

Home Group Limited

Stonham Bradford

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

Stonham Bradford provides support within the domestic environment and wider community to enable people to live independently in their own homes. At the time of this inspection the service supported seven people with personal care. Most people who used the service were adults who lived with a learning disability but the agency also provides care and support to older people, younger adults, people living with a physical disability and people living with mental health problems.

We inspected Stonham Bradford on the 21, 28 July 2017 and 4 August 2017. We announced the first day of inspection 48 hours prior to our arrival to make sure the registered manager would be available.

Our last inspection took place on the 7 and 8 December 2015 and at that time we found the service was not meeting one of the regulations we looked at. This related to safe care and treatment and the overall rating for the service was required improvement. This inspection was therefore carried out to see what improvements had been made since the last inspection.

There was 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.

We found staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. Staff told us the training provided by the agency was very good and they received the training and support required to carry out their roles effectively.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Staff were aware of people's needs and followed guidance to keep them safe.

The feedback we received from people who used the service or their relatives about the standard of care provided was consistently good and people told us staff were reliable and conscientious.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and the information provided enabled them to carry out their role effectively and in people's best interest.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness and respect and promoted people's independence and right to privacy. People received care that was personalised to meet their needs. People were supported to maintain their health and received their medicines as prescribed.

There were a sufficient number of staff employed for operational purposes and the staff recruitment process ensured only people suitable to work in the caring profession were employed.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Leadership within the service was well structured, open and transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives and staff were complimentary about the management team and how the service was run.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

The staff recruitment and selection procedure was robust and there were appropriate staffing levels to meet the needs of people who used the service.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had a general understanding of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were treated as individuals and wherever possible were involved in planning how they wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

People and staff told us the registered manager was open and approachable.

Senior management created a culture of openness that made staff and people who used the service feel included, valued and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Stonham Bradford

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.

We visited the provider's offices on 21 and 28 July 2017 and 4 August 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. At the time of inspection the service was only providing care and support to seven people.

During the visit to the provider's office we looked at the care records of three people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. We also spoke with one person who used the service, the registered manager, the business contract manager and four staff members.

Following the visit to the provider's offices we carried out telephone interviews with two relatives and one person who used the service. We also visited two people who used the service and spoke with a further two staff members.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the Local Authority Commissioning Unit.

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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

At the last inspection we had concerns medicines were not always managed in a safe and proper way. This was because we were unable to establish from the documentation we looked at if people received their medicines as prescribed and there were no protocols in place for medicines prescribed as and when required [PRN].

On this inspection we found improvements had been made and there was a clear audit trail to show what medicines had been administered and at what time. We also found protocols had been put in place for medicines prescribed on an 'as and when required' (PRN) basis which provided guidance to staff on the circumstances under which the medicines may be administered.

We saw the service had a local medication procedure in place which was used in conjunction with the organisations medication policy. We saw the procedure made it clear only staff that had completed appropriate training and had undergone a competency check could administer medication. This was confirmed by the staff we spoke with.

We saw comprehensive medication support plans were in place which included information to staff on the medicine prescribed, any possible side effects, how to store the medicine and the level of support people needed to take their medicine. The plan also indicated if it should be read in conjunction with other healthcare support plans for example if the person had been diagnosed with epilepsy or asthma.

We saw the registered manager carried out monthly medication audits which included the checking the MAR had been completed correctly and people's medication support plans were up to date and provided accurate and up to date information. In addition, the registered manager told us the care co-ordinators visited people on a monthly basis to ensure they were happy with the care and support provided and always ensured medicines were being administered as prescribed. The registered manager confirmed that staff always gained people's consent before they administered medicines and did not administer medicines covertly.

However, during the visit to one person who used the service we found one inaccuracy on the MAR in place. This was discussed with the business contract manager who addressed this matter immediately.

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to detect different types of abuse and the reporting procedures. The service also had a whistle blowing policy for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy. People who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

Information provided by the registered manager in the provider information return [PIR] showed that safeguarding was discussed at team meetings and during one to one supervision meetings with individual staff members. This was evidence through our discussions with staff and the documentation we looked at.

In addition, the PIR showed an annual Safeguarding review was completed to highlight trends, best practice and areas for improvement.

