

Stay Independent at Home Scarborough Limited

Stay Independent at Home Scarborough Limited

Inspection report

38-40 Seamer Road Corner
Scarborough
YO12 5BA

Tel: 01723372564

Date of inspection visit:

15 April 2021

19 April 2021

22 April 2021

Date of publication:

04 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Stay Independent at Home Scarborough is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people living in and around the Scarborough area. At the time of this inspection, 17 people were using the service.

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 told us they felt safe and staff were, without exception, kind, caring and friendly in their approach. Safeguarding processes were in place and staff were knowledgeable about how to raise any concerns. Additional measures had been put in place to ensure people and staff remained safe during the Covid pandemic, in line with government guidance.

Staff were familiar with the risk associated with people's health conditions and the environment but this information had not always been recorded. We have made a recommendation about risk assessing.

Medicines were administered safely. Audits had identified some shortfalls with regards to administration instructions; this was being addressed at the time of the inspection.

Safe recruitment processes were in place and followed. New staff completed a thorough induction and were given shadowing opportunities. Relevant training had been provided to staff and staff told us they were very well supported by the provider.

Care plans contained person-centred information that focused on the individual and their likes, dislikes and preferences. Staff had taken action to ensure people received support from professionals to maintain their health and independence. People's wishes with regards to end of life care had not been considered or recorded. We have made a recommendation about end of life care planning.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Signed consent was in place.

People knew how to raise any concerns or complaints and spoke positively of the provider and staff team. The provider visited people on a regular basis to ensure they were happy with the service provided.

A number of audits were used to monitor the quality and safety of the service provided. These had been effective in highlighting any shortfalls. The provider had an improvement plan in place that was reviewed

and updated on a regular basis.

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

Rating at last inspection

This service was registered with us on 15/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with CQC.

We have found evidence that the provider needs to make improvements. Please see the safe sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Stay Independent at Home Scarborough Limited

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

The inspection was carried out by one inspector. An Expert by Experience made calls to people who used the service and relatives following the site visit to ask their views on the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not currently have a manager registered with the Care Quality Commission. The previous registered manager had left the service in December 2020. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had made the decision to take over the role of manager and had submitted an application to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 22 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection

We looked at information we held about the service such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring and safeguarding teams prior to our visit. 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

During the inspection site visit we looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care and medication records, four staff recruitment, induction, supervision and training files and a selection of records used to monitor the quality and safety of the service.

We also had discussions with the provider, who is also the nominated individual and the administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We contacted four people who used the service and five relatives to gain their views and feedback on the service provided. We also contacted three staff via telephone. We continued to seek clarification from the provider to validate evidence found. We looked at additional quality assurance records relating to infection, prevention and control management.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people were assessed but this was not always sufficiently recorded. Staff were able to describe risks associated with the people they were supporting, including how these risks were managed. However, this information was not fully recorded in people's care records.
- Other risks, such as risk associated with lone working and environments were not recorded.
- The risk assessments shortfalls had been identified by the provider. At the time of the inspection, they were in the process of developing these but they had not yet been implemented.

We recommend the provider considers current best practice guidance in relation to assessing and recording risks and takes action to update their practice accordingly.

- Whilst there had been no accidents or incidents, systems were in place to ensure these were appropriately reported and recorded. The provider used staff meetings to share any lessons learnt.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected from the risk of abuse. One person told us, "I feel 100% safe. I trust them (staff)."
- Staff had received safeguarding training and systems and processes were in place to ensure any safeguarding concerns were appropriately reported.
- Thorough records had not always been kept in relation to any safeguarding concerns that had been raised. We discussed this with the provider who took action to address this.

Staffing and recruitment

- Safe recruitment processes were in place and followed.
- All appropriate pre-employment checks had been completed prior to new staff commencing employment. Gaps in employment history had not always been explored; the provider told us they would take immediate action to address this.
- People told us they received support at the correct times by a consistent team of staff. Comments included, "They are always on time" and, "On the rare occasion they are going to be late, they have contacted me and let me know."

Using medicines safely

- Medicine were administered safely. People told us they received their medicines as prescribed.

- Medicine administration records were in place but did not always provide staff with the required level of information. For example, storage and application instruction for topical medicines were not recorded on some MARs. These shortfalls had been identified through the providers auditing system and action was being taken to address this.
- Staff had been provided with medicines training and had their competencies assessed.

Preventing and controlling infection

- We were assured that the provider was following government guidance in relation to the management of Covid-19 and staff testing.
- Staff had completed IPC training and were provided with appropriate PPE. People told us staff used PPE effectively and safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to support commencing. The provider used information from the funding local authority as well as completing their own assessment to ensure people's needs could be met.
- People were involved in making everyday decisions and choices about how they wanted to live their lives. One person said, "Everything is effortlessly tailored to my needs."

