Care at Stennings

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Inspection report

Stennings
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Tel: 01342719388

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 28 and 29 November 2018 and was announced.

Care at Stennings is registered to provide accommodation for persons who require nursing or personal care, for a maximum of eight people. At the time of the inspection eight people with a learning disability were living at Care at Stennings. Accommodation is provided in eight single bedrooms within two houses which are linked together by a conservatory. Each house has a shared kitchen, dining room and lounge. The gardens at the front and rear are secluded and accessible to the people living at the home.

Care at Stennings is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was built and registered before the publication of the Registering the Right Support best practice guidance. However, it is in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of the inspection. One of the providers was also registered as a registered manager at Care at Stennings. 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.

The provider had not ensured that we were notified of all safeguarding incidents, which they are required by law to do.

People were supported to have choice and control in most aspects of their lives and staff them in the least restrictive way possible; the policies and systems in the service had not always supported this practice. However, this was addressed by the registered manager following the inspection.

Quality assurance systems and the actions taken were variable. Areas highlighted for improvement, had not always been acted on. However, other quality assurance completed had been used to improve the service.

People told us that they felt safe at Care at Stennings. Risks to people and about the environment were considered and managed. Risks around infection control were mitigated.

There was a positive and person-centred culture. People were treated with kindness, compassion and respect. One person's relative told us, "He loves going back there." People's privacy and dignity was protected. People knew how to make complaints and felt confident to talk to staff or the registered manager

if they needed to.

People's health, social, physical and emotional needs were assessed for each person and their support planned for. People were involved in reviewing their support and setting goals to achieve or maintain. People were encouraged to be independent where possible and take part in household tasks.

People were supported to access regular healthcare support as needed. Medicines were managed safely.

People took part in activities which matched their interests. One person told us, "I go out on the bus, to the cinema and shopping." Some people attended colleges and day centres. Some people took part in voluntary work.

Staff were recruited using safe recruitment practices. New staff were supported with an induction training programme. Staff received regular training and supervision to ensure they had the right skills to support people. One person told us, "I like them, I get on well with staff." Staff worked well together and in partnership with other professionals and agencies.

People, their relatives and staff's views of the service provided were sought. The provider regularly visited the service.

During this inspection we found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and lessons were learnt when things went wrong.

Risks to people and about the environment were assessed and mitigated.

There were sufficient staff available to support people.

Is the service effective?

Requires Improvement

The service was not always effective.

The service had not always complied with the MCA. People had not always been involved in assessments of their capacity to make decisions.

People were supported access healthcare support.

Staff worked with each other and other organisations to support people.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People's privacy and dignity was respected.

People were involved in making day to day decisions about their support.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

People took part in activities which were tailored to their

interests.

People understood how to make a complaint and were confident to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had not correctly notified us of things that had happened at the service. Quality assurance checks which highlighted this had not always been acted upon.

The day to day culture was positive and person centred.

The service worked in partnership with other agencies.

Care at Stennings

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 28 and 29 November 2018 and was announced.

We gave the service two days' notice because the location was a small care home for younger adults who are often out during the day. We needed to be sure that people we needed to speak to were available.

The inspection was undertaken by one inspector.

We reviewed the information we hold about the location. This included any notifications. Notifications are information about things which the provider is legally required to advise us of, to allow us to undertake our regulatory function. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to three people, four relatives, three care staff and the registered manager. We spent time looking at records, including three people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We spoke to a health and social care professional for their feedback on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us it was, "the people around here, who live here and the staff," that made them feel safe. Staff received training about how to safeguard people from abuse. Staff were knowledgeable about indicators of abuse, including discriminatory abuse, and how to report any concerns.

Lessons had been learnt from accidents and incidents. Staff understood their responsibilities to raise and report any safety concerns. For example, when people had fallen the registered manager had looked at the circumstances surrounding the incident. Appropriate actions, such as referring to the local authority, had been taken when needed.