The staff we spoke with were aware of how to detect signs of abuse and of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We saw financial transactions sheets were in place if the staff spent money on behalf of people who used the service. The registered manager confirmed that once completed these were returned to the office for audit purposes. However, we found some indication in the daily records for one person that staff were shopping for them without a transaction sheet being completed. Although the person was happy with this arrangement we recommended to the business contract manager that if staff were shopping on their behalf a transaction should be put in place to safeguard all parties. Following the inspection we received written confirmation this matter had been addressed.

The registered manager confirmed the agency employed sufficient staff for operational purposes and staff recruitment was on-going. The staff we spoke with told us they sufficient time on each visit to carry out the level of support people required and the systems in place allowed people's needs to be reassessed if staff felt the time allocated was insufficient to meet their needs. This showed us the registered manager and staff were proactive in ensuring people received appropriate care and support.

The people we spoke with told us that the service was reliable and staff arrived on time and always stayed the correct length of time. The provider also operated a support system for staff whereby they logged into and out of all visits using their mobile phone which helped to ensure visits were not missed.

We saw recruitment and selection procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The registered manager told us wherever possible people who used the service were involved in the recruitment process and this was confirmed by the staff we spoke with. This showed us people were involved in all aspects of service delivery and their views and opinions were valued.

We saw since the last inspection the organisation had introduced an on-line recruitment system which streamlined the recruitment and selection procedure. We looked at how the last two new employees had been recruited and found all relevant checks had been carried out prior to employment.

The staff we spoke with told us the recruitment process was thorough and said they had not been allowed to start work before all the relevant checks had been completed and satisfactory references received. One person said, "I attended an interview and was not allowed to work until the agency had completed all the background checks which is exactly how recruitment should be done. Other places I have worked have tried to short cut the system which I feel puts people at possible risk."

We saw risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in relation to keeping people safe. They told us if they noticed any new areas of risk they took immediate action to minimise the risk. They then informed the registered manager or a care coordinator who arranged for a thorough risk assessment to be carried out and the support plan updated. We saw risk assessments covered such areas as mobility, medication, infection control and the

environment. Our review of the risk assessments and discussion with staff led us to conclude the service had got the balance right between managing potential risk and promoting people's freedom of choice and independence.

Is the service effective?

Our findings

The registered manager told us the organisation was committed to providing staff with the training they required to carry out their roles effectively and that all new employees completed induction training prior to working alone. The registered manager also told us new staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

In addition, we saw all new employees always shadowed a more experienced member of staff for at least a two week period or until both they and the registered manager felt they were confident and competent to carry out their roles effectively and unsupervised. This ensured new staff had a good practical understanding of how to meet people's needs before providing care visits independently. People told us if a new staff member visited they always came with an experienced person and were introduced to them. One person said "If they send new ones (carers) they always double up with an experienced carer. They are good at that and make sure the new staff are up to standard."

The registered manager told us the organisation had a positive attitude to staff development and actively encouraged staff to complete additional training topics they were particularly interested in. The staff we spoke with told us the training provided by the agency was very good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the registered manager. Supervision meetings provided a regular formal opportunity for staff to reflect on the practices, share information about any observed changes in people's needs and to discuss personal development opportunities. In addition, we saw staff also had an annual appraisal which looked at their overall performance at meeting the five key questions asked by the Commission [CQC] at every comprehensive inspection which are; is the service safe, effective, caring, responsive and well led? The staff we spoke with told us supervision and appraisal meetings were very useful and informative. They also told us they were able to contact the registered manager at any time if they had concerns or had something to discuss.

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 when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principles applied to their role and the care the agency provided. The registered manager confirmed no Deprivation of Liberty Safeguards [DoLS] applications had

been made to the Court of Protection.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences. The training matrix provided by the registered manager showed staff had received training on the MCA and DoLS and the staff we spoke with confirmed this.

The registered manager confirmed that if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of an assessment of their care needs. Where people were supported with meals we saw this was included as an individual goal within their support plan, which meant staff recorded the support they provided on each visit. The daily records we looked showed staff had discussed food choices with people and promoted healthy eating. People who used the service told us that where meals were provided the staff always asked them about their individual preferences and choices.

