

Mr Ben Edward Maynard

# Staying at Home Care

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 29 November 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to older adults and younger disabled adults living in their own homes. There were 30 people using the agency at the time of our inspection, 16 of whom received personal care. The registered provider of the service is Mr Ben Maynard, referred to in this report as 'the provider' and a manager was employed to run the agency.

At our last inspection in March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The rating for the Responsive domain has improved to Outstanding.

Why the service is rated Good.

People received a service that was highly personalised and exceptionally responsive to their needs. They could rely on receiving the care they needed even if their plans changed at short notice or in an emergency. We heard many examples of the manager, the provider and staff responding quickly to keep people safe and secure when adverse events had occurred. Relatives told us the agency's response to these events had been crucial in preventing harm and anxiety. All the people and relatives we spoke with said the agency had greatly exceeded their expectations in terms of its responsiveness.

People felt safe and secure when staff provided their care. Staff were trained to provide the support people needed safely and to use any equipment involved in their care. Any risks involved in people's care were identified through assessment and action taken to minimise them.

Medicines were managed safely and equipment used in providing people's care was serviced regularly to ensure it was safe for use. Staff helped people keep their homes safe and clean and maintained appropriate standards of infection control. The provider had a plan in place to ensure people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures and staff were aware of their responsibilities should they suspect abuse was taking place.

Staff had the induction, training and support they needed to perform their roles. All staff had an induction when they started work and ongoing training relevant to the needs of the people they cared for. Staff attended regular one-to-one supervision with the manager, which gave them the opportunity to discuss their training and development needs.

People's needs were assessed before they began to use the agency and kept under review. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff monitored people's health and supported them to obtain treatment if they needed it.

Staff were kind and caring. They treated people with respect and maintained their dignity when providing their care. Staff supported people to maintain their independence where this was important to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The manager, provider and staff had developed effective working relationships with other professionals involved in people's care. This included specialist healthcare professionals to ensure people received the care they needed towards the end of their lives. The manager and provider planned and co-ordinated one person's end-of-life care as their family did not live nearby. The manager and provider ensured the person was as involved as possible in making decisions about their care and adapted the care the person received at each stage of their life.

People and their relatives were encouraged to give feedback about the agency and this was acted upon. The manager and manager knew all the people who received care from the agency personally and maintained regular contact with them. People told us this meant any issues they raised were resolved before they became concerns.

The manager and provider maintained an effective oversight of the service and the quality of care people received. They provided good support to people who used the service and their families and effective leadership for staff. The manager ensured that staff had access to the training they needed and responded well if staff requested additional support.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People received a service that was highly personalised and truly responsive to their needs.

The manager, provider and staff had responded quickly to keep people safe when emergencies occurred.

If people's needs changed, the agency responded well to ensure the care they received reflected these changes.

The agency had enabled people to continue living in the way they wished after their needs changed significantly.

### Is the service well-led?

Good ●

The service remains Good.

# Staying at Home Care

## **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 was 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 29 November 2018 and was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider submitted in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered provider, the agency's manager and a care worker, who also worked as an administrator.

We checked the care records of three people, including their assessments, care plans and risk assessments. We looked at three staff recruitment files and records related to staff training and supervision. We checked the provider's quality monitoring systems and how feedback was used to improve the service.

After the inspection we received feedback from two people who used the service, four relatives and six care staff.

# Is the service safe?

## Our findings

People told us they felt safe when staff provided their care. Relatives had confidence that staff knew how to provide care in a way that maintained people's comfort and safety. One relative told us that the manager always observed new staff before they provided their family member's care to ensure they knew how to do so safely. The relative said of the manager, "She goes through everything with everyone."

