

# Aria Goldcare Limited

## 40 Stonepit Drive

### Inspection report

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### 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

This inspection took place on the 8, 9 and 11 March 2016 and was announced. The service is registered to provide personal care to people living in their own homes when they are unable to manage their own care. At the time of the inspection there were 11 people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us that staff spoke to them politely and treated them with dignity and respect. People were positive about the care and support being provided to them.

The registered manager and care workers promptly engaged with other healthcare professionals to ensure that people's identified healthcare needs were met.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity. People using the service and their relatives told us that they were encouraged to be actively involved in planning their care, regularly reviewing their care and were asked for feedback about the care they had received.

Care workers demonstrated they knew and understood the needs and life histories of the people they were supporting. People told us that they were happy with the care that they were receiving. People were encouraged to make choices about their care including how and what care they required.

Staffs felt supported to carry out their roles effectively and were in regular contact with the registered manager. People were cared for by staff that were knowledgeable and has access to training that was relevant to the care and support they were providing.

The provider completed regular quality assurance audits to ensure that people were in receipt of high quality, personalised care and support. There was a clear ethos and positive person centred culture to guide the care and support that is delivered. Care workers were understood the providers values of delivering personalised support in a dignified manner that respected individuals privacy and this was evident in their practice.

## 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

People felt safe with the staff who supported them in their own homes.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

The provider monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as they chose.

# 40 Stonepit Drive

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 and 11 March 2016 and was announced and was undertaken by two inspectors. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we visited 2 people using the service, met 3 members of care staff, a senior carer and registered manager who was the provider. We also spoke to 2 relatives.

We reviewed the care records of 3 people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People told us that they felt safe and comfortable with the staff who visited them. One person told us "they are all marvellous. All the girls are brilliant, I couldn't get better". Peoples relatives told us that they had confidence in the staff and the care that their relatives were receiving with one relative telling us that "I am confident that [Relative] is in safe hands".

Staff told us that they felt able to raise any concerns around people's safety to the management and outside agencies if they felt that people were at risk of harm or abuse. There was information available as to who to contact and an up to date safeguarding policy to support them. We found that all the staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been made to the local authority and sent to the Care Quality Commission. We saw that any issues which needed to be investigated had been done so and appropriate action taken. We saw that lessons had been learned from safeguarding referrals and that these had been discussed in staff meetings.

People's care records included risk assessments and guidance for staff on how these risks were minimised. These included risk assessments associated with a person's mobility, nutritional needs, and ability to take their medicine. People and their relatives were involved in discussing their needs and requirements and we saw that these were recorded appropriately. This meant that people could live their lives as independently as possible and be supported to take risks associated with everyday living as these had been discussed and people could make decisions about the risks to their health, wellbeing and safety. Reviews of people's care were undertaken to ensure that the risk assessments were up to date and reflected their current needs.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work.

Staffing levels were maintained at safe levels and adjusted to ensure that the service was able to meet people's needs. Staff told us they had sufficient time to travel between visits and to provide the care that people needed; there was a stable staff team and confirmed there were sufficient staff to meet people's needs. . People told us that they were able to choose who supported them and that staff always arrived on time and stayed for the length of time that they were supposed to.

There was a medicine policy and procedure in place which detailed the responsibility of staff to ensure they administered medicines safely and in line with procedure. Staff we spoke with told us that they had read this as part of their induction training and that it was discussed periodically within team meetings and supervision. Staff told us that they had completed medicine administration training. The registered manager completed monthly audits to ensure that medication had been administered appropriately. The medicines that people took were recorded in their care plans. It was recorded if they self-administered their medicine, were prompted or were assisted by staff and what support was required.

## Is the service effective?

### Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an induction programme which comprised of shadowing more experienced staff for a period of time before working alone. New staff were able to shadow more experienced staff until they felt confident and their competency had been assessed by the registered manager. The induction training included manual handling, safeguarding, Health and Safety and infection control. One member of staff told us that their induction "really meant that we got to know people and were competent before we had to support them". Newly recruited staff also undertook the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All staff had regular supervisions which included 'spot-checks' undertaken by the registered manager. This enabled the registered manager to observe how staff worked in practice and identify any issues or training needs. Staff told us that they had regular supervisions and team meetings. One member of staff told us that they felt "very well supported".

The staff training program was focused on ensuring staff understood people's needs and how to safely meet these. We saw from the staff training records that all staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. One member of staff told us "that before I didn't really have much experience of Alzheimer's. The training really made me think and made me understand what people are going through". The people we spoke to and their relatives said that they felt that the training provided to staff was good; one relative told us "The staff are very well informed about dementia".

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA and had all undertaken training. We observed staff seeking people's consent when supporting people with day to day tasks and people had signed agreements consenting to the care they needed.

People were supported with their meals and drinks when necessary. Care plans detailed what level of support a person may need with regards to eating or drinking, for example we saw in one care plan that staff should ensure that drinks were easily accessible to someone with limited mobility. When we visited this person at home we observed that they had a choice of drinks placed next to their chair on a tray and they told us "The carers always give me my favourite drink in the morning; pineapple juice first in bed and then a coffee when I am up". We read a comment from one family "The service we receive has certainly retained our feeling of independence."

