

Standon Gardens Limited

Standon Gardens Domiciliary Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Standon Gardens Domiciliary Services is a domiciliary and extra care service providing personal care. All support was currently being provided on one single site with multiple apartments. At the time of our inspection there were seven people 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

Medicines were not always managed safely, however the care manager took action to address omissions following our feedback. There were enough safely recruited staff to support people, although staff employment histories needed recording more robustly.

Effective systems and processes were not fully in place or embedded to ensure the safety of care was monitored and improvements made, such as in relation to not always identifying medicines management omissions. Fully accurate contemporaneous notes about people's care were not always recorded. Times of calls and the specific details of each call were not always recorded. The management team had acted on feedback following a monitoring call with the CQC. Improvements to people's care plans and risk assessments were required as there was missing information about people's needs and health conditions; this was in progress and one which had been completed was of a good quality.

People felt safe and well supported and staff knew people well. Lessons had been learned when things had gone wrong. Staff understood their safeguarding responsibilities. People were protected from the risk of cross infection.

There was mixed feedback about the quality of food people received, but people received enough food and drink to remain healthy. People felt well supported in line with their needs. 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. Evidence was needed to ensure the legal authority for relatives to make decisions on people's behalf was verified. Staff received training and support to be effective in their role. People generally accessed other health professionals themselves, or with the support of relatives.

People were treated well, with kindness and compassion. Staff listened to people and people were supported to make their own decisions about their care. People were treated with dignity and respect, by staff who knew them well. People were supported to be independent.

People received personalised care and contributed to the development of their care plans. People were

supported to access information in a way that suited them. People were supported to reduce their social isolation and to build positive relationship with staff. People and relatives felt able to complain and these were dealt with. People could choose to discuss their end of life wishes, if they chose to.

People, relatives and staff felt positively about the management team. The registered manager was aware of their duty of candour. People were engaged in the service and asked for their input about their care.

Rating at last inspection

The last rating for the service at the previous premises was good (published 9 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to quality assurance and how the service is monitored to ensure it is safe.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Standon Gardens Domiciliary Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service was registered as a domiciliary care agency. This is providing personal care to people living in their own houses and flats. However, they were currently not delivering care out in the community. The service was providing care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. We have asked them to add the extra care service type to their records.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was open and honest they were not often at the service. They explained their desire to plan for the future and the role

would pass on to someone else, however other managers, the operations manager and the care manager, were also in place to manage the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be a manager available to speak with us.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the local authority and Healthwatch for their feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with four members of care staff. We spoke with the registered manager, operations manager and care managers.

We reviewed a range of records. This included three people's care records and medicines records for those who had it included in their care. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We also had a follow up video call with the registered manager, operations manager and care manager following the site visit to ask follow-up questions.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- Medicines were not always managed safely, however no one raised any concerns with us.
- One person was regularly refusing their prescribed medicine and had been for months. Whilst the person had recent involvement from their GP, there was no evidence this repeated refusal had been identified by the provider and shared with the GP to see if the person's regular prescription needed amending.
- One person was prescribed two tablets to be given at the same time for two of their medicines, but staff were recording only one tablet was being given of each medicine. The operations manager explained the person chose to alter how many tablets they took. However, there was no written record of this and there was no evidence specific medical advice had been sought to change the doses or to change the prescription.
- Medicines which were noted as 'when required', also known as PRN medicines, did not have PRN protocols in place to guide staff when the medicine may be needed or the dosage instructions.
- The care manager followed these concerns up with the GP to ensure these were resolved.

Staffing and recruitment

- There were enough staff to support people and people received care from a consistent team.
- People and relatives told us their calls were generally on time, or they were kept informed if staff were going to be late due to emergencies. People and the rotas confirmed there was a regular staff team. A relative told us, "Staff are very good with time keeping." Another relative said, "Staff are really consistent." One staff member said, "I get plenty of time over here."
- Staff were generally recruited safely. One staff member did not have a complete employment history, whereas another staff member did have a full employment history. Complete employment history with any gaps explained should be available for all staff. We fed this back to the operations manager and they provided us with the missing employment history after our inspection. Other checks were made on staff suitability such as previous references and checks on criminal records.

Assessing risk, safety monitoring and management

- People felt safe and relatives confirmed they felt their relatives were safe whilst being supported by staff. One person said, "I feel safe with staff."
- Staff knew people's needs. Staff were able to talk with us with confidence about how they supported people and their specific needs.
- There were omissions in some documentation, such as care plans and risk assessments. For example, a moving and handling risk assessment was incorrectly completed and when a person's ability to

communicate their needs with staff had changed this was not always reflected in their care plans. We discuss this further in the well-led section.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong.
- There had not been any significant incidents which had required full investigations. However, reviews of people's care needs had ensured changes were acted upon and adjustments made.
- Following a recent monitoring call with the CQC, we fed back there were omissions in oversight. The operations manager and registered manager had acted on this feedback to learn lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff knew the different types of abuse and their responsibilities to raise concerns.
- No recent safeguarding referrals had been raised by the service, however the management team were aware of their reporting and investigating responsibilities.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had access to supplies of masks, gloves and aprons. People confirmed staff wore these and staff were aware of their responsibilities with PPE.
- We were assured that the provider's infection prevention and control policy was up to date and was linking into government COVID-19 guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to access food and drinks. One relative said, "Staff encourage [my relative] with food and drinks as much as they possibly can."
- Some people bought their own food which staff supported them to prepare. Other people received meals from another service based on the same site as people's homes which they paid for. People found this convenient, however there was mixed feedback about the quality of the food.
- When we asked the operations manager about this, they explained they had done a survey with people and relatives about the food but had not received the same feedback we had. They explained they were reviewing their suppliers.

