

# Community Therapeutic Services Limited

# Stewart Court

## Inspection report

Stewart Court  
1, 2 and 3 Robin Close  
Bristol  
Avon  
BS10 6JG

Tel: 01179504126

Date of inspection visit:  
21 September 2017  
22 September 2017

Date of publication:  
02 January 2018

## 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

This inspection took place on 21 and 22 September 2017 and was unannounced. This was the homes first inspection and rating.

Stewart Court provides accommodation and personal care for up to 10 people. At the time of our visit there were four people living at the home.

At the time of the inspection there was a registered manager registered with the CQC however there were no longer in post and had left the organisation. There was a new manager in place but did not wish to become the registered manager. The home was advertising to recruit a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the home is run.

The manager and staff understood their role and responsibilities to protect people from harm. Staff had received training in how to protect people from abuse. The risks to people had been assessed, recorded and plans implemented to manage these.

People were provided with safe care by adequate numbers of appropriately skilled staff being made available. Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only the appropriate people were employed to work at the home.

Medicines were handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Records showed appropriate mental capacity assessments had been carried out.

Staff received induction and training. A training programme was in place and staff had been encouraged to complete all mandatory refresher training. Staff had supervision meetings and team meetings were held to support them in their role.

People had their nutritional needs assessed and monitored and were supported to enjoy a range of food and drink of their choice.

People said they were treated in a kind and caring manner. People were able to make choices about the way they were cared for.

People were supported to access health care professionals and health care services when needed.

Activities were personalised for each person. People made suggestions about activities they wanted to participate in each day. People were offered the choice if they wanted to go out with staff daily.

People were actively encouraged to provide feedback. Complaints were investigated and action taken to address concerns when needed.

## 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 home was safe.

Staff were confident about recognising and reporting suspected or actual abuse.

Risks associated with people's care were identified and managed. Staff understood how to manage risks.

Policies and procedures were in place to minimise the risks of infection.

People's medicines were managed safely.

There were enough staff on duty to support people's needs. Pre-employment checks of staff were carried out before they started work at the home.

### Is the service effective?

Good ●

The home was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered.

The manager knew their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to protect people.

People received a nutritious and balanced diet.

People had access to healthcare services and had their healthcare needs met.

### Is the service caring?

Good ●

The home was caring.

People were treated with kindness and compassion and had their privacy and dignity respected.

Staff understood people's needs and the things that were important to them. Independence was encouraged.

People we spoke with were positive about the care and support they received. We observed good interactions between the staff and people who lived at the home.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

### **Is the service responsive?**

**Good** ●

The home was responsive

People had plans of care in place that detailed the care and support they needed. These were regularly reviewed.

People were involved in activities in accordance with their needs and preferences. The activities were based on the needs, preferences and choices of each person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the care provided.

### **Is the service well-led?**

**Good** ●

The home was well-led.

The home had a positive, open and transparent culture.

There was good management and leadership at the home. The manager had a clear vision of where they wanted the home to go in the future.

Accidents and incidents were monitored by the manager to ensure any triggers or trends were identified.

There were systems in place to monitor the quality of the care provided to people. Regular audits were carried out by the manager.

The Care Quality Commission (CQC) had been notified of important events within the home, in line with current legislation.

# Stewart Court

## **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.

The inspection took place 21 and 22 September 2017 and was unannounced. This was the homes first inspection and rating. The inspection was undertaken by one adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home. This included notifications we had received from the home. Services use notifications to tell us about important events relating to the regulated activities they provide.

Three health and social care professionals were contacted in order to gain their views about the home. We did not receive a response from them.

During our visit we met and spoke with two people living in the home. We tried to contact two relatives but did not receive a response back. We spent time with the manager and spoke with four staff members. We looked at the care records of two people living at the home, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the home. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

## Is the service safe?

### Our findings

We asked people if they felt in safe living at the home. Comments included, "Yes", and "Yes because the staff are with me to help". We observed the support people were provided with and the interactions between them and staff. We found people were provided with the appropriate level of support and interacted well with staff.