Risks to people were considered and assessed. For example, one person accessed the community independently. The potential risks had been assessed, with the involvement of the person. They and the staff had identified ways to reduce the risk, such as using a mobile phone and letting staff know where they were planning to go. Another person had a specific health condition which was affected by certain foods. Due to this, and their lack of awareness about which foods were safe for them to eat, the kitchen was locked at night. The risk around this and how people could gain access to the kitchen, as they wanted, had been assessed. Risk assessments were recorded and available to staff and others, as appropriate.

Plans were in place in case of emergency. Staff had been trained on what to do in the event of a fire and regular fire drills took place. There were regular checks of fire alarms, firefighting equipment and emergency lighting. Regular checks were undertaken about environmental risks, such as bedroom checks and testing water temperatures. The environment was kept clean and tidy by people and staff. Risks around the control and spread of infection were considered and managed. Staff had training in food hygiene and infection control and supported people in line with this. Policies were in place to guide staff in the event of an outbreak of infection.

Sufficient staff were available to meet the needs of people. The number of staff varied from day to day, depending on the needs of people and their plans. People were informed about the staff that would be in each day through a picture board. One person told us, "It's nice to know who is coming in." Outside of office hours support managerial support was available to the staff team through an 'on-call' system. People and their relatives told us there was always enough staff available for people. One person's relative said, "There are enough staff around." A member of staff told us, "Yes we have enough staff. We have enough time to do things. We work together as a team."

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. The registered manager told us that people formed part of the interview panel when recruiting new staff and their views considered in the selection process.
A Disclosure and Barring Service (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults.

Medicines were ordered, stored, given and disposed of safely. Staff offered people their medicines before preparing them. Everyone living at Care at Stennings had support from the staff team to manage their medicines. People's involvement in the management of their medicines had been appropriately assessed. Staff were trained in giving medicines and their competency to do so was checked regularly by the registered manager. When people were prescribed 'as required' medicines there was guidance in place for staff about when to offer these medicines. People had regular medicine reviews with healthcare professionals. One person's relative told us that the support staff had given the person meant that they now took medicines in a tablet form. In the past they had always taken medicines in a liquid form. People living at Care at Stennings took medicines with them when they visited family. Staff provided people's relatives with a medicine administration record (MAR) to allow them to record when medicines were given to the person.

Requires Improvement

Is the service effective?

Our findings

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.

At the last inspection, in February 2016, we identified the application of some key principles of the MCA, as an area of practice which needed to improve. These were specifically around medicine management. At this inspection people's capacity around the management of their medicines had been addressed. However, there were other concerns about the application of some key principles of the MCA.

We checked whether the service was working within the principles of the MCA. MCA assessments which had been recorded were not always in line with the principles of the MCA. These assessments did not always involve the person or relevant professionals or relatives, and were not always specific about the decision which was being made. For example, for one person the assessment was that person was considered not to have capacity, however, it was not clear what the decision was. Another assessment was about management of medicines. This assessment indicated that a conversation with the person had not been attempted as it was considered they would not be able to engage in it or grasp the content. When people were assessed as lacking the capacity to make decisions, the process of making a decision, about the least restrictive option in their best interests, was not recorded. We considered the impact to people about this. Staff sought people's consent for day to day decisions and therefore we considered the impact to people to be low.

Following the inspection, the registered manager reviewed their practice and provided us with evidence of MCA assessments they had since completed. These assessments were decision specific and demonstrated the involvement of the person and relevant others. Decisions made in the persons' best interest, and why this was the least restrictive option, were also recorded. We will not be able to confirm if this action has been sustained and imbedded until we next inspect the service.

Staff understood their responsibilities under the MCA and about DoLS. They could explain how to reach decisions in people's best interests if they were found to lack capacity about a decision. A member of staff explained how they considered people's rights, and how to meet them, for example ensuring there was sufficient staff to ensure people could access the community.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Applications for DoLS had been made as appropriate, though had not yet been processed by the relevant local authorities.

People's needs were assessed holistically. Care documentation included people's physical and emotional needs and the support they needed from staff. People were supported in line with these assessments. People's abilities and successes were highlighted, for example one person had learnt to travel independently in the local area.

