

Welmede Housing Association Limited

Stiperstones

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

Stiperstones is registered to provide accommodation with personal care for up to eight adults with physical and learning disabilities. At the time of our visit eight people lived at the service.

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

The care service had not originally been developed and designed 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.

At our last inspection, the service was rated Outstanding. At this inspection we found the service had not sustained the outstanding rating in all domains. We found the service was good.

People had access to activities, however due to staffing issues, people were not participating in as many individual outings as they could do. We found that staff did not always support people to work towards goals to increase their life skills and independence. We have made a recommendation to the registered provider in this respect.

People were supported by sufficient, skilled staff to meet their needs. Staff had been through a recruitment process before commencing at the service and they received on-going training and supervision to support them in their roles. However, morale within the staff team was low due to provider-level changes. Although this did not have an impact on the care people received as staff remained professional and caring, it had resulted in some key staff leaving the service which in turn meant people were not able to go out as much.

Staff were aware of their responsibilities in safeguarding people from abuse. Risks to people's safety were identified and control measures implemented to keep people safe. People received their medicines safely and in line with prescription guidelines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act 2005 were followed to help ensure this.

People received support from staff who knew them well and positive relationships had been developed. On the whole staff treated people with kindness and were aware of their preferences and staff demonstrated a good understanding of people's communication styles. However, we did observe occasions when staff could have been more attentive towards people.

The service worked closely with healthcare professionals to ensure that people's healthcare needs were met. People had access to food of their choosing and people's individual dietary needs were met. People's care records were completed in detail and end of life wishes were being collected from people.

Systems were in place to monitor the quality of the service provided and ensure continuous development. The service worked proactively with other agencies. There was a complaints process in place and the registered manager submitted notifications to CQC in line with their registration requirements.

People lived in an environment that was clean, checked for its safety and adapted for their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service was Good

People were cared for by staff who showed them kindness, respect and dignity, although we saw occasions when staff could have been more attentive. Staff encouraged people to make their own decisions and complete tasks independently where they could.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was Good

People's care records contained a good level of detail and they received responsive care. However, we have made a recommendation to the registered provider about working towards goals for people. Staff had started work on collecting people's wishes at their end of life.

Activities were available for people, however due to current staffing issues they were not happening as frequently as before.

Is the service well-led?

Good ●

The service was Good

Although the service was well led by the registered manager, due to provider-level changes, staff morale was low.

Relatives and staff were impressed with the registered manager who had clear ideas on how they wished to improve the service.

There were governance arrangements in place to help ensure the service worked well for people.

Staff worked in conjunction with external agencies.

The registered manager submitted notifications to CQC as per their registration requirements.

Stiperstones

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 checked 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 was a comprehensive inspection.

The inspection took place on 19 November 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We 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. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with one person who lived at the service and observed the care and support provided to people. We spoke with the registered manager and two staff members. Following the inspection we spoke with, or received feedback from four relatives and one professional.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

Relatives told us they felt their family member was safe living at the service. One relative told us, "They (staff) are very good about the front and back door. You used to be able to just walk in. Now you have to sign a book." Another relative said, "We do feel he is safe because we have regular and personal contact with the staff."

Risks to people's safety were assessed and action taken to minimise the risks to people. Support plans gave guidance to staff. We read in one person's care plan a risk assessment for potentially tripping during the night when they got out of bed. We read that the hall light was left on to help prevent this. A relative told us, "They (staff) are extremely careful with him when they are out." Another relative said, "There is awareness of his balance and that has been improved with specially made shoes and a belt which they can use to support him when standing."

People were protected from the risk of abuse as staff were aware of their responsibilities. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of what they should do if they had any concerns. Guidance regarding reporting procedures were clearly displayed and where concerns had been raised these had been reported to the local safeguarding team.

People received their medicines in line with their prescription guidelines. Medication was securely stored in a locked trolley. Each person had a medicines administration chart (MAR) in place which detailed prescribed medicines, a photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as and when' required medicines (PRN). Where people were on liquid medicines, the date the bottle was opened was recorded.