Staff support: induction, training, skills and experience

- New staff received a thorough induction when they joined the service which included opportunities to work alongside experience members of staff.
- Staff received regular one to one support from management. Regular observations of staffs practice had taken place. An ongoing training program was also in place to ensure staff had the skills and knowledge they needed for their role.
- Staff told us they felt supported. Comments included, "[Provider's name] is excellent. Very supportive and always available. She really does go above and beyond."

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

- Care plans clearly recorded what support people required to maintain a healthy balanced diet.
- People were supported with meal preparation where this was required. One person said, "They are bang on with food. They know what I like and nothing is too much trouble."

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

- Staff provided support to ensure people had access to health care professionals.
- Staff were knowledgeable and able to provide advice and guidance to people on services that were available to them. People's independence had been promoted because of this approach.

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. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Records were in place to show people had signed consent to their care and support
- Where people had Lasting Power of Attorney's in place, evidence of this was requested.
- Staff had received MCA training and were aware of the process to follow if they had concerns regarding people's capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us, without exception, that they were treated well and cared for by staff who were friendly and respectful. Comments included, "I see them as friends coming in to help me, that's how good they are."
- People were supported by a consistent team of staff who were familiar with their likes, dislikes and preferences.
- Staff communicated with people in a caring and compassionate way. People told us they were not discriminated against and their views and opinions were respected.

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

- Staff respected people's wishes and choices they made. They had been fully involved in the care planning process and how they wanted their care and support to be delivered.
- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- Staff understood the importance of ensuring effective communication was promoted. People told us they could speak openly with staff, in confidence.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and understood people's abilities which were promoted. One person said, "They are respectful and have a respectful manor. They are never patronising in any way."
- Staff ensured any obstacles due to mobility or health needs were addressed to allow people to remain as independent as possible. For example, sourcing aids so people could manage daily tasks without support from staff.
- The provider and staff showed genuine concern for people who used the service. Positive, meaningful relationships had been developed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was responsive to people's needs and preference. Care plans contained detailed information about people's likes, dislikes and preferences.
- Staff had excellent knowledge of the people they were providing support to and what was important to them.
- People were provided with regular opportunities to discuss their care to ensure the service continued to meet their needs. When additional needs were identified, timely action was taken to address this. One person told us, "Nothing is too much trouble. If I have been unwell and needed extra time this has been sorted straight away."

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.

- Information was provided in a way people could understand.
- Staff were familiar with people's communication needs and the level of support they required in this area. One staff member said, "We are a small staff team and see people on a regular basis; I know their needs inside out."

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

- Staff encouraged meaningful conversations and stimulation. They spent time chatting with people to avoid isolation and promote well-being.
- Staff kept people up to date with events taking place in the local community to encourage people to socialise and offer the opportunity to participate in hobbies and interests.
- Due to the Covid-19 pandemic, people had been restricted with community access due to government lockdowns. Staff ensured they kept people up to date with current guidance when accessing the community.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints and were confident these would be appropriately addressed. One person said, "I have nothing at all to complaint about. I would have no issues raising any complaints with staff or [Provider's name]."

- A complaints policy and procedure were in place.
- There had been no formal complaints made; the provider was familiar with the process to follow should a complaint be raised.

End of life care and support

- The service was not currently support anyone with end of life care.
- People's end of life wishes had not been recorded.

We recommend the provider seek advice and guidance from a reputable source in relation to end of life care and update their practice accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to continuously monitor and improve the service. These had been effective in highlighting shortfalls.
- Despite there being some recording shortfalls found during the inspection, the providers auditing process had already identified these, and actions were in place to address the areas of concern.
- The provider understood they needed to support staff at all levels to understand their roles and responsibilities.

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

- People, relatives and staff told us the service had an open, positive culture. The provider understood their responsibility to be open, honest and apologise if things went wrong.
- People spoke highly of the provider and staff team and their commitment to the service. Comments included, "[Provider's name] is hands on and knows the people they support very well. They are very respectful" and, "I feel like I have won the lottery with the care I get. They have been fantastic since the beginning."

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

- People told us they were fully involved in the service and were asked their views on a regular basis. Comments included, "[Provider's name] visits regularly and always asks what I think of the care and for my views. They are just marvellous."
- Records showed that satisfaction surveys were provided to people following the first initial six week of receiving a service; this showed a high level of satisfaction.
- The provider was in the process of developing formal feedback opportunities for staff including an anonymous post box and questionnaires.

Working in partnership with others

- The provider and staff team had developed good working relationship with other professionals. They had requested, and received, training from relevant professionals specific to people's medical conditions, to ensure they could provide high quality care.

