

Stone House Care and Medical Limited

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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

About the service: Stone House Care and Medical Limited is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes. At the time of the inspection visit there were eight people using the service.

People's experience of using this service:

People who used the service and relatives told us they felt safe and staff treated them with respect. The provider had safeguarding procedures and staff understood their responsibilities to safeguard people from abuse. Risks related to people's lives had been assessed so staff had guidance in providing safe care to meet people's individual needs. People were protected from the risks associated with the spread of infection.

There were enough numbers of staff deployed to meet people's needs. The service followed appropriate recruitment procedures to assure themselves prospective staff were suitable to work with people who used the service. People were supported with their medicines safely and to eat and drink where this was required in accordance with their care plan.

People's needs were assessed prior to them using the service. The provider had arrangements for new staff to receive induction training. There was ongoing training for all staff. Staff were supported in various ways including regular one to one meetings with the deputy manager to ensure they could provide care effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the arrangements in place supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes and personal preferences. People and/or their relatives had discussed their care needs with staff and were involved in the care planning process.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaint's procedure.

The management team and provider used systems to monitor the quality of the service, which included

responding to feedback from people in relation to the standard of care. The management team showed a responsive approach to making ongoing improvements following visits from commissioners.

Rating at last inspection: This is the provider's first inspection at their new location.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received, we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Stone House Care and Medical 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an adult social care inspector.

Service and service type:

Stone House Care and Medical Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection eight people were receiving personal care from Stone House Care and Medical Limited.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 18 April 2019 and ended on 26 April 2019. We visited the office location on 18 April 2019 to see the deputy manager; and to review care records and policies and procedures.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and members of the public.

We spoke with four people who used the service and two relatives. In addition, we spoke with two members of the care staff team and the deputy manager. We sampled care documentation for four people using the service and medicine records. We also looked at three staff files, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with quality checks audits and staff duty rotas.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse and discrimination.
- People told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "They [the staff] are all very nice. I'm happy with everything."
- Staff understood their responsibilities to protect people from avoidable harm or abuse. Procedures supported staff to report any concerns.
- Relatives had no concerns about the safety of their family members. For instance, one relative told us, "They [the staff] treat my [family member] really well. They [the staff] are like family we trust them all."

Assessing risk, safety monitoring and management:

- People could take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out.
- Control measures were put in place to minimise identified risks to people. For example, one person required some assistance from staff when using equipment, so they remained as safe as possible. There was clear guidance to show how the identified risks to the person would be minimised. Risk assessments were reviewed by the management team who carried out visits and spot checks to ensure these were kept up to date.
- Staff were able to explain how they minimised risks to people's health and well-being. For example, helping a person with their personal care in a safe way while promoting the person's level of independence.

Staffing and recruitment:

- Staff recruitment records showed checks were completed on staff before they worked with people in their own homes and staff confirmed this. A staff member told us they did not start to provide care to people in their own homes until a Disclosure and Barring Service [DBS] check had been completed. The DBS is a national service that keeps records of criminal convictions.
- The management team ensured there were enough staff employed to carry out people's care visits. The

deputy manager organised people's care visits and staffs' working rota's in such a way which reduced the risk of staff not being able to support people when needed.

- People who used the service and their relatives said staff were punctual and they had never missed a care visit. For instance, one person told us, "They have never let me down and they are always here on time." A relative also commented, "The staff are reliable and if they are going to be delayed, they will let me know."

Using medicines safely:

- People who required help to take medicines received support from staff who had received the specific training to do so and the provider followed best practice procedures. For example, where people required staff to support them with creams body maps were in place as one way to reduce the risk of errors. Body maps are diagrams which indicate on what part of a person's body cream is applied.
- Staff kept records of when people were supported with their medicines. This helped to ensure people received their medicines as prescribed to meet their individual health needs. Medicine records were checked by the management team to ensure any areas for improvement were actioned.

