

Stourport Nursing & Home Care Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 7 December 2017 and was announced. We gave the registered manager notice of our intention to undertake an inspection. This was because Stourport Nursing and Homecare provide personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At our last inspection on 20 October 2015 we rated the service as good. At this inspection we found the service remained good.

Stourport Nursing and Homecare is a domiciliary care agency. They provide personal care to people living in their own houses and flats in the community. They provide a service to older adults, younger disabled adults, and people who have dementia. At the time of our inspection 33 people received personal care in their own homes.

Not everyone using Stourport Nursing and Homecare receives the regulated activity, personal care. CQC only inspects the service which provides 'personal care' to people, such as, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place at the time of our inspection. 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 told us they felt safe with the care they received from the staff who supported them. Staff demonstrated good knowledge in how they were to protect people from harm, they recognised the signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff. This was to reduce the risk to people without taking away people's right to make decisions about their care. There were enough staff to support people's care needs. People were supported with their medicines in a safe way. Staff understood the importance of reducing the risk of infection to keep people safe.

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 support this practice. We found people required support to prepare meals staff supported them with this. Staff worked with external healthcare professionals and followed their guidance and advice about how to support the person.

People's views and decisions they had made about their care respected by staff who supported them. People and relatives felt the staff team were kind and friendly and treated them with respect.

People received personalised care which met their needs in a timely way. People had access to information about how they could complain about the service. Where the registered manager had received complaints, these had been responded to, with a satisfactory outcome for the person who had raised the complaint.

People told us they had the opportunity to raise their suggestions and ideas about how the service was run. People felt they could ring the registered manager when they wanted to and they would listen to them. Staff said they felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and daily contact. Staff felt involved in the service and said they felt able to share their ideas in the way in which the service was run. People, relatives and staff felt the registered manager was approachable and listened to them. We found checks the registered manager completed on the service focused upon the experiences of people.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Stourport Nursing and Homecare 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 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 gave the service notice of the inspection visit because we needed to be sure that they would be in. Inspection activity started on 5 December 2017 and ended on 13 December 2017. It included speaking with people, relatives and staff over the telephone. We visited the office location on 7 December 2017 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection team consisted of one inspector and one expert by experience who had experience of care at home services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

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 spoke with four people who used the service and four relatives who supported their family member with

the management of their care. We also spoke with three care staff, the care co-ordinator, the registered manager and briefly with the provider. We looked at aspects of four people's care records and medication records. We also looked at staffing rotas, the registered manager's complaints procedure, compliments, two staff recruitment records and checks of records completed by the registered manager.



Our findings

When inspected in October 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People told us they felt safe with the staff who supported them. People did not express any concern of any discrimination against them. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. All staff we spoke with felt confident the registered manager would take action if they did raise any concerns. The registered manager worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

All people we spoke with told us the staff supported them in a way which kept them safe and maintained their independence. One person told us how staff supported them to feel safe as when showering and said, "Showering is safe. I have a slip mat. Staff help me to be well showered". While a further person told us they felt safe as staff visited in the evening to, "Make sure I'm safe and the doors are secure". A relative we spoke with told us the staff who supported their family member knew their needs well and said, "They work in a safe way with [the hoist] and other equipment. Never any doubt about the safety angle. Always two [staff] when needed. No concerns whatsoever". Staff told us potential risks for people they supported had been identified and there were clear plans in place as to how they were to support the person.

People who used the service and relatives told us they were supported by a regular staff team. People received their visit from staff when they expected and for the agreed length of time. People told us that if the staff member was running late, they would be notified of this. People confirmed that two staff arrived to assist them where this had been agreed as part of their care. Staff we spoke with told us they had enough time to spend with people, and did not feel rushed. The registered manager knew the people who used the service, their support needs and skill mix of their staff. We saw how staff rotas had been organised to ensure staff had enough time to get to each person. The registered manager had a system in place which alerted them if staff were too late, or had not spent sufficient time at the person's home.

We looked at two staff's recruitment records and saw checks were completed by the registered manager to ensure they were suitable to deliver care and support before they started work.

All people and relatives we spoke with managed their own medicines. Staff assisted some people with prescribed creams and people told us this was done in the right way. Staff we spoke with told us they received yearly medicine training and their practices were checked before they began working alone and on

a regular basis. Staff had a good understanding about the medicines they gave people and the possible side effects. The registered manager had systems in place to ensure any medication changes, for example, when a person came home from hospital were checked with the person's doctor.

People and relatives told us staff used gloves, aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff told us they had received training in food hygiene and infection control, they confirmed they had access to equipment that protected them and people they supported. The registered manager told us they carried out spot checks of their staff to ensure they were following best practice in regards to preventing infections.

The registered manager showed us the process for monitoring accidents and incidents; however people had not experienced any accidents or incidents since our last inspection. Staff told us when if people fell when they were alone, their risks were reviewed and appropriate action taken to reduce this. For example, following one person's fall, staff worked with the healthcare professionals to ensure additional equipment was put into place to reduce any risk of further falls.



Our findings

When inspected in October 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People told us they were involved in assessments of their care which covered different topics such as their interests and hobbies and their social aspects of their life. One person explained how they had shared information about their history and staff continued to show an interest in this. A relative told us that staff knew their family member well. We saw assessments were completed before people began receiving care to ensure the staff were equipped to meet their needs.

People told us staff understood their care needs and how to support them in the right way. One person told us staff knew how to support them and said, "Yes most definitely, above and beyond the call of duty". A relative told us staff were confident in the care and support they provided. Staff told us they had received training that was appropriate for the people they cared for, such as safely moving and handling for people who require assistance with their mobility and medication.

