

Stayathome Limited

2 & 3 St Clements Vean

Inspection report

2 & 3 St. Clement Vean
Tregolls Road
Truro
TR1 1RN

Tel: 01872246720

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Ratings

Overall rating for this service	Good ●
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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides personal and nursing care to adults, younger disabled adults, and children. The packages of care that provided range from 30 minutes a day to 24 hour care dependant on the person's care needs. The care provided is in the Roseland and surrounding area of Cornwall. At the time of the inspection the service was supporting 28 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt valued and cared for by staff and told us the staff's dedication to care was clear. The provider led the culture of caring within the service by taking every opportunity to improve people's lives beyond the remit of the service. Staff spoke about people with great affection and were passionate about supporting them to achieve positive outcomes. They understood what was important to people's wellbeing and made people feel special. They showed commitment to people beyond the calls they were allocated to provide. People were empowered to express their views by staff who had built trusting relationships with them.

People felt safe being supported by the service and told us they always received their calls at the right time. People's records guided staff on how to reduce risks to people and staff understood how to recognise and report and concerns. People received their medicines on time from trained staff.

People only received support from staff who had been trained to meet their needs. Staff told us they felt well supported in their role. We have made a recommendation about staff recruitment processes.

People were supported to maintain their health and staff worked with other professionals to ensure people received the care they needed. 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.

People received care that was tailored to meet their individual needs, this included providing support to follow pastimes or interests. Complaints were listened to and appropriate action taken to improve the service.

People told us the service was well led. Staff were keen to deliver a person-centred service to people that truly empowered them to be in control of their lives. People valued the care and support they received and were consulted about how the service could be improved. We have made a recommendation about the oversight and support available to the service's clinical lead.

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

Rating at last inspection

The last rating for this service good (published 7 November 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

2 & 3 St Clements Vean

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 Care Act 2014.

Inspection team

One inspector, one nursing advisor 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.

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.

Inspection activity started on 25 July 2019 and ended on 5 August 2019. We visited the office location on 25 July 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives by phone about their experience of the care provided. We spoke with seven members of staff including the provider and senior staff who were

responsible for the day to day running of the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one staff member who was the service's clinical lead, and received email feedback from a healthcare professional who knew the service well.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who knew how to recognise and report any concerns.
- People felt safe talking to staff about any concerns they had. Comments included, "I wouldn't trust anyone else" and "I can talk to any of the girls."
- Staff who supported children had completed appropriate additional safeguarding training before supporting them.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored effectively. Risks assessments were in place to guide staff how to reduce risks to people.
- Staff understood the importance of helping people feel safe at home. Staff ensured people were safe before leaving the house.
- The service referred people when appropriate, to a tri service safety officer. The officers were linked to the three emergency services and could advise and support people on safety matters.

Staffing and recruitment

- There were enough staff employed to ensure people's calls were provided at the time they were planned.
- The provider monitored call times and told us via the PIR, "We will continue to monitor and adjust travel times throughout the year to coincide with school holidays and summer traffic, to ensure staff do not need to rush and that call times are not affected. One person told us, "I ask them if they have enough time to get to their next call, they always say they do."
- As far as possible, people had a designated team of staff who supported their needs. One person told us, "They introduce you beforehand. Someone never just turns up." A healthcare professional described how important these visits were to parents whose child would be supported by the service.
- Staff told us the service tried to be as flexible as possible to fit calls around people's appointments or engagements. One person confirmed, "If I am slightly worse I am allowed extra care"; and a healthcare professional told us when they requested specific days or additional times, the service always tried to fulfil these.
- Checks had been completed to help ensure new staff were safe to work with vulnerable adults; however, a full employment history had not always been recorded.

We recommend the provider seek reputable guidance on completing and monitoring safe recruitment processes.

Using medicines safely

- People received their medicines safely from trained staff. A relative told us, "They do medications every day

and on time."

- People's records described in detail the medicines they had prescribed, and the level of assistance required from staff.
- Records were kept of any medicines administered and these were checked regularly by staff and management to ensure they were correct. A staff member told us, "We've really focused in on medication; we really think about what we're doing."

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control and food hygiene training.
- People and relatives confirmed staff followed good infection control practice.