Preventing and controlling infection:

- The provider had systems in place to ensure people were protected against the risk of infections.
- Staff were provided with personal protective equipment, including gloves, aprons and hand gels. On this subject one person told us, "They always make sure their hands are clean, they wear gloves too." Staff said glove and aprons were available for collection at the office.
- Staff had access to an infection prevention and control policy and procedure.

Learning lessons when things go wrong:

- The provider had systems to learn lessons and improve when things went wrong.



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

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:

- The provider had arrangements in place to assess people's needs and choices.
- Prior to using the service, people's needs were assessed by a member of the management team to ensure effective care could be planned and delivered.
- The deputy manager told us all aspects of people's needs and preferences were considered before it was agreed the right care could be provided.

Staff support: induction, training, skills and experience:

- The provider had arrangements to provide staff with relevant training and support.
- People who used the service and their relatives felt staff were competent and well trained. For instance, one person told us, "They [the staff] are all very good, they must have training." and a relative commented, "They [the staff] know what they are doing. They [the staff] give my [family member] confidence."
- Staff who had been recruited by the provider told us they had received induction training, which included a period of shadowing experienced members of staff. One new staff member said, "I had all the support I needed."
- Staff we spoke with told us they felt supported in their role and were confident they had received all the training they needed to support people effectively. For example, staff had received training on how to effectively use equipment to support people's physical needs.
- Staff received one to one meetings with the deputy manager during which they were able to discuss their work performance, training needs and any other issues.

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

- People were supported at mealtimes in line with their plan of care.
- People who required support with meals were assisted by staff who asked them what they preferred to eat and prepared and cooked their food to a good standard.

Adapting service, design, decoration to meet people's needs:

- The management team had systems to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. This was so they could adapt the service to make sure people received the best care and support. This was a domiciliary care agency, so people received care in their own homes.

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

- Records showed staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- People's care records included information about their medical history and any needs or risks related to their health. Although people's health needs were documented in care records we discussed with the deputy manager how this could be more detailed. The deputy manager acknowledged this and would action this.
- Care documentation also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.
- People told us they were confident staff would support them in liaising with other healthcare professionals to ensure their health needs were met if this was required. We saw in a person's care records the management team had notice a person would benefit from an occupational therapist assessment to gain equipment to meet the person'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 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 with appropriate legal authority.

People living in their homes can only be deprived of their liberty through a Court of Protection order. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- People's consent had been sought by the management team before care and support was provided.
- People told us they were always offered choice and control over the care they received.



Our findings

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

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 and respected by the management and staff team.
- People told us staff always treated them with respect and kindness and they were complimentary of the support they received. One person told us, "The carers are all very friendly and they care, they do anything I ask." Another person said, "They [the staff] are all nice people, they can't do enough for you."
- Relatives spoken with also praised the approach taken by staff, for example one relative said, "They treat my [family member] with absolute respect. We have a bit of banter, can't fault them."
- Staff had received training in equality and diversity. While speaking with us staff showed a good knowledge of people's personalities and individual needs and what was important to them.
- The deputy manager showed a caring ethos as they wanted to ensure people where at all possible had a consistent team of staff as they recognised this enabled people to build trusting relationships with staff who provided care. One of the deputy manager's responsibilities was the staff rota and they were trying to achieve the aim of people receiving care from staff they knew well. This was valued by people who used the service we spoke with.

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

- People who used the service and their relatives felt involved in all decisions about their care and support. One relative told us when the person began to use the service they went through everything together, with the deputy manager which gave them real confidence in the care being provided.
- We saw care records contained personalised information. For example, things which were important to people, their likes and dislikes, important people in their lives and their relationships. They also included details about the emotional support people needed.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Respecting and promoting people's privacy, dignity and independence:

- The provider respected and promoted people's privacy, dignity and independence.
- People told us their privacy was respected and staff were respectful of their homes and their belongings.
- Staff ensured people's rights were upheld and that they were not discriminated against in any way.
- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence.



Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- In the provider information request [PIR] the registered manager confirmed, 'We ensure that our service users receive person centred care by carrying out initial care assessment and subsequent care reviews to determine their personal care needs and preferences. We saw this was the case as care plans were centred on each person; they took account of people's likes, dislikes, wishes and preferences about their daily routines. From speaking with the deputy manager, they confirmed they had completed a lot of work in improving care documentation to ensure this was personalised to each person. This was so staff had as much guidance as needed to support people effectively and respond to their individual needs.'
- People told us they felt involved in how they liked and wanted to receive care and support. A relative said because of the care provided their family member was happy and like a different person due to how staff's comforting approaches to the support they needed.
- People were supported to be involved in planning their care such as the management team being able to provide information when required in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
- Staff completed a daily record at each care visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
- People received care and support from their own staff team who knew their routines well.
- Staff treated people equally and valued their diversity. The staff knew people using the service well and recognised what was important to them. For example, where people liked to wear certain pieces of jewellery and outfits.

Improving care quality in response to complaints or concerns:

- People who used the service and their relatives were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted on in an open and transparent way. A person told us "I can talk to [deputy manager] as they came this morning. I've got no complaints." A relative said, "No complaints but if I had they [the staff and management] would sort them."

- There were systems in place for complaints to be investigated and responded to.

End of life care and support:

- Staff had received training in end of life care and would jointly work with healthcare professionals, so people had the care and supported required. At the time of this inspection staff were not providing end of life care to anyone.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- This was the provider's first inspection since they had moved to a new location. On the day of our inspection the deputy manager supported this inspection as the registered manager was away from work. The deputy manager explained how the management team had worked together to promote personalised care and support. This included creating quality checks to ensure their oversight and governance of the service was as effective as it could be in driving through high-quality care.
- The deputy manager adopted a hands-on approach and with the registered manager told us they were constantly looking for ways to improve the service provided. People who used the service and their relatives confirmed the deputy manager undertook some direct care and were complimentary about the caring approach of the deputy manager. On this subject a person said, "[Deputy manager] is very pleasant." A relative said, "[Deputy manager] is a lovely person, always checks everything is okay. I would recommended them [Stone House Care and Medical Limited]."
- Staff felt supported by the management team in providing good care. Staff we spoke with told us the management team were approachable and staff were always able to contact someone if they required advice or support. A staff member said, "They [management team] are really supportive. You can contact them anytime."
- In the provider information request [PIR] the registered manager confirmed, 'Our duty of candour policy ensures that we maintain an open-door policy for both our staff, service users and significant others to easily approach us to discuss or deal with issues of concern to them without feeling unheard or condemned. We accord our service users and employees a voice that is heard by opening channels of communication at all times.' A relative confirmed this and told us they felt management and staff were, "Very approachable" and listened when they wanted to talk through additions to the support provided. Another relative also said the deputy manager had listened and acted to ensure as much as possible the same care staff provided support.

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

- The management team completed a range of quality audits to ensure they provided an efficient service. These for example included, medication, care records and spot checks. When concerns were identified, staff were consulted with and action taken. This meant improvements could be made to continue to evolve and provide a good service for people.
- The management team carried out regular quality checks of areas such as, checking people had received support with their medicines by auditing the records staff completed when assisting people. Where issues were identified in any areas of staff practices, actions had been taken to make improvements.
- Staff we spoke with told us the management team supported them, so they could develop and improve their care practices by methods such as, undertaking checks at people's homes of staff practices.
- The provider and management team understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care:

- People who used the service and relatives told us they felt involved in the services provided.
- The quality of the service was monitored by regularly speaking with people to ensure they were happy with the service they received. We discussed with the deputy manager other methods of seeking people's experiences of the care they received such as, surveys. The deputy manager told and showed us the surveys they would be sending to people to enable them to measure people's satisfaction with the care and support they received.
- The management and staff team were committed to delivering care centred around each person which respected people's diversity, personal and cultural needs.
- Staff were provided with the opportunity to share their views through going into the office and during telephone calls. The deputy manager told us as they expanded regular team meetings would be arranged.
- The deputy manager showed us the management team were responsive to the learning and improvements needed following a visit from local authority commissioners. This included improvements to care and risk plans.

Working in partnership with others:

- The management team worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.