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

- People felt well supported, by staff who knew their needs and preferences. Relatives also confirmed this. Staff were knowledgeable about people's needs.

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 MCA 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.

- Mental capacity assessments were completed and indicated if a person had a Lasting Power of Attorney (LPOA) in place for health and welfare. An LPOA is a designated person who can make decisions on behalf of a person who is no longer able to make decisions for themselves. People were involved in their care and made their own decisions.
- People confirmed staff sought their consent prior to supporting them.

- One person told us, "Staff say, 'is it alright?' [before helping me]" and they went on to say, "If I say to staff, I am going to do something later, they leave it for me, they don't take over. But if I can't do it, they will do it for me. If I am struggling, I will ask, and staff respect that."
- Staff knew what mental capacity meant in relation to supporting people to make choices. A staff member said, "I'd always ask and explain it again, so they are fully aware." Another staff member explained, "I talk to them [the person], tell them what I am going to do and explain why."

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills to support people and felt well supported. One person said, "Staff seem to know what they are doing."
- Staff told us they received training and felt confident in their role. Staff were able to answer our questions in different areas and had training certificates in their recruitment files.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were generally independent or had support from family to access support from other health professionals.
- People and relatives explained they kept staff updated about people's health needs. One person said, "I let them know what is happening."

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 our last inspection we rated this key question good. The rating for this key question has remained 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 were well treated by staff and were positive about the support they received. Staff knew to respect equality and diversity. One staff member said, "Everyone is an individual, it's their choice."
- One person said, "Staff are always very kind. They are very gentle." Another person said, "Staff are like family, they like my sense of humour and we have a good old chat, they don't tell me they haven't got time. Nothing is too much trouble."
- A relative said, "The staff, they are so good with my relative. Staff are patient, friendly, my relative responds to them well. Staff have made things less of a worry for us. We couldn't wish for a better group of carers, that's honest."
- Staff referred to people with kindness and knew people well.

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

- People were able to make choices and were involved in decisions about their care.
- One person said, "They [staff] are very good at listening" and went on to say, "We discuss things [about my care]."
- People and relatives all confirmed they were supported to feedback about their care and make changes when needed during reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. As well as people's feedback, staff could describe how they supported people to retain their dignity during personal care.
- One person said, "I do [a task] myself but staff come and check, I like that, they make me feel safe" and went on to say, "Staff are so good. Staff don't make me feel undignified [during personal care]." A relative said, "Staff absolutely treat my relative with dignity, staff treat them as if my relative was their own parent."
- People were also supported to be as independent as possible.
- One person said, "I can be more independent, I can be as independent as I can manage and all I have to do is ask." Another person said, "It's nice to be independent but it saves you if you think you are independent but you're not." A relative said, "Their [staff] aim is to keep my relative as independent as possible, we are on the same page."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received care personal to their needs and preferences and were involved in developing their care plans. People saw a team of regular staff so they could build relationships.
- One person said, "All the staff are really nice, I get on with all of them, they don't make me feel rushed and they get to know how you like things done so they do it the way you like it, and if they don't know they ask. I like the fact I see the same people all the time." A relative told us, "There is very good continuity with staff."
- Staff knew people well, knew people's preferences and needs. One staff member said, "To be honest you get to know people, you get a close relationship, get to know their lives and how they like to do things and adapt to that."
- People and relatives confirmed there were regular reviews and contributed to their care plan. One person said, "I had a review not long ago with [managers], myself and my relative." One relative said, "They [staff] are proactive. If they don't think things are working, they'll let us know. Absolutely staff have got to know my relative well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People would be supported to access their information in ways that suited them.
- The operations manager explained they were able to provide records in large print and can read people's care plans to them if needed. They were also aware of being able to access external companies to support in providing records in alternative formats if needed.

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

- Some people had social calls as part of their care plan. People enjoyed these calls and were supported to do activities of their choice.
- Social support had been introduced for one person to help build their relationship with staff, so they were more comfortable with them and reduce their social isolation. These calls had worked well according to relatives and staff.

Improving care quality in response to complaints or concerns

- People and relatives all felt able to complain if needed.
- One person said, "I would say something to the person present at the time [if I had a complaint]. I would speak to [care manager]. I feel able to." A relative told us, "[The operations manager] is very approachable, they listen."
- When feedback had been provided, it was looked in to and action taken to make improvements. For one person, we saw evidence this was then followed up with them at their next review to check they were satisfied.

