

Stanmore Care Homes Limited

Sitwell Grove

Inspection report

3 Sitwell Grove
Stanmore
Middlesex
HA7 3NF

Tel: 07956136441

Date of inspection visit:
13 June 2017

Date of publication:
18 July 2017

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

Sitwell Grove is a care home registered to provide personal care and accommodation for four people who have learning disabilities. On the day of our visit there were four people living in the home. Public transport facilities are located within walking distance from the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us that they felt safe living in the home. There were procedures for safeguarding people. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding and reporting concerns of possible abuse.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff. Staff received the support and training they needed to carry out their roles and responsibilities in providing people with the care and support that they needed and wanted.

People's individual needs and risks were assessed and identified as part of their personalised plan of care and support. Risks to people were identified and guidance was available for staff to follow to minimise the risk of people being harmed and to keep them safe.

People's care plans were reviewed regularly and contained the information staff needed to provide people with personalised care and support. Staff demonstrated an understanding of people's needs and involved people in decisions about all aspects of their care and were responsive to people's preferences and changes in their needs.

Safe recruitment procedures ensured that only staff that were suitable working with vulnerable people were employed. Arrangements were in place to provide appropriate numbers of appropriately skilled staff to deliver the care people needed. Staffing levels were kept under review and adjusted when people's needs changed and to provide the support people needed to attend appointments and to take part in their preferred activities.

People had the opportunity to take part in a range of activities that met their needs and interests. People received a choice of meals, which met their dietary needs and preferences.

People's medicines were managed safely.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were appropriate systems in place to monitor, evaluate and improve the quality of the service.

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 remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sitwell Grove

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 an unannounced comprehensive inspection. The inspection took place on the 13 June 2017 and was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. The management staff had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager and deputy manager during the inspection.

During the inspection we spoke with the four people using the service. One of whom because of their particular needs could not tell us about what they thought of the home. We also spoke with the registered manager, deputy manager and three care workers. Following the inspection we spoke with three more care workers and two relatives of people using the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. They told us that staff treated them well. A person using the service told us when we asked them if they felt safe "Yes, I feel safe living here." Another person told us they would speak with the registered manager if they were worried about something. A person's relative told us "I feel [Person] is safe. [Person] would tell me if they didn't feel safe or if there was something wrong or staff were unkind."

Staff engaged with people in a friendly and respectful manner. People using the service approached staff without hesitation, indicated that they knew them well and were comfortable interacting with them.

Policies and procedures were in place to protect people from risk of harm or abuse. Staff we spoke with understood their responsibilities to report any concerns to the registered manager or to external agencies such as the local authority safeguarding team, CQC, and police when needed. Care workers told us they had been provided with a card that had the contact details of the host local authority safeguarding team.

The deputy manager told us that they also involved people using the service in safety training, which included fire safety and how to respond safely when people/visitors rang the doorbell. A person using the service responded in a safe way when answering the door, by speaking with the care worker on duty before letting us in, when we arrived unannounced to the home. This showed people had an understanding of safety procedures.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people.

The registered manager told us that staffing levels were responsive as they were adjusted when people were unwell and to provide people with the support they needed to take part in a wide range of preferred activities and to attend health appointments with staff. A care worker told us there were enough staff to be flexible so people could participate in an activity programme of their choice.

People received a range of support with the management of their finances. Appropriate records of people's income and expenditure were maintained and checks were carried out by management staff to minimise the risk of abuse. The registered manager told us that an audit of financial systems including people's monies was carried out annually by an independent financial auditor.

People's care plans showed risks to people were assessed and reviewed regularly so they were effective in meeting people's changing needs. People's risk assessments were personalised and included risk management plans to minimise the risk of people being harmed. People's risk assessments covered a range of areas including; finances, medicines, behaviour, falls, swimming, use of electrical appliances and kitchen equipment. A care worker was aware of people's risk assessments and told us people's risks were discussed during shift 'handover' meetings.

The service had a lone working policy. The registered manager and deputy manager told us they would develop this policy so it related better to the specific needs of the home.

Staff received the training they needed and assessment of their competency to administer medicines to people safely. There was clear information about each person's medicines available to staff. Although there were details about people's 'when required' [PRN] medicines, there were not protocols detailing the circumstances when the PRN medicines should be administered. The registered manager informed us that the protocol was for staff to contact him before administering any PRN medicines and that they would make sure that this was documented. Medicines were kept securely; however a box of laxative sachets, although stored in a locked room were not stored in a medicine cabinet. The registered manager told us they would make sure these were stored more securely within a locked medicine cupboard.