Sufficient staff were deployed to meet people's needs, however due to recent provider-level changes some key staff had left the service. This had resulted in agency staff being used to cover shifts. Although this did not have a direct impact on people on people's care, there were times when, the registered manager told us, that staffing levels fell below the levels he would have liked. There was active recruitment ongoing and permanent staff worked well to cover any shortfalls in shifts. We observed that staff were available to support people both at home and when going out. Where people required one to one support we saw this was provided. A relative told us, "There are always people (staff) around. I have never got the feeling there are not enough staff."

Where people had accidents and incidents these were recorded, reviewed and signed off by the registered manager. The service was small and the registered manager knew people well which helped ensure that any trends in relation to accidents and incidents were easily identified.

People lived in an environment that was clean. We observed staff cleaning during the day and saw worktops and areas in the kitchen being wiped down before and after meal times. Staff told us they had access to personal protective equipment such as gloves and aprons. A staff member told us, "I disinfect everything and make sure I use the proper boards when cooking." A relative said, "It is always extremely clean."

Good recruitment procedures were in place to ensure staff employed were suitable to work at the service. We did not check recruitment files during this inspection as we had no concerns when we last inspected Stiperstones and no new staff had commenced at the service in the meantime.

Regular health and safety and maintenance checks were completed to ensure the premises and the vehicle used by people was safe. A fire risk assessment had been completed and personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. Water temperature checks were carried out and wheelchairs checks were completed monthly.

Is the service effective?

Our findings

People were looked after by staff who received the training they required to ensure they were effective in their roles. A relative told us, "Staff are caring and competent in their role." The registered manager maintained detailed training records which showed staff had completed training in areas including first aid, medicines management, food hygiene and moving and handling. In addition, training specific to the needs of the people living at the service was provided including autism. Agency staff new to the service were inducted by being paired with permanent staff. Staff told us they found the training useful in supporting them in their role. One staff member told us, "I'm always encouraged to do training."

Staff received regular supervisions to monitor their performance and support them in their job role. Staff told us they found the process useful for their development. One staff member told us, "I have a supervision each month. It's very useful."

Staff worked well together as a team and they told us they supported each other to help ensure people received effective care. Staff spoke daily with each other as well as the registered manager meaning that information relating to any changes to a person's care was shared to the whole staff team.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. Where required capacity assessments and best interest decisions had been completed with involvement of family members and relevant professionals. This included decisions such as medical treatment. Where people had no living family advocate services were provided for them. DoLS applications had been submitted to the local authority where restrictions were in place such as for the locked alarmed door and constant supervision. A staff member told us, "Capacity is at the forefront of everything. We have to help decide what is best for the person."

People were supported to access healthcare professionals when required. We read evidence of appointments with the GP, optician, psychiatrist, district nurses and speech and language therapist. The registered manager had developed a new health action plan for people which they told us was a, "Live document." They were also arranging for each person to have their annual health check. A relative told us, "They (staff) will try to access specialist advice where they can. On the medical side they are very caring."

People were supported to have a diet in line with their preferences and their nutrition and hydration needs were being met. Some people living at Stiperstones required a soft or pureed diet and we saw that they were provided with this at lunch time. One person had a wheat intolerance and as such a separate cupboard had been allocated in the kitchen where specific food items for this person could be stored and there was a separate menu for them.

People lived in an environment that had facilities available for their needs. There was an adapted bath in place and where people required it, a wheelchair available. In a separate building there were sensory items and soft furnishings which helped people to relax.

Is the service caring?

Our findings

Relatives told us that staff were caring and respectful. One relative told us, "They (staff) are always very loving towards him. They are very kind." Another said, "Fantastic. People (staff) really, really good. I have seen them be very caring to him." They added, "He is really happy and content. The atmosphere is lovely."

At our last inspection we rated the service Outstanding in Caring. We found at this inspection that although individual staff were caring and attentive, there were times when there was limited interaction from staff towards people. We noted in a provider audit in April 2018 this had also been observed. As such we have re-rated this domain as Good.

We observed people and staff had developed positive relationships. A relative told us, "Staff have developed a very good relationship with them (people)." Most people had lived at Stiperstones for a number of years and staff knew them well. Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacting positively with people and respecting their wishes. However, there were times when we observed staff distracted or sitting next to people, but not engaged with them. The registered manager had told us, "I am working on changing the culture and staff attitudes to ensure interaction, choice and control. The simple things that staff can forget."

