

Feather-Stone Care Limited

Feather-Stone Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 27 and 29 March 2018. This was the first comprehensive inspection for the service.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using this service lived in one house and at the time of the inspection there were two people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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.

Improvements were required to ensure that adequate recruitment practices were adhered to and that people's medicines were given in approved ways. There were adequate numbers of staff on duty to keep people safe and people had risk assessments in place which encouraged their independence and kept them safe. Safeguarding systems were in place and the staff and management had a good understanding of how to report any concerns.

People were actively involved in decisions about their care and support needs and there were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People's nutritional and healthcare needs were regularly monitored. Staff were given regular supervision and feedback about their performance and training was used to help staff be efficient and skilled at supporting people's specific needs.

People were treated with care, compassion, and respect. Staff had an empowering and empathetic attitude to support people's personal development, and each person was supported in a way that was individual to them. People were treated with dignity and respect and staff were pre-prepared to support people if their dignity was compromised whilst out in the community. The registered manager understood the value of good advocacy and had systems available to people who required it.

People's relatives were involved in completing comprehensive assessments when people began to use the service and people's care packages were designed around each person's individual needs, styles,

preferences, and values. Care plans were regularly updated and contained accurate information. Procedures to manage complaints had been established and people and their relatives were aware of how they could do this.

Quality assurance systems were in place to help improve the service. When an area for improvement had been identified this was acted on promptly. Feedback from people's relatives was exceptionally positive and relatives commented on the great progress they had seen since their relatives had started using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Improvements were required to ensure recruitment procedures were robust and could withstand scrutiny.

Improvements were required to ensure people's medicines were provided to people in an approved method.

Is the service effective?

Good 

The service was effective.

People were supported to make their own choices about their care.

People's healthcare needs were supported by staff who understood people's requirements.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect.

People had formed positive and caring relationships with the staff that supported them.

Is the service responsive?

Good 

The service was responsive.

People had individualised care plans which reflected their care needs.

Procedures were in place to handle complaints.

Is the service well-led?

Good 

The service was well led.

The service had quality assurance systems in place to help improve the service.

Opportunities for feedback were available for people, their relatives, visitors and staff and these were considered by the management team.

Feather-Stone 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 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.

The inspection was prompted in part by notification of concerns at the service regarding historic practices that were undertaken by staff at the service. Those concerns have been brought to the attention of the Police and the local authority safeguarding team and our inspection focussed on the current practices at the service.

This inspection visit to the office and to meet the people that used the service took place on 27 March 2018, and we made telephone calls to relatives on 29 March 2018. The inspection was announced, and we gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that a member of staff would be available to support the inspection. The inspection was completed by one inspector.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we met two people in their home that used the service. We observed the interactions that staff had with people and observed their body language. We also spoke with both of their relatives on the telephone. We spoke with three members of care staff and the Registered Manager.

We looked at care plan information relating to two people, and four staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, staff rotas, questionnaires completed by relatives, staff training information, and arrangements for managing complaints.

Is the service safe?

Our findings

Improvements were required to ensure that recruitment practices were robust. The care staff employed at the service were all known to the registered manager in a professional capacity as they had previously worked together in care. All staff had been through a recruitment procedure which involved obtaining references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. The registered manager had completed a risk assessment on members of staff when pre-employment checks had highlighted issues the provider needed to consider further however further improvements were required to ensure these were robust and thoroughly addressed the potential risk. We discussed this with the registered manager who committed to reviewing the arrangements that were in place and to ensure that those risk assessments were regularly reviewed.

Improvements were required to ensure that people received their medicines safely. We saw that people were encouraged to make their own choices about their medicines and were encouraged to take them as independently as possible. However we saw that the method in which one person's medicine was administered had not been discussed with a pharmacist to ensure this was appropriate. The registered manager and director confirmed they would action this immediately.