The agency employed enough staff to ensure all care visits were carried out as scheduled. People told us they could rely on their care workers and said they had never missed a visit. Staff said they had enough time to provide all the care people needed at each visit. They told us that they had sufficient travel time between visits and that the agency rearranged their rota to cover their calls if they were delayed. One member of staff said, "I have enough time to ensure I provide all the care that is required. We are also allocated travel time and so this means we have a little bit of leeway if we do happen to run over on a call." Another member of staff told us, "I have plenty of time when visiting a service user. If there is ever a hold up, I am given time to stay longer and the next call covered. I am also given plenty of travel time between clients."

Staff attended safeguarding training and understood their responsibilities should they suspect abuse or poor practice. They were able to describe the different kinds of abuse people may experience and the action they would take if they suspected it. One member of staff told us, "If the situation was to arise, I understand safeguarding and would report this to my manager." Staff understood whistle-blowing and knew how to raise concerns outside the agency if necessary. One member of staff told us, "I am aware that if there were concerns I had that I felt I could not raise within the agency there is a whistleblowing policy I can follow." Another member of staff said that if they suspected abuse, "I would go to management and, if not dealt with, go to the relevant outside parties."

The provider operated robust recruitment procedures, which helped ensure that only suitable staff were employed. Prospective staff were required to submit an application form with details of their employment history and to attend a face-to-face interview. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People's medicines were managed safely. Staff who administered medicines had attended training in this area, which they said had given them the skills and knowledge to do this safely. Staff told us the manager had observed their competency in this aspect of care and reminded them to report any issues regarding medicines to the office. One member of staff said, "I feel confident supporting clients with medications and would raise any concerns if they arose." Another member of staff told us, "I administer medication regularly and have had training. I have also had [manager] come out to clients with me to check I administer meds correctly and understand the procedure." Medicines administration records were maintained in people's homes and audited by the manager to ensure people were receiving their medicines correctly.

People told us staff helped them keep their homes clean and hygienic. They said staff always used personal

protective equipment, such as gloves and aprons, when needed. All staff received infection control training in their induction and regular refresher training in this area. Staff told us they always had access to personal protective equipment when they needed it. The manager carried out infection control audits to ensure people were protected from the risk of infection.

Assessments had been carried out to identify any risks involved in people's care. Where risks had been identified, plans had been put in place to address them. Any accidents or incidents that occurred were recorded and reviewed by the manager to identify any learning that could be implemented to prevent a similar event happening again. The manager had implemented falls prevention measures for some people, which had reduced their risk of falling. Staff carried out regular checks to ensure any equipment used in providing people's care was safe. Staff attended fire safety training in their induction and were trained in emergency procedures. The provider had developed a business contingency plan to ensure people's care would not be interrupted in the event of an emergency.

## Is the service effective?

### Our findings

Staff had the induction, training and support they needed to do their jobs. All staff had an induction when they joined the agency, included shadowing experienced colleagues. Staff told us their induction and subsequent training had prepared them well for their roles. One member of staff said, "I had meetings with my manager prior to me starting my first shadow calls. We discussed all that I need to know before starting." The member of staff added, "I felt it did prepare me for my role and I felt supported with the shadow calls." Another member of staff told us, "I went out with other experienced carers for at least a week. Before I went out I had a long discussion with [provider] about the role and what was involved and the support. After all this, I felt well prepared for the role."

Following their induction, staff were supported through one-to-one supervision and regular contact with the manager, which provided opportunities to discuss their performance and their training and development needs. Staff told us the manager used supervisions to check if they needed further training and was also available for support outside scheduled supervisions. One member of staff said, "[Manager] ensured I was comfortable with all the training I had had and has asked me if there is anything else I would like training on." Another member of staff told us, "I have had a supervision session recently and know that if there was anything I wanted to discuss outside of a formal supervision I could always arrange that with my manager."

People's needs were assessed before they began to use the agency to ensure staff could provide the care they needed. The assessments we checked were comprehensive and addressed all aspects of people's care and support. People and their relatives told us they had been involved in their assessments and encouraged to give their views about the support they wanted. If people were admitted to hospital, the manager reassessed their needs before they were discharged to ensure appropriate care was provided when they returned home. People who received support with meal preparation were happy with this aspect of their care. People's nutritional needs were recorded at their initial assessment and kept under review.

