdales at present. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

Following the inspection we contacted five health and social care professionals who were involved with the service on a regular basis. We received no negative comments or concerns.

During our inspection, we spoke with the registered manager, an assistant manager and one senior support worker. Prior to the inspection we contacted five relatives of people who used the service to ascertain their views. The majority of the people who used the service were children or vulnerable adults with communication difficulties and were unable to speak with us themselves.

We looked at three care files, three staff personnel files, training and supervision records, meeting minutes, audits and health and safety records.

Good

Is the service safe?

Our findings

Appropriate policies and procedures were in place and these were updated annually or as changes occurred. There was a policy file for staff to access when required and there was a focus policy distributed on a monthly basis for staff to read and familiarise themselves with. One professional we contacted said, "I have only had positive reports from parents about Stockdales. Upon visiting Stockdales, I was reassured by their policies, premises and organisation ethos".

Safeguarding training was provided for all staff and those we spoke with had a good understanding of the processes. There was a safeguarding log and we saw that concerns raised had been followed up appropriately. Safeguarding was included in the agenda of all meetings and supervisions to ensure staff skills and knowledge remained up to date.

Accurate financial records were kept, helping ensure people were protected from financial abuse. One relative we spoke with told us, "The staff always produce receipts for everything and everything is logged".

Staff recruitment systems were robust and staff files we looked at included an application form, detailed records of former employment and any gaps explored, appropriate references and proof of identity. Each staff member had a Disclosure and Barring Service (DBS) check in place. DBS checks help ensure staff are suitable to work with vulnerable people. The registered manager told us that recruitment was on-going and new packages of care could be taken on when suitably inducted and trained staff were in place. Staffing levels in place at the time of the inspection were sufficient to meet the needs of the people currently using the service. Relatives we spoke with told us staff did not miss visits and were very punctual.

General and individual risk assessments were in place. These referred to environmental risks, risks when accessing the community and activities and individual risks due to people's particular needs, such as risk of falls, choking or other issues.

Suitable health and safety measures were in place. We saw fire risk and evacuation plans for when people were on Stockdales' premises. The registered manager told us that all staff had a first aid kit in their cars and we saw that staff had received health and safety training, fire training and first aid training. Arrangements were in place for staff to ring the office or an out of hours duty manager, following visits to ensure they were safe.

Accidents and incidents were recorded appropriately and kept within people's care records. Any incidents were recorded within the monthly quality monitoring and analysed to see if improvements could be made to help avoid further similar incidents.

Staff received medicines administration training as well as training in more specialist areas such as gastrostomy and epilepsy medication. Medicines Administration Records (MAR) were kept in people's files and these were checked by the registered manager on a regular basis. New MAR were put in the folder at the beginning of each month and the old ones removed to help minimise the risk of mistakes. Staff

competences in medicines administration were assessed on a regular basis to help ensure they remained up to standard. Medicines audits were undertaken regularly to identify and address any errors and drive continual improvement.

All staff received training in infection prevention and control. They were supplied with personal protective equipment (PPE), such as plastic gloves, for use when administering personal care.

Good

Is the service effective?

Our findings

We saw evidence within the care files we looked at that a thorough assessment of people's needs was undertaken prior to them starting to use the service. Time was taken to get to know the person and their wishes, needs and abilities prior to setting up the service.

Care plans included relevant health and personal information and an assessment of identified needs and support required. There were relevant risk assessments and these documents were reviewed and updated regularly to ensure they remained relevant. The files included financial records, daily records, incident reports, staff profile and emergency contact information.

The staff induction was thorough and staff new to care undertook training in line with the Care Certificate. The Care Certificate is a set of standards for care workers to adhere to. All new staff had mandatory training and were buddied up with an experienced staff member to observe practice prior to commencing work alone. E learning was followed up with in-house training within three months of a person commencing work and there was a competence workbook for staff to work through and be assessed on.

Training was on-going and this was confirmed by the training matrix. Learning opportunities were also offered via scenarios and quizzes presented at meetings and a monthly focus policy for staff to read and familiarise themselves with. Staff we spoke with told us opportunities for development were plentiful. One staff member told us, "Anything new, you are welcome to do. You are encouraged to attend training and keep your skills up to date". Another said, "You can ask for any [training] you need and they will supply it".

The staff supervision matrix evidenced regular supervisions and annual appraisals. New staff were given supervision on their first day to ensure they were aware of the company's ethos and values. Supervision notes included a range of topics to be discussed, checking of knowledge and a personal development plan.

Staff had training in nutrition, food hygiene and related issues and people's and nutritional and hydration needs were recorded clearly within their care plans. Relatives we spoke with felt nutritional needs were adhered to. The Stockie's club, which some of the young people who used the service attended, was well equipped. For example, there were interactive screens, toys, sensory room and a sandpit.

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. We checked whether the service was working within the principles of the MCA.

Care files included a permissions sheet where people who used the service, or their representatives where relevant, signed to agree to various areas. For example, for staff to administer first aid if required and for the use of photographs. Staff we spoke with had a good understanding of the principles of the MCA and best interests decision making.

Good

Is the service caring?

Our findings

One relative told us, "[Staff are] always on time and very polite. They communicate well and I can get hold of them when need to. Good service, no problems". Another said, "All the staff are great with [relative], they are all brilliant. Staff are kind and compassionate, always early or on time. They communicate well with relatives". Other comments included; "Staff are very good, no complaints. No problem at all with the service, staff are always punctual and polite"; "[Relative] is quite happy with them. I would rate them highly" and "Staff are reliable and [relative] has good relationship with staff. They communicate well".

