

Key inspection report

Care homes for adults (18-65 years)

Name:	Stairways
Address:	19 Douglas Road Harpenden Hertfordshire AL5 2EN

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:							
Claire Farrier	3	1	0	3	2	0	1	0

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars – excellent
- 2 stars – good
- 1 star – adequate
- 0 star – poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area

Outcome area (for example: Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Stairways
Address:	19 Douglas Road Harpenden Hertfordshire AL5 2EN
Telephone number:	01582460055
Fax number:	
Email address:	darren.elliott@harpendenmencap.co.uk
Provider web address:	

Name of registered provider(s):	Harpenden Mencap Society
Name of registered manager (if applicable)	
Darren Lelliott	
Type of registration:	care home
Number of places registered:	13

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	13	0
physical disability	13	0
Additional conditions:		
The maximum number of service users that can be accomodated is: 13		
The registered person may provide the following category of service only: Care Home Only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning Disability - Code LD Physical Disability - Code PD		

Date of last inspection									
-------------------------	--	--	--	--	--	--	--	--	--



A bit about the care home



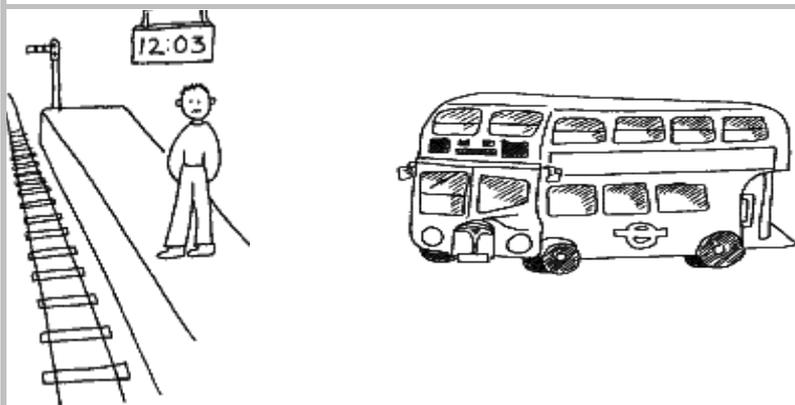
The home is a large detached house.

There are three flats in the home.

Thirteen people live at the home.



The home is close to Harpenden town centre.



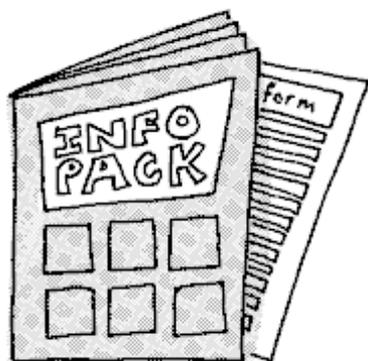
There is a train station near the home. There are also lots of different bus routes. This means that the people who live at the home can get around easily.



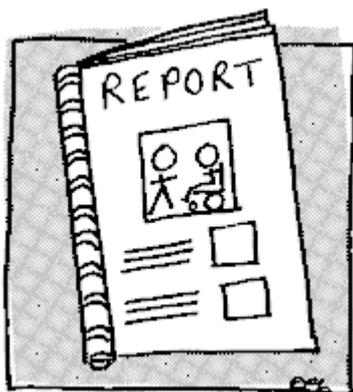
Everybody who lives at the home has their own bedroom. Nobody has to share a room.



The accommodation charges for Stairways are from £740.98 to £1523.50 per week.



The Statement of Purpose and the Service Users Guide tell people about the home.



The manager will give a copy the CSCI inspection report to people who want to see it.

