

Stourport Nursing & Home Care Limited

Stourport Nursing and Homecare Limited

Inspection report

Hernes Nest House
7 Hernes Nest, Off Park Lane
Bewdley
Worcestershire
DY12 2ET
Tel: 01299 403353

Date of inspection visit: 15 and 20 October 2015
Date of publication: 11/12/2015

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 

Overall summary

This inspection took place on 15 and 20 October 2015 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Stourport Nursing and Homecare provides 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 the time of our inspection 43 people used the service.

There was a registered manager in place, however at the time of our inspection they were on planned leave. 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.

Summary of findings

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when they needed them. Staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who used the service. People's medicines were checked and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that staff supported people with access to healthcare professionals, such as their doctor or hospital appointments.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found that people knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

The provider demonstrated clear leadership. Staff felt supported by the registered manager and the provider to carry out their roles and responsibilities effectively.

We found that the checks the registered manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

Summary of findings

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.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened to and responded to.

Good



Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened to. Clear and visible leadership meant people received quality care to a good standard.

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.

This inspection took place on 15 and 20 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

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 spoke with six people who used the service. We also spoke with six staff and the provider. We looked at three people's care records. We also looked at staff schedules, complaints and compliments, satisfaction survey, provider visits, three staff recruitment records, three staff performance reviews which included spot checks and staff training records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. One person said, “I find them wonderful, I wouldn’t manage without them.” Another person told us, “They take their time with me.” Another person said, “I’m very happy, I have the continuity of carers, which is very important to me personally”. People told us the staff who supported them knew them well which gave them confidence that their care and support would be provided in a right and safe way.

Staff told us how they supported people to feel safe. For example, one staff member told us that when they would leave the person they ensured they had what they needed to hand, such as their lifeline and a telephone. They went on to say that at night time they ensured all windows were locked before leaving. Another staff member said, “I always make them a second cup of tea, but I make sure it’s cooled down enough before I leave it with them, so it doesn’t scold them”. People told us that staff arrived at a time they preferred to support them with their needs. Staff told us they worked in as a team to ensure they would be able to keep to the times scheduled for people. People and staff told us that if they were running behind schedule they would always be notified.

We spoke with staff about how they protected people from the risk of harm. Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went on to say that they would contact people in the office or the registered manager without hesitation. We found that where there had been potential safeguarding incidents these were reported to the local authority and the provider had followed the correct procedures to ensure people were kept safe.

We saw that the registered manager had assessed people’s individual risks in a way that protected people and

promoted their independence. For example, one person was at risk of falls while using the shower. There was detailed information for staff about the safe way to assist the person with their shower. Staff we spoke with knew the step by step details and how to minimise risk of falls.

The provider had a policy which meant that all calls would be a minimum of 30 minutes. They told us that they had, in the past, refused care packages that were to be provided within 15 minutes. The provider said this was because it was not enough time to ensure that people were cared for safely, without having to rush them. They told us that with a minimum of 30 minute window staff had time to ensure they had offered the right support in the right way.

People told us they had regular staff who supported them. They told us that if there was a new member of staff, they worked with a more experienced staff member before they worked alone. All people we spoke with raised no concerns about staffing levels. We spoke with people who required two staff members to attend to their needs. They told us that there was always two staff present at all times.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People we spoke with did not have any concerns about how their medication was managed. We spoke with a staff member that administered medication. They had a good understanding about the medication they gave people and the possible side effects. People’s choices and preferences for their medicines had been recorded within care plans. We found that where a person had a change to their medication, for example, where a person required a course of antibiotics, all staff who cared for the person and who worked in the office were aware of this.

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, “They are excellent”. Another person said, “I’m very happy with the care I receive”.

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and first aid training. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how they had received equality training had helped them develop awareness, understanding and skills to promote equality and tackle discrimination.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us they would only work alone when they and the registered manager felt confident to do so. We spoke with a staff member who provided support to new staff and were able to give examples of how they recognised when new staff may need extra support. They told us that the registered manager put extra support in areas that were specific to their learning needs.

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people’s care needs from the registered manager and staff. They told us they had regular one to one conversations with the registered manager which was a good opportunity for them to discuss their learning and development. Training was provided and encouraged for further development. A staff member told us they were well supported by the registered manager and their peers and felt confident to ask questions.

People we spoke with told us that staff sought their agreement before carrying out any personal care and staff their wishes. One person told us, “I run my own care”. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us that they always asked first and that if the person refused they would offer them an alternative.

We looked at how the Mental Capacity Act (MCA) was being implemented. The provider had a good understanding of this process and how the assessments were to be completed. The provider had taken steps to determine who had legal responsibility for people where they lacked capacity. They told us and we found that where applicable best interest meetings were being arranged with people and their family.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, “They are very helpful at my lunchtime call”. One member of staff said, “I know [the person] well, I know what they enjoy to eat and how they like their tea”. Staff we spoke with knew what level of support each person needed. Staff told us they always offered a choice of meals where possible.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff supported them to appointments, or ensured they provided them with their personal care needs so they were ready in time for their appointments. We found and staff told us that where people required further support from other health care services these were made. For example, a staff member told us that when they found a person’s skin was becoming sore they contacted the district nurses to seek advice.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, “The carers are wonderful”. Another person said, “I am very lucky to have such lovely carers.”