Learning lessons when things go wrong

- Incidents had been recorded on the service's communication system and any required actions or learning had been implemented. However, as they were not always recorded as an incident, it was difficult for senior staff to monitor the types and themes of incidents occurring and identify any learning.
- Very few accidents and incidents had been reported by staff through the provider's accident reporting system. Senior staff had already recognised this was an area needing improvement and were providing more clarity to staff about what needed reporting as an incident.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Information about people's needs were gathered from a variety of sources, depending on the support they required. This information was used to inform the person's care plan.
- Staff received regular training and support from external agencies. This helped ensure the care and support they delivered reflected best practice.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Staff's induction and training were tailored to the needs of the people they would be supporting. Relatives told us, "They are really competent" and "Staff have a lot of intense training. It's two to three months before they are fully trained."
- Staff could only support people when they had completed the training necessary to meet the individual's needs and were assessed as competent. Staff told us it didn't matter how long they took to become competent at a person's care; saying "They wouldn't put you into anything without the right training. It took me over a year to be signed off to work with [...]. We sign to say we are confident and are always told not to sign if we are not confident."
- People and relatives were also consulted before a staff member was deemed to be competent. Comments included, 'If I don't feel they are ready to be on their own I talk to [named staff] and they put in more shifts in.'
- Staff were positive about the training they received and told us if they asked for further training it was provided. Comments included, "The service is very good at picking up training any time a gap is identified", "[The clinical lead] puts training into context and explains why you need to do things a certain way and what could happen if you didn't do it right. They really are able to make the training real, so I can understand the context."
- Staff told us they felt well supported in their roles. Comments included, "I get feedback about my work, anything I'm doing well and any improvements" and "Everything I need is only a phone call away. They are always there to guide me through and advise."

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

- Relatives told us their family members received the support they needed to eat and drink and that this reflected their needs and preferences.
- People's care plans gave clear information about the support people required with food and drink. These included any specific dietary needs or preferences.
- Staff were trained to recognise signs of malnutrition and dehydration so prompt action could be taken to

maintain people's health.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and acted promptly if there were any concerns. One person told us, "I have asthma and chest infections and they ask, 'How's your breathing? Have you got your inhaler?' They don't need prompting."
- Where necessary people were supported in hospital or to medical appointments. Relatives told us they valued this support. One person told us, "At the doctors the staff go with me, and when I forget they will chip in with stuff."

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional confirmed the management were open and direct in their communication. This helped ensure people received the right support for their needs.
- The PIR stated that when a person moved to use different services, staff provided support to ensure the transition period was successful.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff had received training on the MCA, but most people supported by the agency were able to make their own decisions.
- A staff member confirmed they had been invited to attend a best interests meeting for a person who lacked the capacity to make decisions about how their care was delivered. They had the capacity to make day to day decisions.
- People told us staff always asked for their consent before commencing any care tasks.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People felt valued and cared for by staff. They told us the staff's dedication to care was clear. Comments included, "They love their jobs and see the rewards in it", "The team we've got are caring people. It's not just a job for them" and "They really love their work." The service development plan showed commitment to people that went beyond the calls provided. It stated, "There are a lack of activities for young people to attend. We would like to develop a drop-in activities day for our service users." A Saturday morning club for young service users had been developed, as a result.
- Staff spoke about people with great affection and were passionate about supporting them to achieve positive outcomes. Comments included, "We just genuinely care about them and want to do the best", "We're all dedicated to [...]", "I love the bones of [...]" and "We all love supporting [...]" and seeing how our work affects them."
- People told us staff understood the importance of small acts of kindness. Comments included, "There are little things they've done for me. I was defrosting the fridge, they said leave that, I'll do that. I stripped the bed and they said they would do that" and "The staff don't need to be told, they just do it." Staff understood what was important to people's wellbeing. People told us, "They make me a cup of tea before they go and have one with me if they have time" and "Staff will plait my hair, french plaits and all sorts of nice things. It's nice feeling quite young again!"
- Staff made people and their families feel special. One staff member told us how staff brought small presents at Christmas, father's or mother's day for the children they supported to give to their families. They also added, "We have brought in arts and craft and made children things in the night they are interested in, such as an aeroplane or spacecraft, which we have stuck to the wall for when they wake up." People confirmed, "The staff make you feel special" and "The one's I've met really look out for you."
- Staff were specifically matched to support people and their diverse needs. This helped build caring relationships based on trust. One person confirmed about a staff member recommended for her, "We gelled straight away." People and relatives described the positive impact of the strong relationships they had built. Comments included, "They know every little quirk and he knows them."
- The provider and senior staff acted as strong role models creating a caring culture in the staff team. The PIR explained through work of another part of the organisation, the service had been able to, "Deliver flowers to individuals that use our service, particularly those that are more isolated or have expressed they feel lonely, with the hope to brighten their day. It has been a huge success and we will continue to do this throughout the year." A senior staff member described their dream of arranging a trip away for the children they supported and their families. They were researching funding to deliver this.