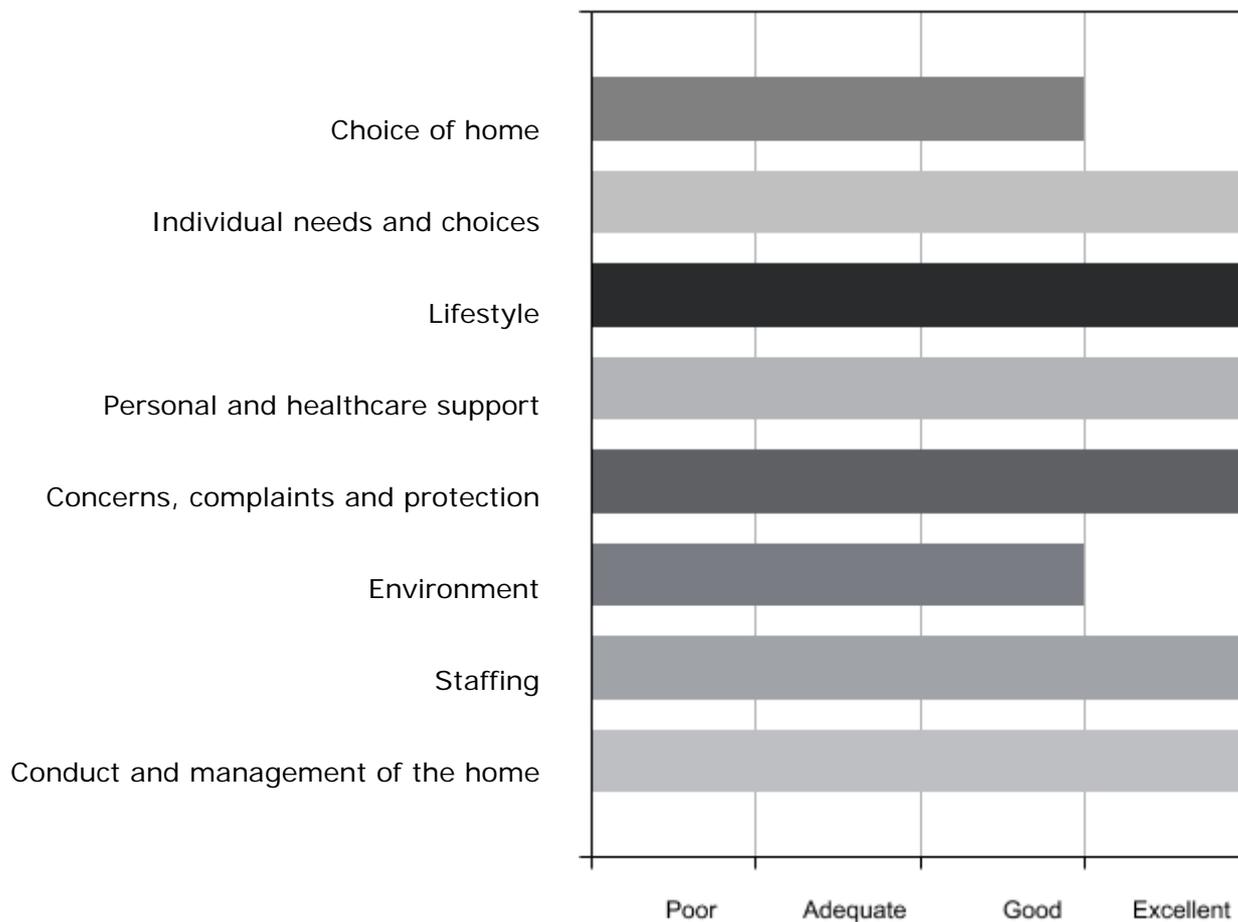
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

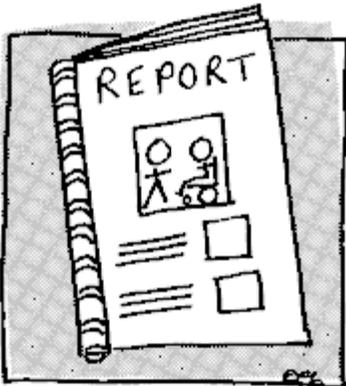
Our judgement for each outcome:



How we did our inspection:



This is what the inspector did when they were at the care home.



Last year we completed an Annual Service Review, which showed that the home continued to provide good outcomes for the people who lived there.



When we visited Stairways this time, the people who live in the home and who work in the home did not know we were coming.



We were helped by an Expert by Experience. This is a person who has a learning disability. He talked to some of the people who live at the home.



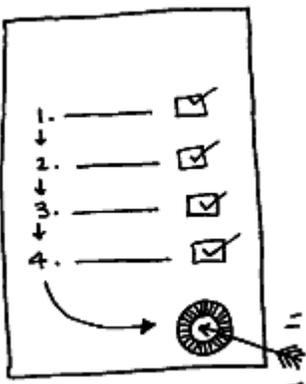
We looked at some care plans and other papers.



We looked around the home.