Fire safety and other checks of systems including gas and electrical service checks were regularly carried out. Each person had a personal emergency evacuation plan in place. An emergency 'grab bag' was available to staff and people using the service which included emergency contact telephone numbers and action that should be taken in the event of an emergency.

People were protected from the risk of infection. The home was generally clean, although there were areas which were dusty such as information documents displayed on the kitchen wall, and some cobwebs were noted in one area. The registered manager told us checks of the cleanliness of the service would in future be more thorough. Staff told us they had received infection control training and had access to personal protective equipment such as disposable gloves and aprons.

Is the service effective?

Our findings

People using the service told us they were happy with the care and support they received from staff, who they said were kind and listened to them. A person's relative told us "The staff are very good. They seem to understand [Person]. They know what to do."

Staff told us that when they started working in the home they had received an induction, which included learning about the organisation, and people's individual needs. A care worker told us that staff had shown them how to carry out a range of tasks to do with their role, and that the induction had been comprehensive and useful. Care workers told us they had completed the Care Certificate induction which is the current benchmark for the induction of new care workers. They told us that it had been informative, appropriate and relevant to their care worker role

Staff received the training they needed to carry out their roles and responsibilities in providing people with the care and support they required. Training records showed staff had completed training in a range of areas including; safeguarding adults, risk assessments, infection control, basic life support, moving and handling, medicines, autism awareness, behaviour that challenged the service and health and safety. Staff also received training to meet people's specialist needs such as diabetes and epilepsy training. Staff told us and records showed that staff had completed vocational qualifications in health and social care which were applicable to their roles.

Staff spoke in a positive manner about their experiences of working in the home caring and supporting people. A care worker told us "I am happy with everything." Care workers we spoke with were knowledgeable about the individual needs of people using the service.

Staff told us they received the support from management staff that they needed. A care worker told us the deputy manager frequently asked them how they were doing. Another care worker said that they felt well supported and told us "I speak with [deputy manager] all the time. They [registered manager and deputy manager] update us about the clients." Records of regular one-to-one supervision meetings between management and care staff, and appraisals were available. These indicated staff received the support they needed to carry out their role and identified training and other development needs. Management staff told us that this year they planned for 360° manager appraisals to be carried out from information obtained anonymously from staff and people using the service to gain their views of the leadership.

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). Management staff knew about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. At the time of the inspection there were no DoLS in place so people using the service were not deprived of their liberty to leave the service when they wished to do so.

A person confirmed that staff asked them for their consent before assisting or supporting them in any way

with their care and with other aspects of their lives. Staff knew that people's capacity to make decisions could change and then health and social care professionals, staff, family members and others important to people would be involved in making a decision in the person's best interest. Each person had a decision making record which documented the support people needed with making a range of decisions to do with their lives.

People were supported to maintain good health and saw a doctor when were unwell and/or needed to be referred for specialist care and treatment. People told us they saw a GP when they needed to. Records showed they received annual health checks and had access to a range of health professionals including; GPs, chiropodists, dentists, and opticians to make sure they received effective healthcare and treatment.

People's dietary needs and preferences were met by the service. A person told us they received the meals that they enjoyed and participated in the weekly purchase of personal food items. The person confirmed that snacks and drinks were available at any time. Records showed that the food eaten by people was monitored to ensure people's nutritional needs were met by the service.

The premises was suitable for people's needs. A person with mobility needs had a bedroom located on the ground floor. People told us they were happy with their bedrooms. A large broken tile located in a bathroom required replacing. The registered manager told us this would be addressed.

Is the service caring?

Our findings

People told us that staff were kind and treated them well. They told us that staff listened to them and provided them with the assistance and support they needed. A person told us "I like it here." People's relative's told us "I am very happy and I think [Person] is happy. [Person] sees it [Sitwell Grove] as their home. [Person] loves it there."

People's care plans were developed through discussion with people and included details of their preferences and individual needs. From talking with staff we found that staff knew people well and understood their varied needs. They informed us that they got to know about people's needs from talking with management staff, reading people's care plans and talking with people about their lives and needs.

People's care plans contained information in written and picture format about people's preferences and included detailed guidance about how to support people to meet their needs and achieve their goals. The registered manager and a care worker spoke about constantly learning something new about each person. The registered manager provided us with an example of recently having had a conversation with a person during which had found out something new about them despite having known them for years. Staff spoke to people in a friendly and respectful manner.

People told us they were fully involved in making choices and decisions about their lives. A person told us that staff had helped and encouraged them to be as independent as possible. The registered manager and deputy manager told us about a person's previous difficulty in making life choices and that with support and guidance from staff they were now making a range of decisions independently. A care worker spoke of their role in providing people with emotional support and told us "We support them [people] in the way they want and need. It is whatever they want. Every day is different."