End of life care and support

- No one was receiving palliative care at the time of our inspection. However, people were given the opportunity, where they wanted to, to discuss their end of life preferences and this was recorded in a plan.
- One person told us, "I've talked about [my end of life wishes] here. I think staff found it harder to ask me, than me to talk about it!"

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Actual call times when staff attended were not recorded and the specific details of the calls were not recorded. The operations manager explained calls would match the planned rota apart from exceptions. Medicines administration and wellbeing checks were being carried out but there was no audit trail as to the exact times staff attended or the outcome of these checks. Call times can vary due to emergencies, other calls overrunning or staff sickness, for example, and staff confirmed they would not always document a late call. Therefore, accurate contemporaneous records were not always being kept.
- Systems in place had failed to identify some of the omissions we identified with medicines. The operations manager was aware of a discrepancy about a person's allergies on their MAR and had taken action to resolve this. However, other concerns such as missing PRN protocols, changes in doses, regular refusals of medicines did not have clearly documented action taken in response to them. Some medicine documentation provided by the pharmacy contained confusing instructions. Systems in place had not identified this, prior to our feedback.
- People's care plans and risk assessments were in the process of being updated. People had reviews to contribute to their care to ensure their plans were personalised. One person's care records had been updated which contained relevant and up to date information about their needs and preferences. However, other records we viewed for other people did not always have sufficient details, missing information and no risk mitigation details. For example, if a person chose to not always engage in care and responded to staff negatively, there was no detail about how staff should respond or evidence of learning from previous instances. It was explained the remaining care plans and risk assessments would be completed shortly to resolve this.
- The service currently being delivered was all based on one site and was small and the operations manager explained staff could get to know people well and identify changes and concerns. However, the service had future plans to expand their care delivery out into the community. It was important to have effective systems and processes in place to ensure the quality and safety of care would be monitored and areas to improve identified as the size of the service grew.
- The operations manager had a basic action plan in place. They acknowledged it was not detailed as they felt their plans were mainly in their head; it would be beneficial to have plans documented in detail in order to track and show progression and evidence when areas for improvement have been identified.
- The operations manager told us they checked people's LPOAs. However, the evidence of these checks was not provided to us as part of the inspection so we could not verify the service had effective systems in place for this.

We found no evidence people had been harmed however, quality assurance systems were not fully effective and embedded to ensure the quality and safety of care was monitored. The above issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the operations manager provided evidence of action being taken in response to our feedback. There was an amended care note template to ensure more detailed records would be kept. A personalised support plan was put in place to guide staff in supporting a person who did not always respond positively to staff intervention. The remaining care plans and risk assessments were updated following our site visit. We will check on the sustainability of these improvements at the next inspection.

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 was aware of their duty of candour. They explained, "It is being open and honest in a nutshell. We would report it and make necessary notifications." They also went on to explain they had confidence in the operations manager and care managers ability to deal with concerns.
- The registered manager had been open and honest with us and had explained they had not been very involved with the service and had not been fulfilling the registered manager role by carrying out audits or having oversight of the quality and safety of care. One staff member said, "[Registered manager] doesn't have much to do with it [the service] now, they come in now and again."
- During our feedback the registered manager agreed to increase their oversight until decisions had been made about who would apply to be the next registered manager. There were also two other supporting managers, who were not registered with us, who had been managing the service.

Continuous learning and improving care; Working in partnership with others

- During a monitoring call with the CQC prior to the inspection it was determined there were limited or no systems in place to monitor the quality and safety of care, such as no evidence of audits, no reviews of accidents or incidents and missing information from people's care plans about their health and support needs. Following our feedback, the management team had acted or were in the process of making improvements to continuously learn and improve.
- Systems to record and analyse accidents and incidents had been introduced and an analysis had taken place to look for trends. The operations managers explained this would now be done on a monthly basis.
- The operations manager was open to discussing feedback and both the operations manager and care manager worked with other professionals to support people.

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

- People and relatives felt positively about the service, the management team and felt support was person-centred. One relative said, "I've witnessed it, staff are always very friendly and my relative isn't overshadowed if we're there visiting. It is all about my relative, they are the priority." One relative said, "They [care manager] are always helpful."
- Staff felt positively about their job and the culture of the service and felt positively about the management team. It was acknowledged that some staff were related or in a relationship; staff did not have any concerns about staff conduct however consideration should be given to how staff could report concerns, should they have any, to someone unconnected to these relatives or relationship groups.
- One staff member said, "I like spending time with people, as they are independent, we have time to have a conversation. I like to make them feel good. That picks me up. It feels like you make a difference." Another staff member said, "I feel definitely able to go to the managers. There is quite an open-door policy."

- Another staff member commented, "[Operations manager] is very approachable, I can tell them what I think."

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

- People and relatives were involved in the service. There had been surveys about the food people received and people had regular reviews. One person said, "I've had questionnaires about food. We have reviews and everything came up in the review." A relative said, "There is a 6-monthly review and we can do it prior to that if it is needed."
- Staff felt supported and were involved in the service. One staff member said, "We do have supervisions, we discuss anything they [managers] can do to make things better."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurances systems were not fully in place or effective at identifying areas for improvement and contemporaneous records were not always kept.