People's communication needs were documented and we saw that the service used a range of methods including body language and the use of pictures. They took time to assess how each person expressed themselves, for example with sounds, body language or single words. The service also liaised with schools to gather further information to inform support plans. They noted triggers for certain behaviours and how the person indicated that they were happy, sad or frustrated in order to understand them better and communicate as well as possible.

Staff were given training in dignity in care and equality and diversity. All the relatives we spoke with felt dignity and privacy were respected by staff. One relative told us, "For compassion and respecting privacy and dignity I would give ten out of ten".

People we spoke with told us they had been involved in the care planning and review processes. One relative said, "There is a care plan in place and we are always involved in care planning and reviews".

People who used the service were supported to be as independent as possible. Some of them were children or young adults who had not had much experience of being away from their immediate family. The service supported them to access the wider community and socialise with their peers. For example, one person had been supported to attend a school disco. This support also often provided much needed respite for people's carers and, in the case of children, could allow parents to focus on other children within the family.

There was a service user guide in each file. This included the service's principles, services offered, cost, staff information, compliments and complaints, quality assurance, policies and procedures, accidents and emergencies, protection, finances, religion, health and safety.

All staff understood the importance of confidentiality and data protection. Staff had been given training in General Data Protection Regulation (GDPR) and this had been a policy featured as focus of the month to help ensure it was embedded. Staff were required to sign to agree to adhere to the legal requirements in this area.

Good

Is the service responsive?

Our findings

Care plans we saw were person-centred and included information about people's backgrounds, likes and dislikes, routines and how they expressed themselves. There was a section on 'What we like and admire about [name]', which helped demonstrate people's strengths and abilities as well as support needs. People's journey with the service was documented by staff with the input of the person and/or family members.

During the assessment period the service looked at matching staff with people who used the service to help ensure compatibility and consistency. They tried to ensure people's preferences in terms of staff, for instance wanting male or female staff only, were respected as far as possible with the available resources. The service also endeavoured to keep the staff teams that worked with each individual small, so that the person would be able to make meaningful relationships with a few members of staff and they could get to know each other well.

There was an activities timetable for each person and these were individual and tailored to the person involved. Activities included visiting the zoo, attending Christmas parties, visiting an indoor play centre, attending the Stockie's club, bowling, 'bikes for all' and going on holidays. One relative told us, "The service gives [relative] a sense of self-worth and belonging and gives him the chance to be an active member of society. He has two activities and one to ones at events he chooses, he also goes on weekend trips. He has a good social group of friends".

The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. The service ensured they worked in line with the Accessible Information Standard. For example, activities timetables were in easy read format with pictorial representations to make them easier to understand.

There was a complaints policy in place, which was also outlined within the service user guide. We saw that complaints and concerns had been logged and responded to appropriately and used as a learning opportunity to help improve service delivery. All the relatives we spoke with were aware of how to make a complaint. One told us, "I had initial concerns which, once highlighted, were sorted out very, very quickly". Another said, "I have never had occasion to complain in the 12 months that [relative] has used the service". A health professional we contacted told us, "Whenever I have had an issue, I have emailed or phoned and received a quick response".

We saw some compliments received by the service. Comments included, "[Relative's] personal development, confidence and adventurous nature have grown [relative] is very happy to be with the staff and has a great time. As a whole Stockdales are caring, understanding and have the right balance for children and young people of various disabilities"; "[Relative] loves going to Stockdales and the support workers have taken the time and trouble to get to know [relative] really well and tailor [relative's] sessions to his individual needs. He is relaxed and happy and feels safe there".

The staff had received training in end of life care. The registered manager told us they would be prepared to support any person who used the service and their family in the event of them requiring end of life support.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

Staff we spoke with felt they were well supported by the management. One staff member said, "Support is great. The registered manager and all the senior management are amazing. I would not be here without their support". Another staff member told us, "I could go to the management with anything. It's an absolutely fantastic service, we help a lot of families, I love it". The registered manager, who also had a strategic role as assistant chief executive, told us they were also very well supported by higher management.

Relatives also felt positive about the service delivery. One person said, "I would describe it as an amazing service". Another told us, "Can't fault the service". A third relative commented, "They do a brilliant job. They have supported my [relative] so well for the last ten+ years and he loves it, he wants to go".

We saw evidence of regular staff meetings including monthly focus group meetings and weekly catch up meetings. There were regular focus meetings with the chief executive where one member of each team was invited to attend and put forward suggestions and feedback to the team.

We saw evidence that the service was involved with the wider community with activities and groups attended. They attended schools' events, such as coffee mornings and forums and more formally to help ensure relevant information was shared to enable a more joined up approach to support. The service worked in partnership with other agencies such as the local authority social work teams and health partners.

A number of audits and quality assurance checks took place. For example, care plans were audited on a two-monthly basis and courtesy calls were made in between to help ensure people were happy with the support provided. Feedback was also sought from people who used the service via regular questionnaires. There were regular competence checks and observed practice for staff to help ensure their skills and knowledge remained up to standard.

There was a monthly quality and monitoring report and the service produced an annual corporate quality assurance report, which was used to inform service improvement. There was an annual consultation with service users and/or relatives which was used to gather feedback and shape the service. For example, trips and nights out had changed in accordance with people's suggestions.