The staff we spoke with told us if they had any concerns about a person not eating they would report it to the manager or the family. One staff member told us, "I know the people I am looking after, and if I had any concerns about any of them, I would speak with the manager and family so that their health did not suffer by not having sufficient to eat and drink."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate.

Information provided in the Provider Information Return [PIR] showed if required, people were assisted to attend medical appointments where it was felt they may need additional support to understand the information they received. Following the appointment their support plan would be updated to reflect any changes to their care, support and treatment. The staff we spoke with confirmed this and told us they had a good working relationship with other healthcare professionals.

Is the service caring?

Our findings

The feedback we received about the quality of care and support provided was consistently good. People who used the service and/or their relatives told us that the staff were caring and they usually had the same carer or team of carers providing their care and support. For example, one relative said, "I am very happy with all the staff that support [Name of person]. Both [Name of person] and I have built up a good relationship with them and look forward to their visits" Another person said, "I like the staff, they help me and make sure I have everything I need."

The registered manager demonstrated an understanding and detailed knowledge of all the people supported by the service. They spoke about the importance of people being supported by staff who knew them well and who they had been able to form positive and trusting relationships with. One staff member said; "There is no way would they send me to support someone I hadn't met or shadowed with before. [Name of manager] would not allow it to happen." This demonstrated continuity and the development of good relationships was a key feature of the service.

The agency had a policy on ensuring equality and valuing diversity and the staff we spoke with said that this was covered during their initial training. The routines, preferences and choices of people were recorded in their care records and the staff we spoke with demonstrated a good awareness of their individual needs. The relatives we spoke with told us that care staff understood people's needs and their preferences and always acted in their best interest.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

People were actively involved in decisions about their care and treatment and their views were taken into account. People's care and support needs were discussed with them so that they could develop a support plan that was person centred and tailored to their needs.

We saw support plans outlined people's individual goals which were person centred and focused on ensuring they maintained their independence and improved their daily living skills. Each goal had been developed in consultation with the person and/or their family and staff reported on the progress made to achieve the goal every time care and support was provided. The people we spoke with confirmed that they had been involved in planning their care and support and care and support was always delivered in line with their assessed needs.

A relative told us, "I was involved in what [Name of person] needed and still am, I am involved every time there is a review and the agency work with me to ensure their needs are met." The care records we looked at showed the focus was to ensure people's preferences were met and changes made when required. For

example, we saw one person's care plan had changed to reflect they now required additional support to enable them to retain their independence.

The people we spoke with and their relatives told us when staff provided support people were always treated with dignity and respect. One relative said, "What I like most is the fact is that staff ensure that [Name of person] dignity is maintained, and respected when they assist them with personal care. I have no worries, staff are respectful, kind and considerate, a credit to the agency." Another relative said, "The staff are all lovely and could not be more kind and caring."

The agency had a policy on maintaining confidentiality which confirmed that the sharing of information would be restricted to staff within the service and other relevant professional if required. Staff told us they understood and respected confidentiality. Comments included; "We only share information on a need to know basis", "We do not take confidential calls in public" and "We do not discuss the people we support with anybody else apart from professionals with their consent". The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately. They said that maintaining confidentiality at all times was an important part of establishing a trusting relationship with staff.

Is the service responsive?

Our findings

The relatives we spoke with told us they were provided with sufficient information about the agency and the range of services they offered during the initial assessment visit. One person said "The information I received was really useful and allowed me to make a decision about whether or not I used the agency."

The registered manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit, a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

People also told us that the service they received was flexible and based on their changing needs. One relative said, "The staff are very good and will go out of their way to assist you if they can." Another person said, "The staff are excellent and look after [Name of person] very well." All the people we spoke with confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

The support plans we looked at showed they had been developed in close consultation with people who used the service and/or their relatives. This helped to ensure their individual needs were met. All the staff we spoke with spoke respectfully and with warmth about people who used the service. They were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They knew people's likes and dislikes and things that were important to them.

We saw staff were provided with details of the level of support the person normally required during each planned visit and guidance on supporting people to be as independent as possible. Staff told us the support plans were well organised, accurate, up to date and full of useful information which enabled them to provide safe, effective and responsive care. Comments included, "The support plans are all good and well laid out. It is easy to find the information you need," "The support plans are very detailed" and "People's care plans are under constant review and always updated if there are any significant changes in people's needs."