Staff were knowledgeable about people's preferences and staff told us they supported them by ensuring these were readily available before people were given their medicines. We reviewed the storage facilities for medicines and saw that they were safe. They were kept locked at all times and were inaccessible to people who used the service. Staff completed people's Medication Administration Record (MAR) appropriately.

People were relaxed and comfortable in the presence of staff and people's relatives told us they were certain their loved ones were safe at the service. One relative said, "I have seen such an improvement with [name] since they started receiving care from Feather-Stone Care. If we go out [in the community] and [name] is unsure or anxious about a situation they feel confident going to the staff for reassurance. I know [name] definitely feels safe with them." Another relative commented, "I can see that [name] feels safe with the staff and as a result they are able to take them out to new places. They trust the staff."

People had individual risk assessments in place which identified any additional support people may need to keep them safe. These helped to enable people to maintain their independence and receive safe care. People were encouraged to maintain their independence as much as they wished and to do what they could for themselves. Staff were knowledgeable about people's risks and were flexible with the support they provided. One member of staff explained that in any new situation they were constantly risk assessing the situation but were prepared for potential eventualities.

The service had systems in place to reduce the risk of infections. Care staff received training about good infection control practices and they confirmed that they used personal protective equipment including disposable gloves when they were supporting people with any intimate personal care. Relatives commented on how people's appearance and hygiene had improved since using the service and told us that other people within their family and friends and also noticed the improvements. Staff helped people to

understand about cleanliness within their home and supported people to live in a clean environment.

Sufficient numbers of staff were available to support people with their care needs at the time they wanted it. Staff shifts were arranged to help people receive consistent care throughout their day which helped to reduce people's anxieties. Staffing rotas were planned in advance and the service did not rely on the use of agency staff. This helped to ensure the staffing team had a good knowledge of the people they were supporting.

The provider had sufficient safeguarding systems in place to help protect people from harm. Staff had a good understanding of what could be construed as abuse, and knew how to report any concerns promptly so they could be investigated. When necessary, staff had raised concerns and these had been reported and responded to appropriately. Staff were aware of how they could whistleblow on any concerns, and had an understanding of the role of the CQC and how they could contact the organisation if they had concerns.

Incidents and accidents were recorded within the service accurately. The staff told us that any learning that came from incidents or accidents was communicated well to the staff team through team meetings and handovers. We saw that the service reviewed and audited all aspects of the service and communicated any issues with the staff team to ensure lessons were learnt and improvements made.

Is the service effective?

Our findings

People's care needs were effectively assessed by the registered manager to understand the support they required. These assessments were made with people and their families and the registered manager made considerations about the care and staffing arrangements that would need to be in place to safely transition people into the service. The registered manager only took people who they felt confident they would be able to support well and they had a good awareness of when people may not be suitable for the service. The registered manager had a good understanding of the protected characteristics of the Equality Act and took action to ensure that the assessment process covered people's needs in these areas.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were. The registered manager was working with the local authority to ensure the correct applications were made for people about their care. The registered manager had completed mental capacity assessments and best interest decisions for people about aspects of their care when they were unable to make the decision for themselves. We saw that people were regularly given choices about their care and consented to how they were cared for. People's relatives were involved in deciding what would be in their loved ones best interests and the staff worked together with families to identify people's preferences.

People were supported to eat and drink enough to maintain a balanced diet and people's preferences and requests were respected. We found that minor improvements were required to people's records to show that people were regularly offered a healthy and nutritious meal. One person's relative told us "[Name] eats almost anything. They love their veg and everyone has commented on how well they look now. They've even put on some weight! They get choices about all their meals and are able to go out to restaurants, it's brilliant!" People had fruit on offer at all times and we saw that people were involved in deciding what they ate.