People's dignity and privacy was respected. We observed a staff member adjusting one person's clothing to protect their dignity. Where people wanted to be away from others we saw them being supported to use the sensory area. A relative told us, "When I have been there he is always being treated with respect." Another relative said, "He is always really well dressed and cared for."

Staff demonstrated a good understanding of the way people expressed themselves. We observed staff communicated well with people in a manner which suited their individual needs. It was clear to staff that one person became anxious when the service vehicle was taken away for its MOT and we heard them telling the person, "Don't worry, another van is coming for the afternoon so you can go out." A staff member told us, "I can see that [name] is a lot more confident. I talk to him all the time. He's happier and when he visits family he is really happy to return." A relative told us, "They (staff) are attentive and listening out for them (people). They are watching for what the client needs."

People were involved in making their own decisions. At lunch time we observed people sitting together around a table. Staff were encouraging people to help themselves to bread to go with their soup. We saw that one person had chosen to have a sandwich instead of soup and people were being asked if they would like drinks and making choices whether to or not. When we arrived at the service a staff member checked with one person, who had accompanied them to the door, that they were happy for us to come into their home.

People were supported to be independent. We saw a staff member encouraging and supporting one person to make cakes with them and another person was seen making their own hot drinks with staff supervision. They were also seen unloading the dishwasher and placing items in the kitchen cupboards. One person had

been provided with an adapted spoon to enable them to eat their meals independently. We saw them using this at lunch time. We heard a staff member say to a person, "[Name] would you like to get a drink? What would you like?" We saw the staff member support the person to get the milk for their hot drink and put it in their cup independently.

People were supported to maintain relationships important to them. A relative told us, "They (staff) bring him down to me. It's nice for him to come to a different environment and it's a nice trip out for him too." Another relative said, "We bring him home weekly to us. If necessary, staff will drive him to us."

Is the service responsive?

Our findings

At our inspection in February 2016 we rated Responsive as Outstanding. We found at this inspection activities for people were not as individual or varied as they could be and setting and supporting people to achieve goals was not always taking place. As such we have re-rated this domain as Good.

Care was not as person centred or as individual as it could have been. Although people's care plans were completed in detail and reflected people's personalities and preferences, progress for people to develop life skills was limited. The registered manager told us, "One of the main goals for the staff is to provide people with the tools and support they need to lead as independent and happy life as possible." People met with their keyworkers on a monthly basis and goals were set. However, the key worker monthly meeting reports for one person did not record any significant progress. In January 2018 the keyworker had noted, 'no new skills other than basic carrying of laundry basket to his room'. In June 2018 we read, '[Name] was supported to go sailing which he enjoyed and will be going again when there are enough staff'. For the months of July and August 2018 we noted the keyworker monthly entry was blank. There was no evidence that any other skills had been encouraged or developed for this person since the beginning of the year. Following our inspection the registered manager sent us an action plan which included information on how they planned to address this.

We recommend the registered provider ensures people's care is person-centred and goals and aspirations are worked towards.

We did read however, specific information about people in their care plans. Such as one person who, 'likes own chair' and we observed them sitting in a particular chair regularly throughout the day. This person suffered with anxiety and a vibrating mattress had been purchased and placed in the sensory room as staff found this calmed them. We also read in their records, 'likes to put fingers in drink before drinking' and again we saw them do this. This person had an advocate and we read that the advocacy service visited regularly, setting actions and checking these had been completed. We read that staff had been asked to arrange a bowel screen and complete a mental capacity assessment for medicines. We noted both had been completed by staff.

People had access to activities, however due to current staffing issues activities were not as wide ranging as they could be. A staff meeting in September 2018 noted, 'staff shortages – difficult to go out on as many trips'. We read in one person's keyworker monthly report, 'has been out for drives, spent days walking around the home and garden'. We read in a provider quality visit in April 2018, 'staff to look at ways of reducing the television use'. Although there was music playing during the morning, we noted that the television was on throughout the afternoon. Although the registered manager had worked with the Tizard Institute in relation to developing new activities for people with a learning disability these had not progressed as quickly as he would have liked. For example, companion cycling and a sensory garden were planned. Staff told us that due to staffing issues the companion cycling had not commenced and although the sensory garden had been started it had stalled due to the staffing issues.