People confirmed they were supported with their meals where they required this. People told us staff ensured they had enough to eat and drink to keep them healthy. Staff spoke of one person who had lost their appetite and told us how they encouraged the person to drink and offer food which they enjoyed. People told us staff ensured they had drinks to hand before they left.

One person told us staff knew them well and supported them when they became unwell and contacted the doctor. A staff member told us of a person they identified as needing additional aids and equipment in their bathroom. They discussed this with senior staff to organise an Occupational Therapist to understand what aids could be used to assist the person. The registered manager spoke with us about how they had received an advance course for equipment and aids to assist people to move safely. They showed us how they had used this information to support people to get the right piece of equipment in place to support them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People and where appropriate their relatives, told us staff had discussed with them aspects of their personal care so that their consent and agreement to the care was sought. People felt staff respected their wishes and listened to them in how they wanted to be supported. Staff said they assumed people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should

the person declined, they would respect their choice. The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.



Our findings

When inspected in October 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People and relatives we spoke with told us, staff were kind and caring. One person said the staff were, "Always chatty and friendly". A relative told us how staff took their time to support their family member, and maintained the person's wishes and helped them to put on their make-up. A further person told us, "I have good friendly carers and I'm happy". All the people and relatives we spoke with felt staff not only supported with their care and support needs, but also understood the emotional needs and offered comfort and reassurance.

Staff spoke about people with compassion and felt they understood people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. One staff member spoke to us about a person where they shared a common interest, and felt this helped the person be at ease when receiving personal care. One staff member said, "Spending time with people and bringing a smile to their face is what makes me happy."

People felt staff maintained their independence as much as possible. One person said about staff, "They are keeping me as independent as I can. It means I can stay in my own home". They continued to say, "I have a shower every morning. I get everything ready for them. We have a system". Relatives we spoke with felt they had the right balance of support from staff, and staff recognised what the family needed support with. Staff spoke about people as individuals and told us about how they promoted people's independence. One staff member said, "People like things done their way, and that's what helps keep them independent".

People told us they were treated with dignity and respect. One person felt staff were kind to them and said, "They know me now and they know I can do certain things and cannot do other things. They are lovely and they just go along with me". While a further person told us about their complex care needs and felt staff helped them to "keep my dignity". Relatives told us their family members were treated with dignity by staff and the person's privacy was maintained.



Our findings

When inspected in October 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People told us they had been involved in their care from the beginning. People said they thought the service was flexible and would do their best to accommodate their needs. Relatives told us their family member and where appropriate, themselves, were involved in the development and review of their care from the start. Relatives confirmed the registered manager discussed with the person and themselves how they would like their care provided. People and relatives told us communication with the registered manager was good following this to ensure people received care that was appropriate to their needs. Relatives said where there were any changes in care, such as changing the times of calls, or increasing the length of calls this was done in agreement with all involved. During our time in the office we heard how the staff spoke with people on the telephone and responded to their requests.

Staff told us they were kept up to date with people's changing needs and told us the communication was good. Staff told us that if they had identified a person's care needs or support had changed the senior care staff or management were quick to respond to change. One staff member shared an example of a person who skin had broken down and contacted the office staff immediately. They told us that the district nurses had visited the person and they worked with them and the person so their skin could heal.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us they knew how to raise a complaint if they needed to. One relative we spoke with told us how they had raised a complaint with the registered manager and this had been dealt with. We looked at the provider's complaints records and saw that some had been received. The registered manager had kept clear records about the actions they had taken to reduce the likelihood of this happening again. We saw the registered manager would send an apology to the person who complained and explain the action they had taken to address their concern. Where appropriate staff confirmed concerns were shared with them so that lessons could be learnt.

Staff we spoke with told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. The registered manager shared an example of how they worked with external healthcare professionals in maintaining a person's wishes to stay at their home to receive end of life care. Staff spoke in a compassionate way about the person and expressed their gladness in how they were able to meet and support the person's wishes.



Our findings

When inspected in October 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People and their relatives we spoke with felt enabled to make decisions in how the service was run. One person told us how they had received a survey so they could make comments about the service provision. We saw a sample of recent surveys sent to people and saw this was positive. Where we saw people had made any comments or suggestions this was in relation to a specific matter about their care. We saw the registered manager had contacted the person to improve the person's experience. People we spoke with told us they felt included and that the registered manager listened and responded to them.

We saw the registered manager had received compliments from people they had supported. One compliment we read said, "A special thanks to special carers". While a further compliment said, "Thank you for the love, care and considerations you have shown to [the person]. This has enabled [the person] to stay in the home they love".

Staff we spoke with said they all worked as a team. They felt the registered manager was supportive and communicated well with them. They told us they had regular team meetings which were useful, but also had daily communication with a senior staff member. Staff felt listened too and were asked their opinions about the way the service was run. One staff member said, "I enjoy working here, I have been supported really well by all of the staff".

Staff told us the registered manager knew people's needs very well, they felt this knowledge helped when there were changes with people's care. Staff told us the registered manager was very approachable and supportive.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They also visited people so they would ask if they were happy with their support. They said this gave them an opportunity to see how their staff interacted and supported people. They sent questionnaires to healthcare professionals to receive their feedback, and told us how they had a good working relationship with the district nurses.

The registered manager completed regular checks on people's care records, to identify any shortfalls in

records. They also gave staff the opportunity to discuss matters and areas for development through regular supervisions and team meetings. The registered manager told us they worked with external agencies to ensure they were up to date with best practice; such as new equipment and aids which were coming onto the market to support people to mobilise safely. They told us and staff confirmed that this was shared with their staff group.