We talked with the manager and some staff who work at the home.



Before the inspection we sent out some surveys to the people who live in the home, and to the staff.



Before the inspection the manager sent us some information about the home. This is called the AQAA (Annual Quality Assurance Assessment).



We decided to give the home 3 stars. This means the people who live there have excellent care and support.



What the care home does well

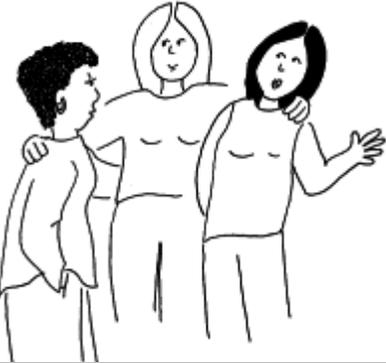


Everyone told us that they are happy in the home.

Some people told the EBE that they like going out and going to clubs.



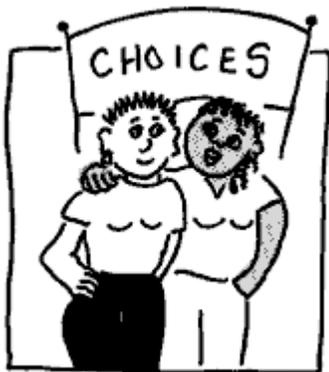
A relative who we spoke to said, "Stairways is absolutely excellent. The staff are like a family."



The staff said that the company and the manager help them to do their job well.



The staff support people to make their own decisions and choices.





The staff support the people in the home well. They know what everyone needs and likes.



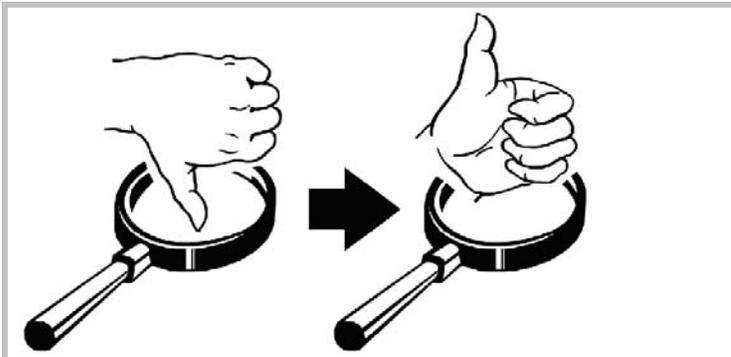
The staff look after people very well when they are ill.



People can choose and decide what they like to do.



The care plans tell staff what help people need, and what they like to do for themselves.



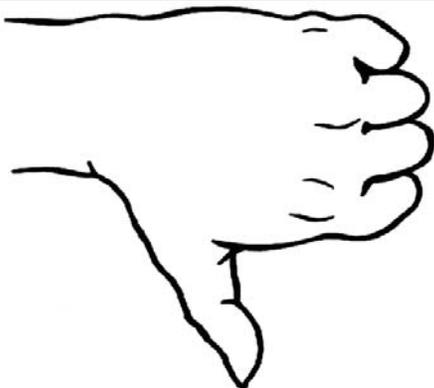
What has got better from the last inspection



The staff help people to make decisions for themselves. This is called a Mental Capacity Act assessment.



Two people decided to pay for extra help so that they can go out more.



What the care home could do better



We think that the manager knows what to do to make the home better.



The staff must put cleaning things away safely.



If you want to read the full report of our inspection please ask the person in charge of the care home



If you want to speak to the inspector please contact

Claire Farrier

CQC East

Citygate

Gallowgate

Newcastle Upon Tyne NE1 4PA

Email: enquirieseast@cqc.org.uk

Telephone number:03000 616161.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line - 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has sufficient information on the needs of the people who live in the home and access to appropriate services to enable their needs to be met.