We did read though that staff had supported one person to apply for a bus pass and another person had been to the cinema with staff. A relative told us, "Eating and drinking means a lot to him and they do go out for lots of meals. He is content with those sorts of things." Another relative said, "We are really closely linked. We arrange fund raising to improve what they already have there. It's really excellent. He has a fascination with water and they've set some equipment up outside that he can interact with. They (staff) go to great efforts to get him out and about."

End of life care plans were in place for people. We read one person's care plan included who to contact in the event of their death, decisions around a pre-paid funeral and where they would like their ashes scattered.

There was a complaints policy in place which was in pictorial format. Records showed that no complaints had been received since our last inspection. A relative told us, "I have no complaints (if I did have one I would feel comfortable in discussing it with them). I am kept up to date with anything concerning [name]." We read of one compliment from a local charity which noted, '(Charity name) commended us on the care we give to people'.

Is the service well-led?

Our findings

At our inspection in February 2016 we rated the Well-Led domain as Outstanding. We found at this inspection however that this rating had not been sustained. This was mainly down to staff leaving the service due to provider-level changes. Although a new, very experienced manager had started at the service in February 2018 they had not had time to make the changes they wished and embed them into daily practice. We have therefore re-rated this domain as Good.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a lot of new ideas for the service, however these would take time to come to fruition and embed. They told us, "I am positively challenging staff to try things outside of their comfort zone. Realistically, I know what I need to do and where we need to improve." The registered manager had undertaken a vision assessment course and told us, "It helps me to build a picture as I've noticed [name] brings things closer to him to see and [name] likes cartoons. I wonder is that because there are big blocks of colour which are easier to see?" Other courses the registered manager had attended included end of life and dementia. He told us, "There are emerging health needs as people get older and we need to plan for that. We need to think what's best for the individual." The registered manager had developed a continuous improvement plan to move the service forward. We read that staff had, 'adopted a new way of supporting people in the morning' which was working well. We asked staff about this who told us, "We do personal care with a person and carry their care right through to supporting them with breakfast. It works well because people have the same member of staff with them the whole time."

Relatives told us they felt the service was managed well. One relative said, "He (the registered manager) is nice and friendly and easy-going." Another told us, "[Registered manager] seems to be managing the service well. Overall Stiperstones is a very well run residential home with caring supportive staff for a small number of residents with differing needs." A third told us, "He is brilliant. He calls and emails me."

Staff were equally complimentary about the registered manager. One staff member told us, "I speak to him every day. I feel 100% valued by him and I have learnt a lot from him – he has a lot of knowledge. He gives me the opportunity to take control which means he trusts me and that means a lot." They added, "I am more relaxed now and happy in the job because I've got support." A second staff member told us, "I couldn't ask for a better person (to manage me). Apart from being the manager, he's one of us."

However, we heard from staff how morale was low due to provider-level changes. This had resulted in some staff leaving which in turn meant more than usual agency staff covering shifts. It was clear from staff's attitude that people were at the heart of the service, so despite their feelings about the changes they had not allowed this to impact on the care people received or their attitude towards them. This was confirmed

by the interactions we saw between staff and people. A staff member told us, "Morale is low, but we go out of our way to make sure people do whatever they can. The staff are very much a unit and we count on one another." A relative told us, "Staffing was very good and stable. It was my first concern as a staff member left and it is clear that staff have been replaced with agency."

The service worked proactively with other agencies. The registered manager told us, "By working with the community team and in line with STOMP (stopping over medication of people), people's psychotic medicines have been reduced."

Regular audits were completed to monitor the quality of the service provided. These included monthly information governance, records management, infection control and health and safety. Audits were also completed by the provider monthly, using a rating grid. This summarised key information such as supervisions, team meetings, complaints, notifications and fire drills. Immediately following our inspection, the registered manager sent us an action plan writing, "I see the inspection as positive and will give a snapshot of where we are at the moment and more importantly where we need to refine the current support and recording processes." The action plan demonstrated to us that they had identified where improvements needed to be made.

Staff had the opportunity to meet together to discuss all aspects of the service. We noted there was a rolling agenda for staff meetings which covered topics such as staffing, accidents and incidents, health and safety and medicines.

Views were sought from relatives. A survey had been sent out in September 2018 and we read that the respondents had replied positively in respect of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.