

PennyEmberton/Gemini Care

Stanwardine Grange

Inspection report

Stanwardine
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stanwardine Grange is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of this inspection 13 people were receiving support with personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe with the staff who supported them. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, assessments were in place to manage and mitigate these. People received their medicines when they needed them. People were supported by adequate numbers of staff who were safe and competent to work with them. People were protected from the risks associated with the control and spread of infection.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were understood and protected. 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. People's health care and nutritional needs were monitored and understood by staff.

People and their relatives told us staff were kind and compassionate. People were treated with respect and their right to privacy was understood and respected by staff. People were fully involved in decisions about the care they received.

People received a service which met their needs and preferences. People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs. People felt confident that any concerns would be taken seriously, and action would be taken to address them. People could be confident their wishes during their final days and following death were understood and respected by staff.

The service was effectively managed by a team who were committed to providing a high standard of person-centred care. The provider promoted an open and honest ethos and learned from mistakes. Staff were motivated and well trained and there were effective systems to ensure staff remained competent in their role. People's views about the service were valued and there were effective procedures in place to continually monitor and improve the quality of service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated good at our last inspection (report published April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Stanwardine Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector. An expert by experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that someone would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started on 23/09/2019 and ended on 24/09/2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care

provided. We spoke with eight members of staff which included the provider, manager, deputy manager, senior care staff and care staff. care staff and senior care staff. We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were considered and there were plans in place to manage and mitigate risks. These included environmental risks, moving and handling, falls and skin integrity.
- A relative told us, "Staff pick up on things I wouldn't so they are constantly risk assessing on a daily basis."
- Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained. A relative said, "The company check each week that the fire alarm is working and all equipment used is in good working order."

Systems and processes to safeguard people from the risk of abuse

- People received safe care and support. One person said, "I have no concerns as the staff are all so wonderful." A relative told us, "My [relative] is very safe when the staff are here."
- Staff were trained to recognise and report abuse, and they were confident action would be taken to keep people safe.
- People were supported by staff who were familiar to them. Staff wore uniforms and photographic identification badges. One person said, "I know all the girls." A relative told us, "I always know who is calling as there is a rota always in the care file."

Staffing and recruitment

- People were protected by the provider's recruitment procedures which ensured only staff who were suitable to work with people were employed.
- There were sufficient numbers of skilled and experienced staff to meet people's needs.
- A relative told us, "A comprehensive care plan is followed as my [relative] always needs two carers as they require a hoist. We always get two carers at each call."
- People told us staff had never missed a visit and they arrived on time and stayed for the allocated time. One person said, "They [staff] are always on time and stay for the time they are supposed to." A relative told us, "They [staff] are always on time and we have never had any missed calls. They are very punctual and never leave early."

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- One person said, "Staff always give me my medicine as I would not remember to take it." A relative told us, "All medicines are given on time and logged on the chart."

- Medication administration records (MAR) provided information about people's prescribed medicines, including the dose and time the medicines should be administered.
- There were protocols for the use of medicines and creams prescribed on an 'as required' basis. This helped to ensure people consistently received their medicines when they needed them.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff were trained and had access to sufficient supplies of personal protective equipment (PPE) and people told us staff used these when assisting them.
- A relative told us, "On arrival the staff always wash their hands and wear gloves and aprons." Another relative said, "They [staff] have high standards during personal care and always use gloves and aprons and keep all areas neat ,clean and tidy."

Learning lessons when things go wrong

- Records of accidents or incidents were maintained and reviewed by the management team when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met. A relative said, "My [relative] was included in all stages of care planning and when they posed questions to them, it was very skilfully done."
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- Where required, people received support to eat and drink at the times that suited them.
- Staff ensured people received food and drinks which met their needs and preferences.
- One person said, "My friend does my meals but the staff know what I like to drink. A relative told us, "There are drinks left for my [relative] and they are always given a choice of what they would like to eat or drink."

