

Stanford Wellbeing 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

About the service

Stanford Wellbeing Ltd is a domiciliary care service registered to provide personal care to people living in their own homes. The service focusses on providing care and support to people living in the Southend area of Essex who are experiencing neurological illness or injury. At the time of our inspection, eight people were using the service.

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

We have made a recommendation about the provider's recruitment processes.

People felt safe and spoke positively about the care and support they received. Without exception, people said they would highly recommend the service to others.

The service was very responsive to people's individual needs which had a positive impact on their wellbeing. Support was flexible and personalised, adjusting to people's changing needs. People were actively encouraged to be involved in the development and on-going review of their care. Staff were fully committed to improving the lives of people and worked with them to achieve their goals and aspirations. Staff shared the provider's ethos to provide good quality care to support people to manage complex impairments and help minimise the impact these conditions had on their daily life.

Staff had received safeguarding training and knew how to act on any concerns. Care planning documentation provided guidance to enable staff to provide safe, effective care to people. Risk assessments were in place to manage potential risks within people's lives. Staff had received infection control training and understood the importance of following government guidance in relation to COVID-19.

There were enough staff available to meet people's needs. Staff received regular supervision and on-going training which promoted people's health, safety and welfare.

Staff were focussed on the wellbeing of the people they supported. People were complimentary about the kind, caring attitude of staff. People's dignity and privacy was respected, and their independence promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and clinical director had developed a strong, visible person-centred culture which was open and inclusive, empowering people to lead fulfilling lives. Staff felt valued and supported and enjoyed working at the service.

The provider had systems and processes in place to regularly monitor the safety and quality of the service.

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

Rating at last inspection

This service was registered with us on 25/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

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 ●

Stanford Wellbeing Ltd

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

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 13 May 2021 and ended on 27 May 2021. We visited the office location on 25 May 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We also spoke with five members of staff including the registered manager, clinical director and care staff.

We reviewed a range of records. This included four people's care records and two staff files in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed feedback received from two professionals whom the service regularly engages with.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they always felt completely safe when staff visited them.
- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.
- Staff had been trained in safeguarding. One member of staff said, "[Clinical director] did safeguarding training to ensure we were all confident on it. If I had any concerns I would report to [registered manager]. If needed I would report to Police or the local authority."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people's safety were well managed.
- Risks assessments were carried out to identify potential risks associated with people's care, their home environment, and healthcare conditions they were being supported with.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People told us they received care from a consistent team of staff who always arrived on time and stayed for the duration of their care call visit. One person said, "The carers come bang on time and usually go over their time. During my first week I needed extra time, so they stayed longer. They are not rushed at all."
- Staff recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, we noted staff records did not contain references in line with Schedule 3 of The Health and Social Care Act. We discussed this with the registered manager who took immediate action to rectify this.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Using medicines safely

- No one currently using the service required support with the administration of medicines.

Preventing and controlling infection

- Staff completed training in infection control and had access to personal protective equipment (PPE) such as gloves, aprons and masks.
- Specific attention had been given to the current pandemic. Government guidance was being followed and the provider had carried out COVID-19 risk assessments to support staff's and people's safety.
- People told us staff always wore PPE during their care call visits.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- The registered manager told us there had been no significant accidents or incidents since the service had become operational in October 2020. They said any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider's systems ensured people received individualised care which met their needs.
- People's needs were continually assessed to ensure people received good outcomes. This included a robust assessment being undertaken prior to people using the service. A professional told us, "On the first occasion they provided my client with advice about their service and carried out an environmental assessment to give advice and recommendations as to how to meet both [person's] practical and rehabilitation needs. They joined me at the end of my physio session which enabled them to see, first-hand, [person's] abilities as well as their disabilities. I was present for the first 15 minutes of their assessment. During this time, I observed [registered manager and clinical director's] excellent communication skills, actively listening to concerns and problems and offering practical, caring, solutions and advice."
- The registered manager and clinical director kept themselves up to date with guidance and best practice to ensure care and support was delivered safely and appropriately.

Staff support: induction, training, skills and experience

- A robust induction programme supported new staff to understand their role.
- Staff received a range of training to ensure they were able to meet people's needs effectively and safely. This included specialist training such as physical and cognitive rehabilitation concepts and application, CVA (stroke) awareness and spinal cord injury awareness. The clinical director, a consultant occupational therapist, told us, "When we take on a client, we tailor a training package specific to that person. All staff supporting the person has to undertake this."
- The provider placed great importance on ensuring staff received ongoing training to enable them to fulfil their roles and responsibilities; this included specialist training where staff had expressed an interest to gain further knowledge in particular subject areas. One member of staff told us, "At the moment I feel I've had all the training I need but they do encourage us to do a lot more training in areas we want to specialise in. Every week we have training, so everything stays fresh."
- Supervisions, staff meetings and observations of staff's practice were used to develop and motivate staff, review practice and address any concerns.

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

- No one currently using the service had any specific dietary needs.
- The registered manager and clinical director told us some people were supported with the preparation of their meals as this formed part of their therapeutic support. For example, staff encouraged people to stand more and encouraged them with stretching and reaching whilst preparing their meal.

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

- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing and achieve good outcomes.
- People described the effective care and support they received from staff. One person told us how the vigilance of staff had ensured they had received medical treatment in a timely way. Another said, "I cannot stand or walk but they have helped me to improve. [Clinical director] in the beginning then the carers. They make me push to stand up straight which in turn has made my legs and core stronger. At one time there was no chance but now I think there is a chance as they have improved that tremendously."