People's healthcare needs were considered and supported. One person's relative told us that the staff had supported the person to attend healthcare appointments, when they had previously not liked to attend the doctor or dentist. People accessed regular healthcare appointments with support from staff, as needed. People had care passports which they could take with them if they needed to go into hospital, for example, to ensure that medical staff would understand their needs.

People told us they were involved with preparing meals. One person said, "We have staff helping us in the kitchen." People had individual menu plans, these included some home prepared meals. When people had specific dietary needs, these were well known by staff and appropriately supported.

Staff who were new to the service were supported with an induction programme. This included working with more established members of staff and reading information about people and the service. One member of staff told us, "I did lots of familiarisation trips and shadowing [of other staff] to get to know people."

People's relatives told us that staff had the right skills to support people. Staff had undertaken training in a variety of areas, such as understanding autism, fire safety and first aid. The registered manager explained how they kept up to date with developments in best practice and shared these with the staff team. Staff had regular supervision. Staff told us that any issues they raised would be dealt with quickly by the registered manager.

The staff team worked together to ensure people received effective care. This teamwork was supported with regular staff meetings. Topics included record keeping, upcoming activities and policy updates. Meetings were well attended by the staff team and staff told us they could bring up any issues they needed to discuss. Good communication between the staff team was supported by the use of a detailed shift planner and communication book. Any updated information was also shared in a 'notices to be read' file. This meant that staff were directed to any information which had been changed or reviewed, to ensure they were working from the most recent guidance.

Staff worked together with other organisations, health professionals and local day services to ensure people received the right support. One health and social care professional told us, "We have always found interaction with the staff and the organisation at Stennings very good."

People were involved with changes to their environment. For example, one person had recently painted an underwater mural on the wall of their bathroom. People's bedrooms were personalised to their tastes and with their belongings. People often spent time in the shared lounge areas of the home. People also sometimes spent time in the conservatory area of the service which was used as a staff office. Visitors were welcomed at the service and people spent time with their visitors where they chose to.

Good

Is the service caring?

Our findings

People were treated with kindness, compassion and respect. People told us they liked the staff team and got on well with them. One person told us, "I like the staff. They are kind and they listen." People had time to talk to staff and were given emotional support and reassurance as needed. A member of staff told us, "It is important to have time to talk, to tell me about their day."

People's relatives spoke positively about the staff team. One person's relative told us that staff were, "always polite and helpful." And that they, "can't fault the place." Another person's relative told us, "Staff are very friendly." People told us they could have visitors when they wanted and people's relatives told us they were welcome to visit people. One relative said, "You feel like one of the family."

People and staff had developed positive relationships. Staff knew people well, including their life histories and preferences. When people arrive home after being out for the day staff asked them about how their day had been.

Staff understood people's methods of communicating and responded appropriately. Staff explained how they communicated with people who did not use verbal communication and understood their responses through facial expressions and body language. A member of staff explained that one person would seek them out if they wanted to discuss something. They made sure to make time for the person when this happened. The person said, "You can talk to them [staff] if there is anything you need to know or are worried about." Another person used a pictorial 'now and next' board to help them to understand what was happening each day.

People were encouraged to express their views. There were regular meetings for people living at the service where they discussed various topics including upcoming events and household tasks. These were typed up in a pictorial format.

People's independence was promoted. Staff understood people, their needs and abilities well and encouraged people to undertake the tasks which they were able to. People told us they were learning new skills. One person said, "I tidy the rooms." People told us they were involved in their care and support. One person said about their care plan, "They tell me what is in in it and check I am happy."

People's privacy was respected. Staff explained that they made sure to knock on people's doors and ensured that people's dignity was respected during personal care by using privacy curtains, for example. A quiet space had been made available for staff to access for their personal use throughout the day.

Information about people was kept confidentially. People's records were kept securely in the office. Staff explained how they would maintain people's confidentiality if they needed to make a telephone call on their behalf, or discuss matters with other staff.

Good

Is the service responsive?