People's healthcare needs were carefully monitored and staff worked proactively to support people to have access to healthcare professionals. One person's relative told us, "The staff take care of all the healthcare arrangements, I don't have to worry about any of that, and they're very good at keeping me informed." People had plans in place to support them to access a doctor if they were unwell, which would help to reduce people's anxiety and the challenges a new environment may bring. We saw that staff ensured the health care professionals had accurate information about people's conditions and care staff followed up actions that were outstanding for each person.

People worked with external services to help ensure people received consistent care. This included working with the local community learning disabilities team and speech and language therapists to review the care people received at the service. The registered manager was keen to learn how they could further improve people's care and took on the advice that was provided.

People's relatives commented that they were happy with the skills of the staff and felt they were able to deliver effective care and support. One person's relative said, "They [the staff] are amazing." Staff received an induction to the service, and received training in all the key areas of care. This included amongst other topics first aid training, fire awareness and training to support people if they displayed behaviour that may harm themselves or others. Training was regularly refreshed and staff told us they felt it helped to prepare them for their roles.

Staff performance was reviewed and staff felt supported by the registered manager. Staff told us they felt they worked well together as a team and the registered manager helped out when they were needed. Staff told us that they received feedback about their performance if they could make improvements and development opportunities were provided to staff. The registered manager had plans for each staff member to have an annual appraisal, and at the time of inspection no staff had been in place for a more than a year.

Is the service caring?

Our findings

People enjoyed spending time with staff and they had been able to develop trusting relationships with them. People's relatives were positive about the staff and the caring qualities they displayed. One relative said, "I know it is a professional relationship but they treat [name] as a friend. They treat [name] as an equal and it's lovely." Another relative said, "The care, and the staff are exceptional. They are amazing."

People were treated kindly and staff respected people's wishes. One person's relative told us their loved one really enjoyed humour and joviality. We saw that staff made efforts to have fun and be silly. Staff encouraged people to spend their time doing things they enjoyed and joined in when people were having fun. Staff had a good knowledge of what made people happy and went to efforts to ensure this was the case.

The staff team had the information they needed to provide individualised care and support. They were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person's relative said, "They [the staff] always give [name] choices if [they] can understand. The staff show [name] different objects and where [name] is able to make the choice, they do." Staff treated people as individuals, and respected their wishes. Staff spoke to people in an encouraging manner and offered people choices wherever possible.

We saw that staff were aware if people became anxious or unsettled and provided people with support in a dignified and reassuring manner. People's care plans had detailed guidance for staff about how to support people when they were anxious. One person's relative said, "They are always prepared, and know what to do if it gets too much for [name]. [Name] responds so well with them. There is such trust." Staff approached people calmly, made eye contact, and linked arms with people to provide reassurance if this was the person's preference, which we saw helped to reassure them.

People's privacy and dignity were supported and respected by staff. One person's relative told us that their loved one's personal care needs were managed discretely, and in a dignified manner. Staff were prepared with extra clothing when necessary to help maintain people's dignity so they were not in soiled clothing, particularly when they were out in social settings.

People were supported to follow their beliefs and these were respected. Each person's care plan contained information about people's beliefs, or how they liked to celebrate special events and staff supported people with this. Most recently, staff had given people the opportunity to create a Mother's Day card for their family members.

The registered manager took action to ensure that people's families were involved with people's care. There were contact details available within people's home of independent advocacy organisations that could further help support people and their families if required. An advocate is a trained professional who

supports, enables, and empowers people to speak up. People's relatives told us they felt fully consulted and involved in their loved ones care.

People were able to maintain relationships that were important to them and staff went out of their way to ensure people's time with their relatives was as successful as possible. People's relatives told us that they were able to visit people in their home or take their loved ones out with staff support if they wanted it. Staff enabled people to visit their families in their homes if that was their preference, or attend family events, such as weddings. The registered manager travelled to new venues to complete detailed preparations and risk assessments for pre-planned events to help ensure people had the best opportunity for a good time with their loved ones.

Is the service responsive?

Our findings

People and their relatives had been involved in the planning of their care. The registered manager already had a good understanding of each person's needs before they began using the service and used this to help ensure their preferences could be met. One person's relative said, "[The registered manager] already knew [name] really well and that was why we wanted to use [this service]."

The registered manager was in the process of redesigning an assessment tool to help assess people's needs before they began to use the service. This would ensure that each element of people's care was fully considered before they began to use the service. This would be particularly important for people that were not previously known to the service. The registered manager confirmed that part of the assessment involved gathering as much information as possible from everybody involved with the person and their care needs to ensure it was as accurate as possible.

Plans of people's care had been developed when people had first moved into the service. They were comprehensive and included personalised information in them. Each care plan gave staff information about people's backgrounds which impacted on how they liked their care, and gave staff an insight into people's healthcare conditions. People's care plans recorded people's preferences but reflected that people were able to make their own choices. People's care plans were reviewed regularly. Each care plan recorded when the next review would be due. Care plans were accurate and reflected people's current care needs.

Staff spoke about people in a way that demonstrated they had a good knowledge of people's preferences. They knew people's individual routines, likes and dislikes and preferences. A staff member explained, "We have got to know the people here really well. They've made so much progress; you wouldn't believe how they were this time last year." Staff were proud that people's health and independence had improved and people were enjoying new experiences. People were able to choose activities they enjoyed. For example going out for a walk or eating out at a restaurant.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read or pictorial format if this was their preference, or if this was not available staff communicated to people so they could understand.

A formal complaints process was in place and this was available for people and their relatives to review. At the time of inspection, no complaints had been made. We spoke with people's relatives about the complaints procedures and they confirmed they understood they could make a complaint if they wished. One person's relative said, "If I did have any problems I know I could talk to [the registered manager] or any of the staff and it would get sorted out. I don't think I'd need to make a complaint."

Is the service well-led?

Our findings

There was a registered manager in place. 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 and their relatives, and staff had respect for the registered manager and told us they were approachable. One relative said, "[The registered manager] always listens to us and lets us know how things are going. They are definitely approachable." We saw that people responded positively to the registered manager and were comfortable when they were around. Staff told us they felt they could share new ideas or talk about people's care with the registered manager and they would consider and act on their views if necessary.

The staffing team communicated well together and there was an open culture within the service. All the staff we spoke with felt positive about working at the service, and told us they had good support from management. One staff member said, "It's quite a small service and we all get on. We all just want the best for the people that live here."

The provider had quality assurance systems in place to monitor the quality of the service. The registered manager completed monthly audits which reviewed the service. They examined all aspects of people's care and of the running of the service. We found that when the audits had identified further improvements needed to be made, these were actioned promptly. For example, the registered manager had identified that improvements could be made to the way staff recorded people's nutritional options and this was communicated to staff and implemented swiftly.

People, visitors and their relatives, and staff were able to provide their feedback about the service. Surveys and questionnaires were utilised to give people the opportunity to give feedback about the service. The feedback received to date had been positive and gave little room for improvement. One comment stated, "Exceptional team who provide exceptional care. Their understanding of complex needs is outstanding and I now have a [relative] who is well cared for and who can positively access the community. My [relative] now has a life full of possibilities."

The provider was aware of their legal duty to submit notifications to the Care Quality Commission (CQC), and was committed to doing so. The registered manager recognised that they had failed to notify the CQC about one incident that had occurred and this had been an omission as all information had been clearly recorded and notified to other required parties. They committed that they would send this to the CQC promptly. A notification is information about important events that the service is required to send us by law in a timely way. There had been no other incidents we could see that would require any CQC notification but the registered manager had a good understanding of the requirements and when to do so.

The registered manager was keen to work with stakeholders and external agencies to help improve the

service. The service was in communication with health and social care professionals to ensure the best support for each person. The service worked openly with people in sharing information accurately, confidentially and promptly, to ensure people's safety and quality of care.