People were supported and encouraged to develop their everyday living skills in a range of areas including; cleaning their bedrooms, laundering their clothes and cooking. A care worker told us "We are there for support and to promote independence."

People told us their privacy was respected. They confirmed they had a key to their bedroom that they could lock whenever they wished to do so. During the inspection we found some people had chosen to lock their bedroom door before going out. A care worker provided us with an example being respectful to people in the home, they told us "It is their [people] house. I always ask them [people] when I come to work if I can come in to their house."

Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's records were kept securely.

People were supported to maintain relationships with friends, family and others important to them. People had their own mobile phones so could contact family and friends whenever they wished. A person using the

service spoke of the guidance and support they had received from the registered about a family matter. The registered manager spoke of the importance of developing a positive relationship with those important to people and to also provide them with support when this was needed. People's relatives told us the service supports people to visit them and to keep in contact with them. A relative also spoke about feeling very supported by management staff.

A person using the confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. A person regularly attended a place of worship. A person's birthday had recently been celebrated by the service. A person was supported by the service to attend the funeral of a close family member.

Staff had a good understanding of the importance of respecting people's individual needs, dignity and preferences. People could choose the gender of the member of staff that assisted them with personal care. The deputy manager told us and records showed that a range of areas including transgender and protected characteristics of the Equality Act 2010 such as sexual orientation had been discussed with people using the service and staff. A care worker told us that they had received equality and diversity training and told us "Everyone should have equal rights and choice." People were registered on the electoral roll and had voted at a recent general election.

Is the service responsive?

Our findings

People told us they received the care and support they needed and were fully involved in decisions about their care and in its review. People's relatives told us "We go to meetings once a year about [Person's] care. They ring me and tell me if anything is wrong. [Person] has improved so much."

Before moving into the home people received an initial assessment of their needs which was carried out by management staff. During the initial assessment information was gathered about people's health, background, likes, interests, needs and goals, which formed the basis of people's plan of care and support. Information about people's care and support needs was also received from the placing local authority. Records showed that people visited the service and met staff and people using the service before they moved in, which helped them gain the information they needed about the service.

People's care plans were developed from their initial assessment and from speaking with people about their needs and preferences. Management staff told us and records showed people were supported to be actively involved in the planning of their individual care plan and were encouraged to identify areas such as 'goal reviews', 'decision making', 'my difficult situation' and a 'staff wish list' to help them further identify their wants and needs in a personalised manner.

Care plans identified the support people needed with their care and other aspects of their lives. The three care plans we looked at were person centred in containing detailed information about a range of areas to do with people's lives and needs including; the person's health, support and care needs, their preferences, goals, abilities and religious and cultural needs. Guidance was in place for staff to follow to ensure people's needs and goals were met. The care plans also included guidance to help staff be responsive and effective in managing and reducing behaviour [from people] that challenged the service. People had signed their plan of care and other documentation to do with their care, which showed they knew about their care plan.

Staff we spoke with understood the needs of people they supported. They knew where to access people's care plans so they could refer to them when they needed to do so to ensure they provided people with the care they required. A care worker told us that the deputy manager regularly discussed people's needs and any changes with them.

Staff told us that they worked in a flexible manner so that they were responsive to people's individual needs. Care workers provided us with a number of examples that demonstrated adaptability, such as being supportive of people choosing the member of staff they wanted to accompany them on an activity or to attend appointment. They also told us that people sometimes chose to have a one-to-one meeting with a different member of staff than the one they had the previous meeting with, and this was accommodated.

Staff were responsive to changes in people's needs because they carried regular reviews of their health and the support they required. Staff told us that people's needs were discussed during supervision, team meetings and during 'handover' at the beginning and end of each working shift. So staff were kept up to date and well informed about people's needs and of any changes which ensured people received the care

they required. Staff knew about the importance of reporting any changes in people's needs to the registered manager and/or deputy manager. A care worker told us "People's needs can change daily, we always discuss them."

The service has taken part in the 'red bag' scheme, so when a person needs to go into a hospital, they take with them a red bag which contains their details, vital information about their health conditions and medicines, toiletries and clothes. A member of staff would accompany the person and and/or regularly visit the person to provide hospital staff with more information about the person to help doctors and nurses treat them more effectively.