Staff told us they were always given enough information about people's needs before they provided their care. One member of staff said, "The first time we visit a new client we always do a shadow visit with another carer. This gives us a chance to introduce ourselves to the client and see the care plan, the routine that we assist the client with, before we're actually visiting the clients by ourselves."

If people's regular care workers were unavailable, the manager ensured that people still received their care from staff who were familiar to them. The provider had systems in place to ensure that staff were kept up-to-date about people's needs. One member of staff told us, "Because of the apps we have I can easily read up on the care plan, communication notes, etc." The member of staff added, "I know that if I still had any concerns or questions with regards to the client's needs I could always ask my manager for help or request another shadow visit until I was happy with everything I needed to do."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.



We found that people's rights under the MCA were respected. Staff understood the principles of the Act and the importance of respecting people's decisions about their care. Staff were aware that some people had fluctuating capacity and may require support to make some decisions at certain times. People were asked to record their consent to their care and were given the support they needed to understand information about their care.

Staff monitored people's healthcare needs and supported them to obtain treatment if they needed it. A relative told us the agency had carried out regular assessments when their family member had become unwell to ensure their family member received the care they needed. The relative said, "When my mother was unwell, an assessment would be made and the necessary action taken. I was always kept fully informed." The care plans we checked demonstrated that the agency communicated effectively with professionals about people's care and incorporated professional guidance into care plans where necessary.

## Is the service caring?

### Our findings

People received their care from consistent staff who treated them with kindness. One person described their care workers as "Very kind." Another person said of their care workers, "We have more or less the same ones all the time. They are a lovely bunch; we get on with all of them." People told us staff maintained their dignity when providing their care and always respected their privacy.

Relatives told us staff were kind and treated their family members with respect. One relative said of staff, "I have watched them as they helped and chatted to my mother. Even though she could not express herself, she was pleased to see them and would smile and try to chat back as best she could. My mother was always treated with dignity, respect and kindness." Relatives told us their family members had established positive relationships with their care workers and enjoyed their company. One relative described their family member's relationship with their care workers as, "Very positive."

Relatives told us staff were thoughtful and considerate to people and their families. One relative said of care staff, "They are great people. Really helpful. They think of little things. Once we left the house in a rush and when we came home we found they'd done the washing up and I thought, 'What a bonus'."

The manager and provider led by example in demonstrating kindness and compassion. They ensured that people who used the service, their families and staff had access to emotional support when they needed it. One relative told us the manager and provider had helped them overcome the anxiety they felt when their family member first needed care. The relative said, "[Provider] and [manager] came to our house and sat down with us and after an hour and a half we felt complete confidence in them. They put us at our ease."

Staff told us the manager and provider demonstrated caring values to people who used and worked for the agency. One member of staff said, "I really have nothing but praise for this agency and the people running it, it is one of the friendliest places I have ever worked and I am very happy in my work here." A relative said of the manager and provider, "They value their staff."

People confirmed that they were encouraged to be involved in planning their own care. Relatives said they were consulted about the care their family members received and that their views were considered at reviews. One relative told us, "I have been fully involved with my mother's care."

People told us staff supported them to maintain their independence where this was important to them. People's care plans detailed which aspects of their care they could manage themselves and in which areas they needed support. Relatives told us staff encouraged their family members to be independent where they wished to be but were available to provide support when it was needed.

## Is the service responsive?

### Our findings

The agency provided a service that was extremely flexible and responsive to people's individual needs and preferences. People and relatives told us the agency was always willing to be flexible with their visit times and the support they required at each visit. One person said, "If I've got an early appointment and need to change the time, I just ring to let them know and they always accommodate me." Another person told us the support they needed varied each day but was difficult to predict. The person said staff understood this and stayed as long as they were needed at each visit.