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

- Staff monitored people's health and worked well with external professionals to ensure people's health care needs were met. This meant the agency could make prompt referrals and seek advice where concerns were identified.
- A relative told us, "My [relative] had a spot on their ankle so the staff informed the district nurse who came out immediately. This is a huge advantage."
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- One person said, "They listen to me and will do anything I ask." A relative told us, "They [staff] always tell my [relative] what they are going to do next and ask if that is ok."
- Care plans had been signed by people or their legally appointed representative confirming their consent to the care they received.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs. One person said, "They [staff] are well trained and very skilful." A relative told us, "[Name of person] is very well looked after. The staff are very efficient."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A member of staff said, "Training is really good, and you can request extra. I'm interested in sepsis, so mentioned this and I'm booked to do it."
- Before staff started working at the agency they completed an induction programme which gave them the basic skills and knowledge to work with the people who used the agency. They also received training to meet people's specific health needs.
- New staff worked alongside and shadowed more experienced staff before they worked alone with people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were kind, caring and considerate.
- One person said, "They are absolute poppets and so kind." A relative told us, "The [staff] are very kind and I have watched the way they care for my [relative] which is very good. They have a good joke and chat and my [relative] is very happy with the care."
- Staff took time to get to know people and understood how to support people who found it difficult to express their needs.
- A relative told us, "My [relative] cannot speak but the staff know how to communicate with them as they can read facial expressions and know if they are concerned or in pain."

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

- People and their relatives told us they were fully involved about the care they received.
- One person said, "I feel involved." A relative told us, "I have been involved with care planning and they took a very good history of [relative's] likes and dislikes."
- Staff ensured people and their relatives were supported to access external bodies and advocates where required.
- A relative told us, "The company provides advice on what is available locally to help as it is a minefield out there. Their local knowledge of additional support services and day centres is excellent. They provide good advocacy and informed my [relative] of the first point of contact for a carers assessment and other sitting services from Age UK."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always respected their privacy and dignity.
- One person said, "They are so considerate and treat me like a human being." A relative told us, "They [staff] are very sensitive towards my [relative] during personal care. They are so professional in the way they interact with them and treat them with kindness and respect."
- People were supported to maintain their independence. One person said, "I can't fault them [staff]. Their support means I can stay at home and be independent." A relative told us, "The care plan allows my [relative] to stay in their own home."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they need, focusing on what was important to the person.
- One person told us, "They [staff] will talk to me about all the things I used to do years ago which I enjoy. They are very cheerful and make time for me." A relative said, "As they are local they can chat to my [relative] about what is going on locally and they really enjoy this."
- Staff ensured people's care plans reflected their needs and preferences. A relative told us, "I informed the company my [relative] would only want female carers and this was adhered to."
- Another relative said, "The service is very personalised and they genuinely care. When my [relative] was not so good and at risk of falls they sent two carers in to help get them to bed at night. Before going back to having one carer at night they assessed them to make sure they could safely get in and out of bed themselves."
- People were supported to attend local day centres, cafes and trips out. We heard how staff gave up their own time to ensure people were able to access social events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Staff told us about one person who used a white board and tablet computer to communicate and this was reflected in the person's plan of care.
- Documentation could be produced in accessible formats, such as large print for people who required this.

Improving care quality in response to complaints or concerns

- None of the people or relatives we spoke with had any concerns about the care they received.
- One person said, "I am very happy." A relative told us, "I have no complaints only recommendations."
- Where concerns had been raised, records showed the provider had carried out an investigation and provided a response to the satisfaction of the complainant within agreed timescales.

End of life care and support

- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- There was nobody receiving end of life care however, staff were committed to ensuring people's wishes were respected. The provider told us, "One person discussed their wishes which was to have their favourite blanket, a hand massage and music. All this was achieved and staff sat with them in their own time so the person was not alone when they passed away."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke highly about the care they received and of the way the service was run.
- One person said, "The [provider] is local and has a good team of staff. I know the staff and they are great, I am very happy." A relative told us, "The [provider] will come out and be on the front line of care. The team are well led and I would 100% recommend them."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences. The provider told us, "We will always work at their level and pace. Clients decide who they want to support them and we will always try and match staff who have the same interests as the clients."
- A member of staff said, "Love it here. So happy working here and hope I am here for many more years to come. It's like family as it's only small and you get to know everyone really well. I think our clients get excellent care which is what they deserve."
- The provider valued and responded to people's views. For example, one person had requested a different carer and this had been facilitated.
- The service had strong links with the local community and people were supported to attend local events and trips out.
- People were provided with a quarterly newsletter which gave information about community events, staff and keeping safe and well.

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

- People were supported by staff who were trained and motivated to carry out their role.
- A relative said, "The staff are very good and the way they conduct themselves shows how well trained they are."
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the agency within required timescales.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- There was learning where things went wrong and the provider had open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were raised with the appropriate authorities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were annual satisfaction surveys which provided people and their relatives with an opportunity to express a view about the quality of the service provided. The results of a recent survey showed a high level of satisfaction.
- People's views were sought daily when receiving support and through regular care plan reviews.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people.
- These included specialist healthcare professionals, hospitals, and commissioners.