People were supported to maintain and develop their independence. Staff worked with people according to their needs on any one day and adapted how they supported people to enable them to do as much as possible for themselves. For example, staff had identified that one person engaged with them better during the lunchtime visit than in the morning. Therefore following discussions with the person and the registered manager they intended to reduce the visit time in the morning and spend more time with them later in the day when they were more alert. This demonstrated the support was built around the needs of the person and adapted accordingly.

We saw the provider had produced the complaints procedure in an easy read pictorial format which showed

they worked on the principle that everyone should be able to access the complaints procedure easily. The registered manager told us they had a proactive approach to managing complaints and was always available to talk to people and deal with any concerns as soon as they arose. They told us they welcomed and encouraged people to raise concerns with them at an early stage and looked upon complaints as an opportunity to learn and improve the quality of the service provided. We saw one complaint had been received since the last inspection and this had been dealt with appropriately.

The people who used the service and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One relative said, "I have never had to make a complaint but I am aware of the procedure and would contact the manager if I felt the need to do so." Another person said, "I have nothing to complain about but I would ring [Name of manager] if I had."

Is the service well-led?

Our findings

The people and/or their relatives we spoke with told us the registered manager and care co-ordinator were approachable and they were always able to contact them if they had a problem. One relative said "I speak with [Name of person] the manager or [Name of person] care co-ordinator on a regular basis and have never had a problem getting hold of them if I need to discuss anything." People told us they were kept informed of any changes that may impact on service delivery and information relating to the management of the service and the policies and procedure in place were made available to them in an easy read pictorial format.

The registered manager told us the provider, Home Group Limited had an organisational structure which ensured registered managers were supported in their role by senior operational staff and there were clear lines of accountability. They also told us they could draw on the skill and expertise of other key people within the organisation including the business contract manager, training manager and human resource staff. This meant the service was managed effectively and in people's best interest.

The registered manager promoted a clear vision of the service's values. They told us, "We are all working really hard to continuously learn and improve. We put the people at the centre of what we do and try to give them the best service possible." The registered manager was committed to their role and kept themselves updated with current guidance and legislation through a combination of local provider groups, updates from professional bodies, internal support and training from the provider.

The staff we spoke with understood these values and shared the registered manager's motivation and enthusiasm in driving continuous improvement. One staff member said, "We do the best we possibly can for people and try hard to provide quality care and support at all times." Another staff member said, "It's a really great organisation to work for, they provide all training and equipment we need to carry out our duties and there is always plenty of help and support at hand if you need it." They described a culture where they felt able to speak out if they were worried about the quality of the service provided or people's safety. This helped to create an environment where staff felt valued because they felt part of a team that shared common work ethics.

Staff were aware of their roles and responsibilities and told us that there was a strong emphasis on training and looking for ways to improve care delivery. They were aware of the arrangements in place for contacting senior management out of hours and staff told us that the on call phone was always answered to ensure that staff were supported to maintain people's safety and well-being.

Staff told us there were good communication systems in place and regular team meetings were held where staff could raise concerns and discuss issues. Staff also used a communication book and daily logs to update each other on any changes in individual people's needs. One member of staff said, "We have regular team meetings where we discuss issues relating to people's care and support, training and how we can improve the service. The communication within the team is really very good." Another person said, "This is an open and honest organisation to work for. We can discuss things with the manager or at team meetings without feeling awkward."

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service both in the office premises and on their website and we found the service had also met this requirement.

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of this. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care people received. These included the registered manager carrying out a monthly file audit to ensure all the documentation relating to the care and support people receive is in place and provides accurate and up to date information. The registered manager told us this ensured any concerns were quickly highlighted and addressed.

In addition, the registered manager told us the people who used the service were contacted on a regular basis and their feedback was seen as an integral part of the quality assurance monitoring process. For example, we saw it was the organisations policy that a care co-ordinator visited people on a monthly basis to ensure they were happy with the care and support they received and all documentation had been completed correctly. In addition, people who used the service and/or their relatives were invited to complete survey questionnaires and the information provided was used to improve service delivery.

The registered manager told us the audit and survey results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented if required.