Relatives told us the manager had asked their family members which staff they preferred to provide their care and planned the rota to accommodate their choices. Relatives said this had benefited their family members not only because the quality of care improved but because their family member shared interests with some staff and enjoyed talking to them about these topics. One relative told us, "We get on well with all of them but [family member] has their favourites. We decided on one or two that we really liked and asked [manager] if we could have them all the time. It wasn't a problem."

The manager and provider told us they had deliberately kept the agency small to ensure that people received a highly personalised and truly responsive service. People and their relatives told us the small size of the agency was one of its strengths because they knew and liked the manager, the provider and all the care staff. One relative said, "One of the reasons we love it is that it's small. You always know who you're speaking to in the office and which member of staff is visiting." Staff also told us the small size of the agency was beneficial to people and their families. They said the manager and provider knew all the people who used the agency personally and strove to provide a service that exceeded their expectations. One member of staff told us, "[Provider] and [manager] genuinely really care for their clients and go far beyond the call of duty in helping many of them and their families."

Relatives told us the agency always responded well when they and their family members needed them, including in an emergency, which they said was a great reassurance. One relative said, "Finding [the agency] and knowing they would respond in an emergency has been such a relief." The relative told us, "We have busy lives and the way they have responded when we have needed them has always been amazing. We have called them in semi-emergency situations and asked them, 'Could you manage this?' and they have come through. It's so important to us, this service." The relative told us of an occasion when their family member had suffered a fall while alone at home. The relative said none of the person's family was in the area when the accident happened so they had contacted the agency, who immediately sent a member of staff to their family member's home. The relative told us, "They got someone there in 10 minutes. I don't know what we would have done without them."

We heard several other examples of how staff, the manager and provider had responded quickly to keep people safe and reassure their family members. One relative said their family member's care worker had responded, 'Absolutely brilliantly' when their family member had a fall. The relative told us that the care worker had called emergency services and waited with the person until an ambulance arrived. The care worker then accompanied the person to hospital and stayed with them until their family arrived. On another

occasion, the provider had waited with a person for over two hours after they suffered a fall and there was a delay in an ambulance arriving. A person's neighbour called the agency when they found the person confused in the street. The manager immediately contacted the person's regular care worker, who went to the person's house to check on their well-being. The agency's flexibility meant the manager was able to rearrange rotas to ensure no other care visits were missed.

People's care was planned in partnership with them. People told us the manager went to great lengths to ensure they were involved in developing their care plans and that their views about the care they received were listened to. Relatives said they were consulted before their family member's care plans were agreed. People and their relatives told us staff always followed people's care plans to ensure they provided support in the way it was needed. One relative said their family member had specific preferences about the way in which their care was provided. The relative told us staff respected their family member's wishes, commenting, "It's always done exactly according to plan."

If people's needs changed, the agency responded well to ensure the care they received reflected these changes. Relatives told us the manager had frequently reviewed their family member's needs to ensure staff continued to provide care in a safe and effective way. One relative said, "In the last months that my mother was at home, assessments were continually made to ensure that she was still safe to remain there." Another relative told us, "Each time we've had a major change, [manager] has come and sat down with us and gone through the care plans."

The agency explored and identified creative ways to enable people to continue to live their lives as they chose. Several relatives provided examples of how the agency had supported their family members to continue living at home after their needs changed significantly. One relative told us their family member had been admitted to hospital following an accident. The relative said hospital staff had insisted that two care workers would be needed to support their family member when they returned home. As Staying At Home Care was unable to provide this at the time, hospital staff told the person they would need to use a different agency. The person was so reluctant to use another agency that relative approached Staying At Home Care to ask if there was any way in which the agency could continue to provide their family member's care. The relative told us the agency's manager had put great efforts into achieving the person's desired outcome, researching equipment that would enable care to be provided safely by one care worker and speaking with professionals to understand how the person's care needed to be provided. The relative said, "They were brilliant during that process. Very helpful, very positive and very determined."