Evidence:

The Annual Quality Assurance Assessment (AQAA) provided sufficient information so that we could assess the outcomes of these standards. Each flat has its own statement of purpose and service users guide which have been updated and reviewed in 2009/10. Everyone who lives at Stairways has been there for many years. One person was admitted to residential care from the service's supported living unit, and therefore stayed within the service. The home's policy on admission clearly states the process that would be carried out for admitting any new resident. The care plans for each person list the assessed needs in each area of their life. The AQAA provided full details of the training for staff and the input of professionals such as speech and language therapist to ensure that the home meets each person's individual needs. The manager stated in the AQAA: "Each flat has good information on the residents and their needs via detailed care plans and identified needs and we are aware of the people who we need to work in partnership with to access professionals and facilities outside of the home. I believe that staff strive to meet the diverse needs of our residents well and provide a safe, homely, stimulating,

Evidence:

comfortable and relaxing environments dependent on the time and of day and mood of the resident(s). The fact that staff can understand the needs of the residents well and can adapt and be flexible in their approach enables residents to be happy and secure in their home, with their dignity and privacy upheld and respected "

The staff who we spoke to and who completed surveys told us that they have sufficient information and training to enable them to meet the needs of the people in the home. The home has been proactive in making sure that they can meet each person's changing needs. They have advocated on behalf of two people so that extra funding has been made available. One of these is a person who has developed dementia, and funding has been agreed to provide extra staff so that this person can enjoy increased individual activities.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live in the home are actively involved in their own care planning and are consulted on every aspect of community life in the home.

Evidence:

We looked at a sample care plan in each flat. They provide good details of the support that each person needs, and they are written clearly and from the person's point of view. The focus of the care plan is to support each person to be as independent as possible and where possible to improving their skills for independent living. The staff who we spoke to said that the care plans provide them with good information on each person's needs, so that they are able to provide a good quality of care in the way that each person wishes. The ethos of the home is to encourage each person to live a fulfilling life, and to manage any risks positively so that people can lead the life they want.

The Annual Quality Assurance Assessment (AQAA) stated, "All residents have a 1-1 'at home' day where the individual needs and wishes of the resident can be explored and supported. This enables staff to be very clear in their roles and responsibilities in empowering each resident to be as independent as they can possibly be and to try new

Evidence:

and challenging opportunities by giving opportunities for residents to take controlled risks, and not settle for predictable routine events." The AQAA provided full details of how the home supports people in each flat to make their views and feelings known, according to each person's individual abilities and methods of communication. "We continually make changes to what we do and how we do things. Sometimes these can be subtle changes from discussions with residents both individually or as a group, or can be from observing how some residents react to new experiences or from feedback from other people in the lives of the residents. One example of this is the setting up of the tutoring session and at a time convenient with the residents, which incorporates a change in time every third Wednesday due to them wanting to attend the 'Songs of Praise' meeting in Harpenden. One resident who likes to be active was supported by staff to find more appropriate day activities this year and although staff were apprehensive about one of the placements (due to an inappropriate peer group) the service user was able to say he enjoyed attending and after a trial period wanted to continue attending." The people who live in Flat 4 are supported to take a full part in organising their own lives.

The people who completed surveys, and who spoke to the expert by experience (EBE) said that they make decisions about what they do each day, and the carers listen and act on what they say. The EBE reported, "Regarding service users that are unable to communicate I asked the staff how did they know when a service user was unhappy about anything? And was told that all the service users had lived in the home for a number of years and the staff were familiar with all of the service users needs, likes and dislikes. The staff told me that they could also tell when service users were happy or sad, or in any discomfort either by talking with them, looking at body language and facial expressions." The AQAA stated, "We are very clear about the impact of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and this is also in the forefront of our thinking and practice. We have developed in 2009 staff knowledge and a working understanding of the act and have changed some risk assessments and guidelines i.e relate to finance to be in line with the act. There is a section of each individuals file which details these issue and how and when 'best interest' decisions are made." MCA assessments have been carried out for two people concerning decisions for them to use their own money to fund support for extra activities. One person was assessed as not having capacity to make the decision, and the decision was made in their best interest in consultation with their family and social worker. The other person was assessed as having capacity to make the decision themselves, and had asked to pay for this extra support when they saw what the other person was able to do.

Stairways has a philosophy that promotes equality and diversity in the home. In the AQAA the manager said, "I believe that culture relates to the background and interest of the service user and we try to ensure that staff are aware that culture does not only relate to a special need, but to everyday routines and peer groups. Each staff team concentrate on what people can do and not what they cannot do and constantly challenge residents in a positive way to be confident and proud of who they are and to help where appropriate residents understand about their learning disability."

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live in the home are encouraged to live full and active lifestyles that meet their individual choices and abilities.