Our findings

People received personalised care from a staff team who knew them well. Assessments and care plans detailed people's life histories, physical, social and emotional needs. Care plans and guidance for staff was detailed and person centred. People and their relatives told us they were involved in regular reviews of their support. The registered manger explained that care documentation would be reviewed sooner if the person's needs changed.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's communication needs were assessed, this included the affect any long-term conditions had on their communication needs. Information was presented in a way that people could understand. For example, information such as the complaints leaflet and minutes of residents' meetings was available in pictures. One person used some Makaton as a way of communicating. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. A book of Makaton signs was kept at the service to ensure that all staff could communicate effectively with this person.

People's views on the support they needed, and their hopes and dreams were recorded. Goals had been agreed for things they wanted to change or achieve. For example, one person had identified cooking, developing their communication and having more patience as goals.

People were supported to follow their interests. For example, one person volunteered at local radio station. A member of staff told us their role was to, "make people's lives more fulfilled and enjoyable."

Activities were personalised to people's needs and interests. For example, one person told us about a local group they attended for people with Asperger's. They said, "I plan and decide what I want to do." People undertook various other activities including local day centres and community activities such as cycling, visiting a local swimming pool and discos. Two people were having personal training sessions at the local gym to support them to meet goals they had set themselves. One person's relative said, "They're always going out and about, always going somewhere."

The garden included a swing and trampoline which people enjoyed using in the summer months. Whilst people could use the trampoline freely, there was a list of rules, to consider safety. These were available in a pictorial format both within the house and a copy was attached to the trampoline.

People were supported to go on holiday. We spoke with one person who was planning their next holiday to America. They had a special interest in different music and were planning to visit an area known for a specific type of music. Other people had also gone on holidays which matched their interests, such as Disneyland Paris.

Information on how to make a complaint was available to people in a pictorial format. People told us they would speak to staff if they were worried about anything. Relatives told us that if they did need to raise an issue with the registered manager or provider, that things were resolved quickly and effectively. Records were kept of any complaints and compliments. There had been no complaints since the last inspection.

Although the people living at Care at Stennings were young, end of life arrangements had been considered with some people. The registered manager explained that this had not been appropriate for all people.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance audits had not always been used effectively to make improvements to the service. The provider had commissioned an audit from an outside care consultant agency in early 2018. This audit had identified items for the registered manager to action. One area highlighted was that a safeguarding notification had not been submitted to CQC, but no action had been taken. The registered manager explained that actions relating to this audit were monitored through the regular supervision held with the care consultant who completed the audit. However, this had not ensured that appropriate action had been taken.

The provider had not ensured the correct notification of all incidents notifiable to us. Providers are required to notify us of any incident of abuse or allegation of abuse in relation to a service user. This enables us to monitor types and numbers of allegations of abuse at the location, and take appropriate action as needed. A safeguarding had been investigated by the local authority about alleged abuse. However, we had not been notified of this. This was discussed with the registered manager who understood their obligations under their registration. The registered manager explained they had thought the local authority would advise us. Following the inspection, the registered manager submitted a notification regarding this incident to us. This was a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009.

Other quality assurance checks were more effective. For example, staff practice around medicines was overseen by the registered manager through regular medicines audits. These audits considered the storage, administration and recording about medicines to ensure staff practice was in line with good practice.

There was a registered manager in post. The registered manager was supported with supervision from a care consultant and kept their knowledge up to date with regular training and receiving emails from organisations such as CQC and Skills for Care.

The day to day culture within the service was positive and person centred. The registered manager knew people and staff well and had good relationships with them. Staff told us they felt well supported. One member of staff told us, "You can talk to [registered manager] whenever you need to." Another said they could, "bring up things and they get resolved." When things went wrong, details and the lessons learnt were shared with relevant people, in line with duty of candour.

People told us they saw the providers regularly. One person said, "They come in and check everything. I see them quite a lot." People's relatives told us that the registered manager was approachable. One relative said, "It has always been very well run."

Surveys about the service provided had been sent to people's relatives. The results were positive. Staff views had also been surveyed and the outcome of this survey had been shared at a team meeting. People's views on the service had not been captured in this format. However, people did have regular meetings with staff where they could raise any issues. People told us they could talk to staff and the manager when they wanted

to.

Staff worked in partnership with other agencies, such as the local authority and local day centres. Information was shared with relevant agencies are appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured the correct notification of all incidents notifiable to us.