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

- People told us they had developed strong relationships with staff, which helped them feel empowered to express their views. Comments included, "It's nice to have someone who understands you and listens to you about all parts of the care" and "[Staff member] has been really, really good and is really such a support to us."
 - People were supported make decisions about their care; and relatives were encouraged to be involved where possible so staff could gain a deeper understanding of people's views. A staff member told us, "We try to engage the family and learn from them about the best way to support [...]. We encourage staff to collate this and pass it back so it enables us to improve or identify a training need."
 - The provider wanted to improve the opportunities for people's views to be heard. The PIR stated, "We plan to upskill staff, so they can adopt a coaching and mentoring approach, so that we can ask questions and be more responsive and quick to adapt to people's needs."
 - Staff understood the importance of involving people in all aspects of their care. One person told us, "They write the notes in front of me, so I can see what is written."
 - Training had been organised so staff were competent in the communication needs of the people they supported. The PIR stated, "Where we have not initially been able to meet a need we have accessed specific training for the staff teams involved, for example Makaton training, specific sign or symbol usage etc."
- Relatives confirmed staff understood their family member's communication needs and used these effectively to support them to share their views.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect.
- Respect, privacy and dignity were central to the provider's philosophy of care and were integral to staff training and the provider's quality assurance processes.
- People told us they felt respected by staff. One person confirmed, "I am treated as a person and they have time for me."
- Staff told us, through training, they had developed a deeper understanding of how privacy and dignity might be different for the different ages of people they supported. A relative of a young person who received care, confirmed staff used this knowledge to support their family member appropriately.
- Privacy, dignity and respect were included in observed supervisions of staff completed by senior staff. This enabled the service to identify any areas for improvement.
- Staff understood the importance of people maintaining or developing their independence. One staff member told us, "How to support people's independence is clear in care plans. It's often the little things like encouraging someone to hold a spoon when they are eating, even if they don't use it yet." One person confirmed, "They let me try first rather than jumping in, so you don't lose independence."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received support that was tailored to their needs and changed promptly as their needs changed.
- The PIR stated, "People that use our service are at the forefront and integral to planning their care and service." People and relatives confirmed their individual needs were met. Comments included, "If I want anything done they will do it for me. They are all pretty on the ball" and "They let me tell them what I need."
- People's care plans gave clear, personalised detail about the support they needed and included information about their preferred routines, likes and dislikes. Staff showed clear empathy for the importance of people's individual routines and understood how changing these could affect people.
- People and their relatives, where appropriate, were involved in planning their care. People confirmed, "Most definitely, I get a copy of the care plan and make decisions" and "I was involved in everything that was done."
- Staff told us there was a clear system in place for updating care plans. One person explained, "The care plan gets reviewed regularly and as soon as we change something, the care plan is updated and a new one sent out."
- People were empowered to make choices and have as much control as possible. Relatives told us this was successful because staff knew people well and understood their preferences. One relative told us, "We have four carers and they are pretty switched on to her."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the Accessible Information Standard. The service assessed each person's individual information and communication needs. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Most people using the service did not require information in specific formats, but staff used different methods of communication with people, according to their needs. These were detailed in people's care plans.

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 support for some people to take part in activities, hobbies or use the local community.

People, relatives and staff gave examples of the wide range of activities people were supported to do, which were dependent on people's wishes. One relative told us, "I book activities and they are very confident taking [...] out. We do keep her busy!"

- People told us they were able to spend their time how they chose, and staff enabled them to do this. Comments included, "I get to do things I like to do" and "I do whatever I want. I go out and about with them, do gardening, bakery, they support me with crafts. It gives me a chance to teach them something new!"
- Staff described how they worked closely with people and their relatives to collect information and ideas about things people might like to do. One staff member told us, "Every day we're learning something new."
- Care plans contained comprehensive information about how people liked to spend their time.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and that any concerns they had raised had been resolved promptly. Comments included, "If I've got any queries or am not happy, it's sorted" and "We had the odd time where staff haven't worked out. We've discussed it and it's been sorted."
- Staff understood how to support people who wanted to make a complaint.
- A healthcare professional confirmed that if they or a family had any concerns or queries, these were dealt with promptly.