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 received training on the principles of the MCA.
- People confirmed staff asked for their consent prior to carrying out tasks.
- The registered manager had a very good understanding of the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- The ethos of the service was to provide individualised, person centred care which focussed on the strengths, needs and aspirations of people.
- Staff had developed positive and caring relationships with the people they supported. Without exception, people told us staff were always kind, caring and respectful to them. One person said, "They treat me with dignity and respect. We have a giggle which I think is very important."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- Importance was placed by staff to encourage people to increase their independence and do as much as they could for themselves. The clinical director said, "It's about enabling and empowering people to do things for themselves and adapting their environment to do it. I tell the staff that the person you see at the moment in front of you is the most important person to you at that time."

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

- People had been involved in the development, and on-going review, of their care plans.
- People were given the opportunity to provide feedback about the service and the care they received. This included feedback forms and surveys. We noted one response stated, "[Registered manager and clinical director] provide amazing care for my mum, both physically and mentally. They are kind, respectful and supportive and go beyond standard care. They have made a difference to my mum's life and offer an invaluable service."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received an extremely responsive service.
- Care and support was planned and tailored to people's individual and specific needs. Care plans were personalised and contained detailed information to guide staff on the nature and level of care and support each person needed, and in the way they preferred. People told us they were involved in the development and review of their care.
- The registered manager and clinical director completed, in conjunction with people using the service, a robust baseline assessment of their needs. The assessment covered a range of areas such as mobility function, upper limb assessment, sleep, pain and fatigue. The scores from the assessment tool were reviewed monthly and records clearly showed the progression people had made since they had started using the service.
- A compliment the service had received stated, "I have MS and the difference they have made to me is unbelievable. They have a brilliant way of making me feel 'normal'. They are friendly and extremely professional. I feel so much stronger in my legs and core and balance, something I thought I'd never get back. I feel grateful and thankful to them."
- People spoke highly of the support they had received from the service to ensure they had the right aids and equipment in place. One person said, "[Clinical director] came yesterday as I had trouble with the bed. He was advising me what to do and whether I need ramps or not. We all agreed I don't need ramps now. I'm walking with a stick but hope to stop using that soon." Another person had wanted to have a new kitchen installed with height adjustable worktops. Following advice and recommendation from the clinical director on what they needed for their specific condition, the person had saved themselves a significant amount of money.
- Where aids and adaptations were required, the local authority accepted the detailed assessment reports and recommendations completed by the clinical director. This meant people received their required equipment within a much shorter timescale as they had not needed to wait for an assessment to be carried out.

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.

- People's communication needs were assessed and recorded.
- The registered manager told us no one would be discriminated from accessing the service and provided

examples of how they communicated information to people in a way they can understand.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints system.
- People and relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon.
- There had been one complaint since the service had been operational. The complaint had been thoroughly investigated and responded to appropriately in a timely manner.

End of life care and support

- No one currently using the service were receiving end of life care.
- The registered manager told us staff would work with healthcare professionals to support people with end of life care support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager and clinical director encouraged a positive, inclusive and empowering culture and were committed to ensuring all staff promoted person-centred high-quality care which achieved the highest possible outcomes for people. They led by example and were highly visible within the service and demonstrated their commitment to developing an exceptionally skilled and motivated staff team, ensuring people received an excellent standard of care.
- People told us the quality of the service had a positive impact on their wellbeing. The registered manager said, "We are in a niche market. We cannot praise the staff enough because we are so passionate about the care and support we offer, and the staff are as well. It shows in the work we do and the carers going above and beyond."
- People were encouraged to feedback their views on the service. For example, through daily interactions with staff, feedback forms and surveys.
- Group supervisions were held weekly to share information and give staff the opportunity to raise any issues.

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 registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to ensure any accidents, incidents or safeguarding events were managed in an open and honest way, so everyone involved was kept up to date with progress and the staff team learnt lessons from situations when things went wrong.

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

- Staff enjoyed working at the service and were clear on their roles and responsibilities. They felt supported and valued and spoke very highly of the registered manager and clinical director who were approachable for advice and support at any time.
- Morale amongst staff was positive. Staff told us communication was good and they worked well together as a team.
- Quality assurance systems and checks were in place to monitor the quality of the service.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

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

- People were involved in the planning and ongoing review of their care.
- Without exception, people told us they would recommend the service to others. Feedback included, "Absolutely second to none never had any sort of care like I've had from this service. Definitely one of the best." And, "They are very good as I have literally gone through so many care agencies and been treated badly. They have given me faith. I have had no problems with them. Any concerns or if I am feeling down, I can call anytime and chat. I would recommend them to others." And, "They have been absolutely magnificent. I am very impressed and would recommend them to others."
- Staff told us their induction, training and weekly team meetings enabled them to carry out their roles and they were encouraged to undertake additional training to fully understand the needs of people they were supporting.

Continuous learning and improving care; Working in partnership with others

- The registered manager and clinical director recognised, and saw as a priority, the importance of well-trained staff to support people to lead fulfilling lives as independently as possible. This included reflective practice to support staff to continuously improve the delivery of care they provided.
- Staff worked in partnership with people, relatives and health and social care professionals to ensure care was delivered in a way which met people's needs and preferences.
- We received positive feedback from professionals. Comments included, "Our experience has been very positive. We have been kept up to date regarding the clients and they have been very professional. One client advised they have become more independent and had a new outlook on life. Other clients have said the agency is reliable and has kept up good communication with them." And, "I have been extremely impressed with the quality of the service they have provided."
- The registered manager and clinical director were members of various forums which ensured best practice could be implemented within the service.