People's healthcare needs were carefully monitored. Records showed that people had access to a range of health professionals, including the District Nurse, GP and occupational therapist. One member of staff described a time where they noted that one person had a red patch of skin. The member of staff told us that they applied cream and contacted the district nurse for support.



## Is the service caring?

### Our findings

People and their relatives said that they were treated with dignity and respect by staff. Staff listened to them, valued their opinions and helped them to do things for themselves as much as possible. Staff training included respecting people's rights and treating them with dignity and respect. People said that this was shown in the caring and compassionate support that they received from staff. One person told us "The staff look after me extremely well, the whole lot of them are nice". Another person said "I can't see my TV anymore; before the carers go they always tune in my radio to my favourite station and leave it on for me. They read my magazines to me too."

People were positive about having consistent staff that understood their particular needs and preferences which demonstrated a person centred approach to the care that was provided. One relative told us "The staff get [relative] to do the things he loves to do to maintain his independence"; they told us that care workers were "matched" by the registered manager to the people that they supported so that they had similar interest and hobbies. Another relative told us "One carer waited outside mums house in their own time just to say hello when she got back after being in hospital. They are brilliant, very compassionate". Comments that we read about staff within feedback questionnaires told us that staff were caring and provided compassionate support; "I have met most of the staff and they are all very pleasant and professional". "[Relative] appreciates their [the staff] company and is really enjoying the walks. The stimulation and walks are doing [Relative] good both physically and mentally."

Care plans contained information about people's choices and preferences. People and their relatives told us they were involved in developing the plan and reviewing it regularly. The registered manager told us that care plans were reviewed with people and their family where appropriate every three months to ensure that people's preferences were being respected. We also saw that confidential information about people's care was only shared with professionals involved in their care. People told us that they were able to choose the gender of the carer that provided support to them and that their choice was always respected.

Staff told us and the staff rota confirmed that people's care was scheduled and co-ordinated to promote the same staff working with people, which enabled them to build relationships and gain a better understanding of people's needs and wishes better. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. Staff told us how they encouraged one person to do exercises prescribed by a physiotherapist by doing it to the music that they know they like. One member of the care staff told us that where possible their schedule of people to visit was within a manageable area and that travel time between people had been factored in to the schedule. Staff told us that if they needed to spend longer with one person then they could telephone the office and have their next call covered. People using the service told us that staff were always on time and never missed any calls.

## Is the service responsive?

### Our findings

The care plans were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. It also included ensuring that people's sensory needs were met. Where relevant, a life history was included so that staff knew something about the person's life and interests. We saw that care plans were regularly updated and reviewed to ensure that they were reflective of people's current care needs.

The registered manager told us that they tried where they could to put staff with people who may have similar interests as them to help encourage conversation and social interaction with people. One person loved horses and still kept a horse, a staff member was identified who also had a love of horses and regularly supported the person to look after their horse. Another person had been a musician and they had been supported by a member of staff who had an interest in jazz.

Daily records were kept which included information about what care had been provided, what food and nutrition people had as well as any contact staff had with other professionals. One relative told us that "The notes are very useful as a talking point so [relative] can recall their day."

There was information available in people's homes about how to contact the agency if there were any concerns or a need to pass on information. The people using the service were given a Service User's Guide which contained information about how they could raise a complaint. People told us that they were able to contact the registered manager at any time should they need to.

We saw that the provider had responded to any complaints in a timely manner and any actions that needed to be taken were done so; for example a meeting had been held with all staff following a complaint to discuss the outcome of the complaint, the potential impact such an issue could have had and all staff had received further training in relation to incident reporting.

People met and spoke to the registered manager before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop a care plan for people. If the provider was unable to meet those requirements then the service was not offered.

## Is the service well-led?

### Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in the statement of purpose as "To provide a high standard of service to allow users to maintain independent living in their own home and enhancing health and well-being in a dignified and respectful way." The staff we observed and the information we read from feedback given by people confirmed that 40 Stonepit was delivering this.

We could see from the rotas that the provider regularly delivered care and support. The provider told us they liked to keep their hand in and doing some of the calls helped them to see what was going on and if any changes were needed to a care plan they could readily do this.

Each person had been given a service user handbook which gave them details about the philosophy of the service, how to make a complaint and the standards of service that they could expect to receive.

Communication between people, families and staff was encouraged in an open way. We saw that the registered manager was in regular contact with people who use the service and their relatives. The registered manager told us that they aimed to meet with the people who they supported once every three months in person as a minimum to review all care planning documentation and ensure the service provided was continuing to meet their needs..

Staff met with the provider on a regular basis which ensured staff were kept informed of what developments there were within the service, it also gave staff the opportunity to raise suggestions. The registered manager told us that staff meetings gave everyone the opportunity to share good practice and ideas as to how best to support people and celebrate with the staff what had gone well in the service. This was confirmed in the minutes taken at the staff meetings. Staff told us they felt well supported and informed. They were aware of the Whistleblowing Policy and knew what to do if they felt they needed to raise a concern.

Regular surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were happy and content with the service they received. One comment we read from a relative said "I am very happy with the service you and your team provide to [relative]." Another said "We have found the service you provide is invaluable to us. It has taken a lot of worry off us, we know [relative] is in safe hands."

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. Policies were reviewed regularly to ensure they stayed up to date and relevant. The management and staff strived to provide people with the care and support they needed to live their lives as they chose. Management were committed to providing well trained and motivated staff.