People were supported by staff to participate in activities of their choice and to pursue their personal interests. The service had a vehicle which could be used to support people to access activities, appointments and other events. People told us about the activities they took part in, which included, shopping, going to the cinema, attending college, watching video games, writing and swimming. A person told us about the day centre they attended and the range of activities they took part in at the centre. People were encouraged to choose what they wanted to do and were supported by staff to take part in their chosen activity, which helped to prevent social isolation. We heard staff ask the person where they wanted to go shopping, the person named the place and their decision was respected and supported by staff. Everyone went out during the inspection. A person went to a shopping centre with a member of staff and others participated in a range of activities.

The service had a complaints procedure. This was accessible to people within the home. A person told us they would speak with the registered manager if they had a complaint and were confident that they would be listened to and their complaint appropriately addressed. Records showed that during one-to-one meetings with staff people were asked if they had any issues or concerns that they wanted to discuss. There had been no complaints recorded within the last year. We were informed by management staff that several compliments had been received about the service.

Is the service well-led?

Our findings

People spoke in a positive manner about living in the home and about the staff including the registered manager. People's relatives were very complimentary about the service and the management staff and told us they felt the service was well-led and would recommend it. They told us "[Registered manager] and [deputy manager] are very good. They are lovely" and "We are extremely happy."

Staff were also very complimentary about the way the service was run and of the support they received from management. Care workers told us that the registered manager and deputy manager were "Good to work with" and "They [management] treat us fairly."

The service had a registered manager. 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 and the deputy manager understood their role and responsibilities and promoted a positive culture of openness and involvement with people using the service, staff and those important to people. They told us that they ensured that they kept up to date with legislation and best practice guidance. They were visible within the service and had a 'hands on' approach spending time with people using the service and supporting them with activities and attendance at appointments. It was clear from speaking with people that they knew the management staff well. A person spoke positively about their relationship with the registered manager.

There was an open door policy. People using the service and staff were able to speak with management staff at any time and in private if they wished. The registered manager spoke of the importance of staff listening to people using the service and told us that he regularly discussed this with staff. There was an 'on call' system so management staff were available for advice and support 24 hours a day.

The registered manager told us they welcomed all feedback about the service. People using the service were supported and encouraged to feedback about the service. Annual surveys were carried out to obtain people's views of the service. Records showed that there had been analysis of people's feedback in 2016 and action to improve people's contact with family members was carried out. Regular meetings with people who used the service were held to discuss their needs and the service. Arrangements were in place so people had the opportunity to provide feedback about the service anonymously. A person's relative told us they had been asked for feedback about the service during a care review meeting. Another relative told us they had completed a feedback form.

Staff meetings were held regularly and staff told us they felt comfortable raising issues to do with the service and their views would be taken into account. A care worker told us "I am happy working here, if I wasn't happy about something I would say." Staff had the opportunity to feedback their views of the service, and in 2016 had been positive about their experience of the service. The service had recently introduced the

scheme of having an employee of the month for an employee who had shown particular qualities in their work.

The service worked closely with health and social care professionals and other agencies including the host local authority to make sure people received the service they wanted and needed. The local authority had carried out a monitoring check of the service in October 2016 and had completed a positive report of their findings. We spoke with a representative from the local authority prior to our visit, who spoke positively about the service.

The service had recently initiated a system to promote the accessibility of information to people using the service and staff. The system enabled people to scan a barcode and information about a topic is then uploaded onto the person's phone. Examples of topics include hand washing guidance and instructions about how to make a cup of tea. The registered manager told us that this system was at early stages of development and that its use by people was in the process of being encouraged and promoted to help provide people with access information and guidance about a range of subjects as well as to promote their independence.

The registered manager told us that people using the service participated in the recruitment of staff by taking part in the process of interviewing staff so they had some influence on who was employed to work in the home.

Effective quality assurance systems to monitor and evaluate the quality of the service were in place. Audits and a range of checks were carried out. These included checks of fridge and freezer temperatures, window checks, reviewing people's care plans and auditing their content, complaints, record keeping, hot water temperatures and 'walk around' environment safety checks to ensure the service provided to people was of good quality so people received the service they needed and were safe. Also an unannounced annual monitoring check of the service had recently been carried by a senior member of staff from another service and recommendations from the check had been actioned.

Accidents and incidents including occasions when people's behaviour challenged the service were recorded and monitored to identify patterns and trends and action was taken to minimise a recurrence and to promote people's safety. For example analysis of incidents to do with a person's unsocial behaviour were found to occur at a particular time of day so staff ensured that they spent time with the person during that time to minimise the risk of similar occurrences.

The provider was meeting the conditions of their registration. The registered manager ensured notifications about incidents and other events were submitted to CQC when necessary. They displayed their previous CQC performance ratings in line with legal requirements.