Evidence:

Everyone who lives in the home is from the local area. Their families are made welcome and are part of their lives, and the home is very much part of the local community. Each person has an individual programme from a wide variety of college courses and day care. The people who live in flat 4 are more independent. One person works in a charity shop one day a week, and everyone has an individual programme of activities in the home and community. One person told us about the clubs (Gateway and Magpie) that they go to. In flat 4 most people need one to one support from the staff to go out, and some need two staff due to their challenging behaviour. One person attends college through their day care, and their care plans show that all have an active social life in the home and community. In flat 3 most people attend day centres on two or more days a week. Two people have made active decisions to retire from formal day care, and they have

Evidence:

individual programmes of activities, and outings with community groups such as "Out and About." Two people use their own money to pay for individual support for extra activities (see Individual Needs and Support for decision making).

We spoke to one person's mother, who was visiting Stairways to take her relative home for the day. She said that Stairways is, "Absolutely excellent." Her relative loves going back to Stairways when they have been home. This relative said that she feels very welcome in the home, and sometimes just pops in for a cup of tea. The staff keep her informed her about any changes, and her relative's health needs, and she said, "The staff are like a family." The people who spoke to the expert by experience (EBE) said that they have support from staff to go out, and they go out with their families. Two people said that they go to clubs together. In flat 2 one person showed the EBE their collection of DVDs and music CDs. This person liked making posters and painting, and he showed the EBE a vase made of clay they had just finished in pottery class. They were also learning about computers at college.

Everyone takes part in the daily routines of their flat as far as they are able to. In flat 4, where people are more independent, they tidy and clean their own rooms and do their own laundry with the support of the staff. Each flat has its own kitchen, and meals are planned and cooked separately in each flat. There is a focus on healthy lifestyles. The staff support and encourage people to make healthy food choices.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has an experienced and enthusiastic team of staff, who have the training and skills to provide a good quality of care for the people who live in the home, and to ensure that individual needs, choices and preferences are met at all times.

Evidence:

The Annual Quality Assurance Assessment (AQAA) stated, "Due to the excellent health action plans and relationships we have with local GP and other professionals such as specialists, therapists and other primary health care providers, we enable our residents to attend services that are aware of their needs and how these needs are met. This winter(2009/10) is the first in memory that our most vulnerable residents who have very profound and complex health needs have not required one single course of antibiotics."

The care plans that we saw provide good details of each person's personal care and health care needs, and a good relationship was observed between the staff and the people in the home. The expert by experience (EBE) asked the people who he spoke to about the support they receive for personal care. They all said that they can choose which staff help them. He asked them what they do to stay healthy and well. One person said, "I do exercise and keep fit running." Another said, "I like walking."

Most of the people who live in flat 1 have complex physical needs. The staff who

Evidence:

completed surveys and who we spoke to during our visit said that they feel confident in meeting each person's needs, and they have good information and professional support to enable them to do so. One person has dementia. There is information in the person's care plan on learning disability and Alzheimers, and training is available. There is professional advice and support from the mental health service, and the person attends a memory clinic.

The people who live in flat 2 have challenging behaviours. Their care plans contain clear details and procedures for positive behaviour strategies that include guidelines, triggers for the behaviour, and successful strategies. We also saw clear guidelines that had been discussed with the psychiatrist for a person in another flat, for managing their obsessive behaviour over food and using the shower.

In flat 4, where people are more independent, the care plans show that all medical procedures are clearly explained so that they can take informed decisions, for example for the women with regard to cervical smear tests.

Moving and handling and nutrition assessments are carried out and reviewed regularly where needed. One person had nutrition assessments with a resulting plan for healthy eating. They were assessed as not having capacity to understand the need for smaller portions, and they are therefore offered their meals on a smaller plate. Another person, who has dementia, had a SALT (speech and language therapist) assessment for their feeding and swallowing abilities. The guidelines are clearly written, and emphasise supporting the person to be independent.

The home has sound systems in place for the safe management of medication. We carried out a spot check of a sample of medication records in each flat. There is a good procedure for recording medication to ensure that each person receives the medication that is prescribed for them, and a system for regular audits, to ensure that any errors are recognised and rectified without delay. No-one looks after their own medication completely, but everyone is supported to take as much responsibility as possible. For example, the care plan for one person states that they are to pop out tablets from packaging independently, and the person confirmed to us that they do this.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live in the home are encouraged and enabled to make their views and concerns known, and appropriate procedures are in place to ensure that they are protected from abuse and neglect.