If people's needs had increased to the extent that the agency was no longer able to provide their care, relatives told us the manager had spent time explaining options and advising them how to identify the care provision that best met their family member's needs. One relative said, "When the time came and in the interests of her own safety and well-being it proved impossible to remain at home, [manager] gave me the insight and help for me to make a decision with regard to the best care home to meet my mother's needs."

Although the agency was not providing end-of-life care at the time of our inspection, staff had provided people's care towards the end of their lives in the past. It was clear that the agency had supported people to experience a dignified, pain-free death that reflected their needs and their wishes. We read about one person to whom the agency had provided end-of-life care. As the person's family did not live nearby, the manager and provider organised assessments by professionals, including a speech and language therapist, to ensure the person's care needs were identified. The manager and provider also supported the person to attend appointments with healthcare professionals, including district nurses, end-of-life care nurses and the person's GP. The manager and provider kept the person's family up-to-date with the outcomes of meetings and implemented any agreed changes to the person's care plan. Towards the end of the person's life, the

agency ensured the person received the care they needed by increasing to four the number of care visits each day.

The agency had a complaints procedure, which was given to people when they began to use the agency. There had been no complaints since our last inspection. People and relatives told us they had not needed to make a complaint because they spoke with the manager and/or provider on a regular basis. They said the manager and provider had encouraged them to raise any concerns they had so these could be addressed before they escalated to a complaint. All the people or relatives we spoke with said they would feel comfortable making a complaint if necessary and were confident that any complaints they made would be investigated and responded to appropriately. One relative told us, "If I have had a query or concern it was always promptly addressed with a solution or a change implemented."

## Is the service well-led?

### Our findings

People and their relatives told us the agency was managed well. They said they could always contact the office when they needed to and access the information they needed. One relative told us, "In my view the agency is well managed and the team is very effective and dedicated under [manager's] leadership." Another relative said, "They send us the rota every week, which is helpful."

People and their relatives had confidence in the leadership of the agency and said they could speak with the manager or provider when they needed them. One relative told us, "We have always been able to speak with [manager] but if there's an emergency, we know [provider] is always on hand."

Staff confirmed that they received good support from the manager and the provider. They said the manager and the provider were approachable and willing to listen to any concerns they had. One member of staff told us, "I would always feel happy to speak up to [manager] or [provider] about anything I felt I needed to discuss. They are very approachable and always have time to listen." Another member of staff said, "I have personally found them to be approachable and open to suggestions and quick to address concerns." A third member of staff reported, "Management are always there to listen and make changes if needed."

There were systems in place to monitor the quality of the service. The manager and provider worked closely together to maintain an effective oversight of the service and the quality of care people received. The manager carried out regular checks and audits on key aspects of the service, such as medicines management, to ensure appropriate standards were being maintained. The manager also carried out observations of staff when they provided people's care to check they did this safely and followed people's care plans.

People and their relatives told us they were encouraged to give their views about the service and said their feedback was acted upon. The manager and provider were frequently in contact with people who used the service and their families, which meant people and relatives had regular opportunities to give feedback about their care. One relative told us the manager had responded promptly when they raised concerns. The relative said they told the manager they felt one member of staff was not confident in using a piece of equipment when supporting their family member to mobilise. The relative told us the manager accompanied the member of staff on their next visit to observe their practice and support them to use the equipment safely and confidently.

Staff understood that the agency's values and objectives were to provide responsive, person-centred care and ensured that people received this. Staff told us the manager was always willing to discuss the care they provided if they had any concerns or suggestions for improvements. They said the manager worked with them to identify the best way in which people's care should be provided. One member of staff told us, "My manager is always happy to discuss any concerns or suggestions to do with a client's care needs and we can then work together to give our clients the best care."

Staff had developed effective working relationships with other professionals, such as GPs community nurses

and local authorities. Staff implemented any guidance recommended by professionals when providing people's care. The manager and provider attended local care forums to share good practice and keep up-to-date with changes to legislation. The manager and provider were aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required.