Staff we spoke with knew people well. They spoke about people as individuals and told us about how people’s independence was promoted, for example, making their own drinks. Staff told us that caring for the same people on a regular basis meant that they got to know people and their families well. One staff member told us how they supported a person who had lost their partner. They told us that through regularly supporting the person they knew the person’s likes and dislikes, such as, they liked routine but they did not like it if staff were late. The staff member told us that by knowing this, they were able to offer consistent care and support to the person during what was a difficult time for them.

People told us that staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to. One person told us, “They do all that I ask them, I am very happy”. People told us that staff were flexible and worked with them to ensure they received the support when they required it. One person told us “If I have a hospital appointment early in the

morning, the staff come earlier to help me so I am ready in time”. Another person spoke about how staff supported them to the doctors’ appointments and told us, “I don’t know how I would manage without them”.

Staff told us that they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being for their mental health. They told us that for some people they could be the only person they would speak with for the day and wanted to make their time with them meaningful. They told us that they would spend time talking with them. A staff member told us how they had regular chats with a person about their child. The staff member told us that they had supported the person for many years and had developed a positive relationship. Staff spoke fondly of people and gave examples where they would take people out in their own time for special occasions, such as birthdays.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, “They are very respectful”. Another person told us that staff never rushed or hurried them and always took their time. People told us they were always given a choice and staff respected their decision. People told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time, or ring staff in the office if they needed too. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us that staff always respected their decisions about their care and that their individual needs were met. We found that people's needs were assessed and reviewed where required. Staff we spoke with knew about the needs of the people they cared for. Staff told us that they would always speak with the person to ensure they were providing care to them the way in which they preferred. We looked at care records for four people and could see people's likes and dislikes were recorded for staff to be aware of. Where more complex needs were identified, staff were aware of how to support the person.

Staff gave examples of where they worked with external healthcare professionals to ensure that individuals were receiving the care and treatment that was planned and delivered in line with their individual care plan. For example, when one person's skin had become sore, staff had contacted the district nurse for them aspects of the person's care needs were being met.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided

information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "I know what I am entitled to, and if I didn't get that I would give them the opportunity to put it right". They went onto say that they believed the provider would resolve this should they have to raise a complaint. Another person we spoke with told us, "I haven't needed to complain, but I would ring the office if I needed to".

We looked at the provider's complaints over the last twelve months and saw that four complaints had been received. We found that these had been responded to with satisfactory outcomes for the person who had raised the complaint. We did see that lessons were learnt through these complaints and this information was shared with staff members to improve practice. For example, a person had raised a complaint regarding the way a staff member, who was not the person's regular staff member, had delivered certain aspects of their care. Following a meeting with the provider a detailed care plan was developed to ensure it covered all aspects of the person's care needs so that staff who may be unfamiliar would have clear direction.

Is the service well-led?

Our findings

At the time of our inspection the registered manager was away on planned leave. Three people that we spoke with were aware that the registered manager was away on planned leave and felt confident that any questions they may have would be answered by people who worked in the office or the provider. One person told us that the staff who cared for them were able to respond to their needs. We spoke with the provider who knew people who used the service and staff well. People who we spoke with told us they found the registered manager and the provider were approachable and responsive to their requests where it was required. People confirmed that they had met people who worked in a management role.

We found that the service had received many compliment cards from people who had recently used the service. Comments such as, “Always going the extra mile for (the person)” and, “Excellent care over the year”. And, “Thank you everyone for your love and kindness”. Where among the cards that staff had received.

We spoke with staff about the service they worked for. One staff member said, “I’m proud to wear the uniform”. Another staff member said, “I’m happy working here”. A further staff member said, “I enjoy my work and knowing I’m keep people safe”. Staff we spoke with told us that the registered manager knew people’s needs well and were able to listen and help should staff have any questions. One staff member said, “I can talk to her at any time”. They went

onto say that when they had not been given enough time to travel between two people who used the service, the registered manager worked with them and the people involved to ensure this was resolved. They concluded by saying, “It works much better for everyone now”.

Staff told us that they did not have team meetings or communication letters as often as they would like. However, staff told us that they had regular contact with people who worked in the office and were kept updated this way. We spoke with the provider about staff’s preference for team meetings or communication letters and they told us this was something they would review.

We spoke with the provider about the checks they made to ensure the service was delivering high quality care. They told us that they visited people to check that the service was meeting their needs. We found that through these visits actions were sometimes needed. For example, after a concern was raised about staff practice, immediate spot checks were put in place to monitor how the staff member worked. The provider took the necessary actions and followed this up with the person to ensure that the service had responded satisfactory to their needs.

The provider showed us that a survey about people’s views and feedback had recently been sent to people who used the service. At the time of our inspection the provider had received one response, which was positive. The provider was awaiting further responses to be able to determine whether the survey brought any actions to light.