Evidence:

The home has a clearly written complaints procedure. The Annual Quality Assurance Assessment (AQAA) states that no complaints have been recorded since the last inspection. Since then there has been one complaint to the home, from a relative, concerning changes in one of the flats and a minor injury that their relative sustained. The complaints record shows that the complaint was fully investigated and discussed with the parent. The AQAA stated, "Staff are now skilled in identifying issues that are a grumble and detail this in the 'Grumbles book' and pass onto to the manager. This has helped to keep the need to make an official complaint to a minimum. We attempt to empower residents and their families to make their views known and help us to develop." The expert by experience (EBE) asked the people he spoke to if they knew how to make a complaint. After some consideration, they all said that they would "go to see a member of staff."

The home has appropriate procedures for safeguarding vulnerable people, and all staff have training that includes understanding of these procedures. The staff who we spoke to were aware of the safeguarding procedures, and of their responsibilities for whistle blowing. Everyone who spoke to the EBE said that they feel safe in the home. Physical restraint is used as a planned procedure for individual behaviours for people in flat 2.

Evidence:

There are good records with full details of all incidents, including the technique used, the duration of the intervention and the effectiveness of the strategy. All the staff who work in flat 2 have annual training in the use of physical restraint. Two recent incidents, one for hospital treatment and one at the public swimming pool, should have been reported to the Commission as incidents that adversely affect the well-being or safety of people in the home (Regulation 37 of the Care Homes Regulations 2001).

The manager is fully aware of the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DOLS), which protect people from restraints that may be in place without proper authorisation. No-one living in the home is currently subject to a deprivation of liberty authorisation, and no-one currently has their liberty deprived without an authorisation. As described elsewhere in this report (see Independent Needs and Choices, Lifestyle, Personal and Healthcare Support), good use is made of MCA assessments to decide whether people have capacity to make individual decisions for themselves. Where they do not have capacity, the decision is clearly recorded as being taken in their best interest.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides a comfortable and well maintained environment for the people who live there, and the staff maintain a good standard of cleanliness and hygiene.

Evidence:

There are three separate self contained flats in the house. All the flats are decorated and furnished in a domestic style that suit the tastes and choices of the people who live there. Flat 1 has suitable equipment to meet the physical needs of the residents, including hoists and accessible bathrooms for people in wheelchairs. In all the flats each person has their own bedroom that reflects their individuality. We found a homely atmosphere in each flat, and we noted that there were fresh flowers in the lounges. The expert by experience (EBE) reported, "All the Flats that I visited were clean and tidy. The bedrooms that I was invited into were nicely decorated and had personal touches added to make them feel homely to the individual service user." The Annual Quality Assurance Assessment (AQAA) stated, "The emphasis in all flats is that of a homely environment and not a clinical environment."

The bedrooms provide sufficient private space for each person, but the lounges and kitchens provide limited communal areas. Harpenden Mencap has plans for a new purpose built building, and they are currently negotiating for a suitable site. In the mean time the current premises meet the needs of the people who live there, and the management and the staff team ensure that the people who live in each flat have a

Evidence:

comfortable home despite the limitations.

The home appeared to be clean and well maintained, and appropriate policies and procedures are in place for the maintenance of hygiene and control of infection. Each flat has its own laundry facilities. In flats 2 and 4 there are domestic style washing machines in the kitchens, and people are supported to do their own laundry. Washing machines should not be sited in an area where food is prepared. However in these flats it was reported that there is no soiled laundry, and the risk of infection is therefore minimal. In flat 1 there is a separate laundry with appropriate laundry equipment.

We found one concern that may affect the health and safety of the people who live in the home. There was an open box of dishwasher tablets in a cupboard in the kitchen of flat 1, and also bottles of limescale remover and sink and plughole unblocker. The home's health and safety data sheet confirmed that the dishwasher tablets should be kept locked away. There was no health and safety information for the other items, and they were therefore not assessed for use in the home in line with COSHH (Control of Substances Hazardous to Health) requirements. The other flats have locked cupboards in the kitchens, but there is no lockable cupboard in flat 1 kitchen. Due to the physical disabilities of the people who live in that flat the risk of access to harmful products may be minimal. However there has been no risk assessment to provide a guarantee of people's safety. The potentially harmful items were removed immediately, and we did not consider that there was a need for an immediate requirement to prevent the risk of harm to the people in the home.