End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists.
- People's end of life wishes were discussed with them and their family and documented as part of their care plan. They reflected how their diverse needs could be met at this time.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed systems and processes to monitor the quality of the service. Where areas for improvement were identified, changes had been made and were shared with staff.
- The provider employed a clinical lead nurse to train staff in certain clinical tasks, assess staff competence and write clinical care plans, protocols and risk assessments. They were up to date with relevant training and competencies, but the service had not recorded evidence of this.
- The nurse consulted widely with other healthcare professionals to ensure the content of people's clinical records were correct but no formal monitoring of the records had been completed on the behalf of the provider.

We recommend the provider seeks reputable advice to assure themselves of the quality of the work completed by the clinical lead.

- People told us the service was well led. Comments included, "Management is very good", and "They have been very supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had developed a system to embed it's values of person centred, inclusive and empowering care into staff practice. Their PIR stated, "At the interview stage we ask questions around our core values. These values are carried through from the interview process, through induction and then maintained through supervisions and competencies throughout a staff member's career." There was passion in the staff team for empowering people to live the life they wanted to. One staff member talked about supporting people to push barriers to achieve the things they wanted. Another staff member described how they adapted their approaches to meet people's needs and aimed to be truly inclusive.
- People valued the support they received from the service and its staff. Comments included, "I don't think I could trust any other care company", "An exceptional company who go out of their way to meet our needs" and "It's the best care company I've had so far."
- The service was part of a wider organisation whose mission statement was, "Inspiring, innovating and designing better services; One voice, one person, one community at a time." It was clear from talking to people, relatives and staff that this was integral to the way the service operated. There was a fundamental understanding and commitment throughout the service, to actions that benefitted an individual person or

the community, even if they fell outside the service's contracted remit. For example, funding had been sought to hold an event providing outdoor activities to young people. The PIR stated, "The young people were all invited to an outdoor activity day along with their family and close friends. They were all able to enjoy activities such as kayaking, abseiling and zip wires safely, with staff from the venue, as well as their support staff from the service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt consulted about all aspects of their service. One person told us, "It's team work!" The PIR stated that the provider intended to develop ways people and staff were able to shape the service provided.
- Staff confirmed they were able to make suggestions about the service. Staff had recently requested more opportunity to meet up, so this had been arranged. Staff confirmed they were able to openly question practice or policies with senior staff and the provider.
- Staff told us they would recommend the service as a place to work and gave examples of how their wellbeing was supported at work. One staff member told us, "They listen if there is something that doesn't work and they will make changes. I don't want to not be at my best." Staff also described how the provider had helped them resolve issues within their personal lives. One staff member commented, "They go above and beyond for staff."
- The provider's mission statement described how diversity was valued by the service. It detailed how the service ensured people with diverse needs were respected and supported according to their wishes. The PIR stated that equality and diversity were then embedded in staff induction, supervisions and team meetings.
- Observations of staff were completed by the provider to ensure people's diverse needs were respected and that people were treated with care.

Continuous learning and improving care

- People and staff told us the provider and senior staff were constantly looking for ways to improve the service. They confirmed the service listened to any feedback they provided.
- People were asked by staff and via regular surveys if there were any areas for improvement. One person told us, "They asked me if there was anything negative about the service. I told them my bathmat was not being put back on the radiator to dry. The next week it was sorted and never happened again!"

Working in partnership with others

- Staff worked closely with professionals to support people's care provision. A healthcare professional confirmed staff worked well with them.
- The provider sought opportunities to work with other organisations with an aim to benefit people and the community. They were working with the local authority to encourage staff into care work and had run a 'proud to care' festival locally, to encourage people into care work. They had invited other care organisations to take part and told us, "There is a lack of care staff, unless we do something, it won't improve."
- Staff and the provider used other areas of the wider organisation to enhance the care they provided to people and the support they provided to staff. For example, by developing a BOP (Benefiting Older People) lunch club once a month to reduce isolation.

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 registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour.