Stay At Home Care Limited

# Stay at Home Care Limited

## 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

Stay at Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Stay at Home Care Limited specialises in proving live-in care. At the time of the inspection the service was providing care for four older people including people living with dementia in Kent, Yorkshire and Lincolnshire.

The inspection was carried out on 5 July and was announced. This was the first inspection to the service since it registered with CQC on 4 September 2017.

The service was run by a registered manager who was present at the inspection visit to the office. 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 relatives told us they trusted staff and felt safe. Staff had received training in how to safeguard people and how to follow the service's safeguarding to keep people safe.

Assessments of potential risks in the environment and with regards to people's health and welfare had been carried out and strategies put in place to protect people from avoidable harm.

Comprehensive recruitment checks were in place for new staff. People had their needs met by regular staff who were available in sufficient numbers.

Staff had been trained in the safe management of medicines and followed the provider's medicines policy.

People's health and nutritional needs were monitored and people were encouraged to eat and drink to maintain good health.

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.

An induction programme was in place for new staff and there were systems in place to make sure staff training was refreshed on a yearly basis. Staff felt well supported through regular communication with the registered manager.

People were supported by a member of staff who had been matched as compatible. Staff knew people extremely well as they spent their day together and so could quickly respond to any changes in their well-being. People and relatives said staff were kind and caring and that people could make their own choices and decisions.

People's needs were assessed before they were provided with a service and care plans gave guidance to staff about how to care for each person's individual needs and routines. People had a live-in member of staff who continuously supported them for several months and therefore got to know the persons preferences, preferred routines and individual character.

People and relatives knew how to make a complaint but said that they had not needed to.

Feedback was that the service was well- run. The registered manager communicated effectively with staff and family members to monitor people's health and wellbeing. Staff said they received excellent support and that this helped them to support people in the best way that they could. There were systems in place and being further developed to check that care was responsive and safely delivered.

## 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's medicines were managed safely.

There were procedures in place to enable staff to recognise and respond to the signs of abuse.

Checks were carried out on staff to make sure they were suitable for their role and they were employed in sufficient numbers to meet people's needs.

Risks associated with people's care had been identified and staff followed appropriate guidance to help keep people safe.

### Is the service effective?

Good

The service was effective.

Staff received the supervision and training they required for their role and knew how to follow the principles of the Mental Capacity Act 2005.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

People were supported to access healthcare professionals when required.

### Is the service caring?

Good

The service was caring.

Staff were matched with people who had similar interests. Staff knew people's preferences, life histories and things that were important to them.

People were supported by staff who were kind and caring and treated them respectfully.

People were enabled to make daily decisions and choices.

## Is the service responsive?

Good

The service was responsive.

People were involved in developing a plan of care which guided staff in how to care for them in an individual way.

Staff were knowledgeable about people's daily routines and preferences.

People and relatives felt confident to raise any concerns with the provider and that they would be acted on.

## Is the service well-led?

Good

The service was well-led.

Monitoring systems were in place and being continuously developed to monitor and assess the quality of service people received.

People, their relatives said the service was well-managed and that they would recommend it to other people.

People benefitted from being cared for by a staff team who felt well supported.

# Stay at Home Care Limited

**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 checked 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.

We gave the service 72 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. This announced inspection site visit took place on 5 July. The inspection team consisted of one inspector. We visited one person in their own home and spoke with two people's relatives on the telephone to gain their views and experiences.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also 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 spoke to the registered manager, administrator and two live-in care staff. We viewed several records including four care plans; medicines, complaints and quality assurance policies; three staff recruitment files; staff training records; health and safety records; and quality and monitoring audits.

Good

# Is the service safe?

## Our findings

People and their relatives said the service was safe. People said they trusted the staff who supported them and relatives said that they felt their family member was in safe hands. One person told us, "I feel safe. My carer is always around and at night I can push this button here if I need her". A relative said, "She is completely safe. She is well looked after".

The provider had policies in relation to safeguarding and whistleblowing. These set out how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority and other professionals as appropriate. The contact details of the local safeguarding authority where each person lived were available to staff and the provider was contacting each local authority to make sure they had a copy of the local safeguarding protocols. Staff had received training in how to safeguard people. They demonstrated they knew people well and understood the importance of reporting changes in a person's mood or behaviour. For example, when a person had fallen staff had recorded when and where a bruise had developed so that there was a clear explanation as to its occurrence. The registered manager was aware of their responsibility to liaise with the local authority safeguarding team if any concerns were raised to help keep people safe.

Systems were in place to identify and reduce any risks to people. Before a person received a service an assessment of any risks in the environment was undertaken to identify potential hazards in the home such as uneven surfaces or appliances. Individual risks were assessed with regards to their health and wellbeing such as their risk of falling, not having sufficient to eat or drink or choking and developing a pressure ulcer or chest infection. Where a risk had been identified, guidance was available to staff detailing how to minimise the risk. Each risk had been rated to alert staff to the potential impact on people. For people at risk of falling, staff support and equipment they needed to transfer or move around their home had been identified. For people at risk of becoming constipated guidance was in place about offered and encouraging regular drinks and specific types of food as part of a balanced diet. Staff understood the importance of supporting people to promote their independence and how to balance this with minimising risks to their health and safety. Information about equipment people used was available so that the relevant organisation could be contacted to make sure it remained in good working order.

A comprehensive recruitment and selection process was in place. Applicants completed an application form and Curriculum vitae (CV) which detailed their full employment history. Checks were undertaken including two references, their identity, right to work in the UK and Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. Most applicants lived overseas so checks were made in their country of origin and they were interviewed either face to face or via a computer link on the internet. All these checks helped to minimise the risk of people unsuitable people being employed by the service.

The provider had an on-going recruitment programme to ensure there were enough staff available to support people. Staff acted as a person's live in carer for extended periods of time to give the person consistent support. People and their relatives were informed of the time a member of staff would provide

support and staff extended leave was planned in advance so an alternative, suitable member of staff could be provided. Before the service commenced, people and their relatives were given information about staff breaks and time off and how this could be managed so that people who required it received support throughout a 24-hour period. Staffing levels were flexible and could be increased in response to people's changing needs.

Staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager reviewed all accidents and incidents to identify if there were any patterns or trends which required further investigation and action. As staff supported people for a consistent period they had a good overview of any significant changes such as if a person had had an increased number of falls. When this had occurred, people had been referred to the falls clinic and their care plan updated with the guidance given.

The provider's medicines policy set out guidance about the safe storage, disposal and administration of medicines. This included the importance of gaining a person's consent before administering medicines and the differences between staff prompting or assisting people with their medicines.

Staff who gave medicines had received training in administering medicines and medicines records seen in people's homes confirmed that people were receiving their medicines as prescribed by their GP. Each person's ability to manage their medicines had been assessed and a list of their medicines and what support they required was recorded in their plan of care. This included where their medicines were kept, who was responsible for ordering their medicines and any allergies. Where people had been prescribed non-medicated creams, details of where they should be applied to maintain healthy skin was available to staff. People prescribed 'taken as needed' pain medicines could tell staff when they required them.

Good

# Is the service effective?

## Our findings

People and relatives said that staff had the right skills and experience to support the people in their care. One person told us, "My carer has the right skills to look after me. She is always around when I need to reach something for me or to get something". One relative said, "The carers have the experience and knowledge they need and are very well qualified". Another relative told us, "Staff are very experienced. Mum has dementia and they are all experienced in dementia care". Feedback was that the registered manager visited the person and their family members before they started to receive a care package. Relatives said that this assessment was very comprehensive and included a full discussion of their family member's support needs. They said that this meant that staff knew how to support their relative when they first started to do so.

An in-house induction programme had been developed for new staff which included training essential to their role such as moving and handling, safeguarding and health and safety. The programme could be tailor made to the individual needs of the person they were supporting to include catheter care and supporting people living with dementia and who had difficulty with swallowing. All staff had completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Systems were in place to make sure staff received refresher training yearly so that it could be assured they maintained the skills and knowledge they required for their role. When new staff were introduced to support a person, a handover protocol was used so that important information about the person's support needs was effectively shared between relevant staff.

The provider's policy was for staff to receive two formal supervisions each year and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. People's views about the quality of support they received was gained at care reviews and this information was used as a basis for the staff supervision process. The registered manager telephoned staff each week and staff said this gave them the opportunity to discuss any issues or concerns they may have. Staff said they felt well supported which gave them the confidence to work unsupervised. One staff member described the registered manager as, "Always available. I phone and they are there to answer. They are quick to respond and clearly on the ball. It makes a huge difference to have good backup".

People said they received the support they required to access health care services when they were required. One person told us. "I can ring the doctor myself if I need one, but my carer reminds me to do things like make appointments when I need to". The support and assistance people needed to maintain their health was included in their care plan and included skin care, oral care and mobility. The provider worked in partnership with other health care professionals and acted on their advice. This included encouraging people to take part in specific exercises and when supporting people with their personal care. Relatives told us that they were informed of any significant changes in their family member's health. One relative told us that staff had contacted medical assistance in a timely manner when it had been required.

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. For people who had difficulty swallowing staff said they provided a soft diet and cut their

food into manageable portions. Staff demonstrated that they understood the importance of encouraging people to eat and drink regularly to remain healthy. One person told us, "I don't always feel like eating. My carer gives a few menu suggestions about what I can eat and I choose one of those. That makes it easier for me". A record was made of what people ate and drank and staff keep a discrete eye on people's weight so that professional advice could be sought if there were significant changes.

The registered manager and staff understood their responsibilities to work within the requirements of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. We checked whether the service was working within the principles of the MCA. Applications must be made to the Court of Protection in order to legally deprive people of their liberty. Where a person's family member or representative had made such an application, the service had taken steps to check the authenticity of this documentation. People's mental capacity had been taken into consideration when planning their care needs. Staff understood that people had the capacity to make day to day decisions and that this may fluctuate as sometimes people came confused. When this occurred, staff gave people simple explanations to help them understand and had acted in people's best interests.

Good

# Is the service caring?

## Our findings

Everyone told us that staff were kind and caring and that people were treated with respect. One person told us, "We laugh quite a lot together. We often have conversations about personal things and we laugh about it". Relatives said that staff knew people well and described the relationship between people and carers as positive and genuine. One relative told us, "Staff are very fond of mum. It feels like they do the job because they like doing it. It is not just a job to them". Another relative said, "The service does what it says on the tin. It is caring for people and caring about them".

Information was obtained about people and staff and this was taken into consideration when matching them. This included people's likes, dislikes, personal history and hobbies and staff's experience, interests and skills. People and their relatives were given a staff members profile to help decide whether they would be suitable and compatible. One relative told us, "We were given the allocated staff's details beforehand. They looked ideal on paper and they are". Staff were knowledgeable about people's individual characters, how they liked to spend their time and what was important to them. This meant that people received personalised and individual care.

People were involved in decisions about their day to day care and encouraged to be as independent as far as possible. People had been consulted about their daily routines such as what time they like to get up and go to bed, at what time they liked to eat their meals and any activities they enjoyed. A record had been made of this preferred routine and which aspects of their care people were able to do for themselves. People's characteristics were described in a positive way which meant that they were valued. For example, for once person it had been recorded that they had a wonderful sense of humour, could chat on a range of subjects and liked to help do the crossword in the newspaper.

The provider had policies and procedures in place with regards to making sure people were treated with equality and that their diversity was respected. People were given information about the service and it was explained to them in a way could understand before they started to use the service. Information about advocacy services was available and people were reassured that they would be supported to access them if they were needed. An advocate is an independent person who helps people express their needs and to get the care and support they need.

Good

# Is the service responsive?

## Our findings

People and relatives indicated that the service was responded to people's individual needs. One person said that they had not been able to get out of their home as they had difficulty walking and that this was frustrating for them. Their carer had contacted a local charity and obtained a wheelchair, which meant that they could go out for walks together. A relative told us that staff had encouraged their family member to seek treatment in relation to their medical condition. They said that this had had a positive impact on their wellbeing. "Staff have brought valuable experience with them about caring for people with dementia. As a result, she is now more switched on and can have a conversation. There has been an invaluable improvement in her quality of life".

Care plans included all aspects of the person's health, social and personal care needs. They contained information about people's daily lives including, communication, dressing, oral hygiene, nutrition and moving and handling. Care plans contained detailed information to give a clear and full picture of each person's character and needs. For example, when people had stated they liked to watch television, the particular programmes that they enjoyed was recorded. This information helped staff to provide care and support in a way that was specific to the person. People's care was monitored through weekly telephone calls with the main carer and through home visits. Records of weekly checks demonstrated that the registered manager had a good overview of people's physical and social needs. They included a review of how people were eating and drinking, any changes in their mobility, when people were unwell and if medical advice had been sought and how people were spending their time.

The provider had policies and procedures in place in relation to end of life care which included contacting other professionals for advice such as in relation to pain relieving medicines. Where a decision had been made about whether people wanted to be resuscitated this information was easily accessible to health care professionals to ensure people's wishes were acted on. Staff had received training in how to support people at the end of their lives. It was clear from people's care plans that they wanted to remain in their own homes at the end of their lives. The registered manager told us that they would contact people to gain more detailed information about people's choices and preferences at the end of their lives so they could be supported in a personalised manner.

People and their relatives told us that they knew what to do if they had any worries or complaints about the service. People who had raised concerns said that they had been listened to and acted on so that they had not needed to raise a formal complaint. A relative told us, "I did have a concern and I referred it to the manager and asked her to sort it out which she did". The provider had a complaints policy and procedures which set out how people could make a complaint and the action the service would take to investigate their concerns. The provider updated the complaint policy immediately after the inspection to include details of the Local Government Ombudsman (LGO) and sent a copy to each person. People have a right to contact the LGO if they are not satisfied with how the provider has responded to their complaint.

Good

# Is the service well-led?

## Our findings

People and their relatives said the service was well managed. They said that they had been recommended the service by other people and that in return they had recommended it to others. One person told us, "I would recommend the service as it is efficient and caring". A relative said, "I found out about the service through word of mouth. I would recommend it and I have done so. We have been very happy with it and it has all worked well". Another relative told us, "I would recommend the service as we have been through other options and having a live-in carer is the nicest possible way to be looked after in your old age".

Staff understood the aims and values of the service and how to put them into practice. These were to support people to live in their own homes whilst maintaining their independence, well-being and life-style. Staff were aware of their roles and responsibilities and confident they received the support necessary to do so. As a result, staff felt valued and proud to work for the service. The registered manager had acted as a strong role model and had supported people with their care to cover short periods when a person's main carer was not available. People, relatives and staff said the registered manager was available and responded quickly when they contacted them. A relative said, "I know they are there if I need them and another family member keeps in regular contact". A staff member said, "I would recommend working for the service as it is very supportive. The manager has supported me with any problems. They have a lot of empathy".

The provider worked in partnership with other health care professionals such as occupational therapists, podiatrist and district nurses to meet people's health care needs. The registered manager had developed a working relationship with a local domiciliary care agency to share best practice. They informed us of their intentions to join an organisation which provided support for independent care providers. This was to work effectively with other managers to learn new ways of working and help make improvements for the benefit of the people who used the service.

Feedback from people and their relatives about the quality of the service was sought through telephone checks, review visits and survey questionnaires. A relative told us, "The manager asks me for my views on how things are going with my relative's care". Weekly telephone calls gave the registered manager a comprehensive overview of people's health and wellbeing. At review visits people were asked about their overall satisfaction with their care, if they had any concerns, if their carer was compatible and if they had the equipment and access to health care professionals that they required. People were also sent a survey questionnaire which sought their views on food provided, cleanliness of their home, if they were treated with courteously, if their care needs were met and if communication was effective. Feedback to date had been very positive.

There were systems in place to assess and monitor the quality of the service. This included reviewing records in relation to people's health and welfare, accidents and incidents and staff training. The registered manager had observed staff supporting people to assess their competency and was devising a standard way to record these spot checks. They demonstrated their commitment to continuously learning to help develop and improve the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider understood when to submit notifications to CQC in line with guidance.