In all other aspects, health and safety is given a high priority, and the staff have training and follow guidance on current good practice. They follow Food Standard Agency guidance for safe handling and storage of food, including regular checks of the fridges for out of date food, and clear labelling and dating of all opened food.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A stable staff team who have the experience and training to understand and meet their needs supports the people who live in the home.

Evidence:

The Annual Quality Assurance Assessment (AQAA) stated, "Support staff take a pride in their work and have an ownership in what happens at Stairways and do advocate well with and when needed on behalf of the residents both internally and externally. Each flat has a staffing establishment that reflects the needs of the residents in situ, is lead by a team leader and senior support worker (except in flat 4 which has a more hands on role undertaken by the deputy and assistant managers) and the rotas are structured in a way that enable the residents to undertake both group and 1-1 activities."

On the day we visited the home there were two support workers in flats 1 and 2, and 1 in flat 4. Each flat has a flexible additional allocation, so that additional staff can be brought to support people for hospital appointments and community activities. The expert by experience (EBE) reported, "In my opinion I thought that the staffing levels may need to be addressed as on visiting Flat 1 there were five service users with severe learning disability and physical disabilities, but I only saw two members of staff on duty." However the staff told us that they felt that there were sufficient staff at most times. We visited the home on a Saturday morning, when some people went out with families, and others enjoyed sleeping in late, so the staff had time to support them when they wished to get

Evidence:

up. The surveys that we received from members of staff all gave positive answers to the questions about the numbers of staff, and the training and support that they receive. One person said that what the home does well is, "Training, communication, have fun. Care and commitment." Another comment was, " Stairways provides a high standard of care and support for the people who work here." Two of the people who live in the home who completed surveys commented, "The staff are good." In the AQAA the manager said that in the next year they plan to recruit more bank staff and increase the pool of regular agency staff to ensure constant continuity and consistency.

We saw the file of a recently recruited member of staff. It contained all the information needed to show that the person is fit to work with vulnerable people. The person has already completed their induction training and mandatory health and safety training. In addition they have had training on Makaton sign language and PEG feeding. The numbers of staff holding professional qualifications, NVQs at levels two and three, considerably exceeds the requirement for 50%.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed for the benefit of the people who live there, and their views are actively sought and acted on.

Evidence:

The ethos of the home is that it is the home of the residents, and the staff support them to live their lives as they wish to. Each flat has its own character that reflects the people who live there, and there is a family atmosphere in each flat. The manager has been in post for over seven years. He has completed NVQ level 4 in both care and management. The manager and deputy manager oversee the whole home. In each flat there is a team of team leader, senior support worker and support workers. Harpenden Mencap is managed by a board of trustees, and the director provides effective support for the manager of the home and the service as a whole. The management have been proactive in ensuring that the service meets the changing needs of the people in the home. Additional funding has been negotiated for people with specific needs, training programmes meet the needs of the staff, and each flat has equipment and furnishings that fit the needs of the people who live there. The staff who we completed surveys and who we spoke to feel very well supported by the management of the home.

Evidence:

The Annual Quality Assurance Assessment (AQAA) states that the managers lead by example and keep up to date with legislation and any other relevant changes. "I feel staff are very well supported and praised for the work they undertake and they all see the management team undertaking tasks, organising and going on activities with the residents and generally leading by example and not asking staff to undertake tasks they are unwilling to do themselves. I as manager feel supported by the director and this allows autonomy in decision making and means that we can make decisions such as purchasing equipment quickly without a lot of red tape."

The AQAA provided evidence that there are good procedures for maintaining health and safety in the home. There are regular audits of health and safety checks in each flat. One resident from each flat is on the home's health and safety committee. The incidents record provides good details of all incidents in the home, and the manager understands the need for notifying the appropriate authorities of any serious incidents. However there were no notifications of some incidents where physical restraint was used (see Concerns, Complaints and Protection).

The director makes a formal monitoring visit every month that focuses on the views of the people who live in the home. There are regular meetings with the people who live in the home, and the responses to their concerns and comments are sent to their families and are available in each flat. There is an annual survey of the people in the home and their families. Regular management meetings monitor the procedures in the home, and the views of the people in the home.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No	Standard	Regulation	Description	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set

No	Standard	Regulation	Description	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161 or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.