Staff had received training in safeguarding vulnerable adults and were able to describe what abuse was and the different types of abuse. Staff had a good understanding and were aware of their responsibility to report any concerns. The arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available to staff. Staff we spoke with said, "I would report any concerns to the manager without delay. If the manager was not on duty I would report this myself" and "We are all taught how to raise any concerns and who this should be reported to. I would feel confident in doing this".

Individual plans were in place for managing people's behaviour and related health conditions. Specialist input from professionals which included the community learning disability team had been obtained. Records demonstrated clear strategies were in place to ensure people were safe including behaviour management plans. Staff had received the appropriate training in managing risks in relation to epilepsy and positive response training.

The home appeared clean, fresh and tidy. There were sufficient hand gels placed in prominent positions around the home including in toilet facilities and the entrance hall. The kitchen had not yet been rated by the local authority's food safety department. Policies and procedures were in place to minimise the risks of infection and these were adhered to by staff. Staff had been trained in the prevention and control of infection and food safety. These arrangements helped minimise the risks of cross infection within the home.

Staff attended fire training which was held yearly. Fire drills were carried out several times a year. A fire risk assessment was in place and regularly reviewed by the manager. Repairs and maintenance work was carried out in a timely manner to ensure the environment was safe for people. Records showed risks had been assessed and general maintenance of the building had been maintained. Audits of the building had been carried out, these included checks on fire alarms, emergency lighting, fire extinguishers and portable appliance testing. Audits identified any potential risks to people. The staff we spoke with told us that the fire training was the best they had attended as they were shown how to use fire extinguishers.

There were enough staff to meet people's needs and keep them safe. People living at Stewart Court had complex needs and required one to one support or two to one during the day time. Seven care staff were on duty during the inspection visit. At night three support staff worked waking nights and one on call sleeping staff was on duty and could be called, upon in the event of an emergency. Additionally there was a rota system in place with a registered manager on call from one of the providers care homes. A senior manager was also on call out of hours. We looked at the staff roster for the four weeks prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to support people. Annual leave, sickness and training had been covered by permanent staff as overtime. The home employed

bank staff who helped to cover any shortfalls. Shift leaders were on duty throughout the day to manage the daily running of the home and to support staff and the manager. The manager told us staff were recruited prior to a person moving into the home. This was often done during a person's transition period where they got to know the staff.

We looked at staff recruitment records of three staff and spoke with them about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the home was robust and they did not start work until all necessary checks had been completed. The manager told us that they involved people living at the home within the recruitment process. This included each applicant carrying out a trial day at the home before an offer of employment was made.

People were supported to take their medicines as prescribed. One person was able to verbally tell staff if they needed to have medicines 'as required' rather than every day, for example if they were in pain or felt anxious. When people were not able to ask for this medicine, we saw there were clear protocols in place that gave staff information about the signs to look out for. Medicines were stored securely in each person's room so that only authorised people could have access to them. Staff received training to ensure they were competent to administer medicines. One staff member told us, "Shift leaders administer medication each day so there is good control of the system".



## Is the service effective?

### Our findings

Staff said they felt supported by the manager comments included, "We are lucky to have such a supportive manager who encourages us to develop in our role" and "I feel very well supported and we have opportunity's to undertake ongoing training".

New staff received an induction to the home when they first started work. This included working alongside more experienced staff so they could get to know the individual needs of people. Induction training included staff undertaking the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff with skills and knowledge that prepares them for their role as a care worker. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. Staff were supported working at the home because there was always a staff member to go to if they had any concerns.

Staff received comprehensive support to carry out their role. Staff we spoke with said they had regular supervision, handover meetings and attended staff meetings. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed each member of staff had received supervision and had attended regular staff meetings. Records confirmed staff had received an annual appraisal to discuss their ongoing training and development.

Staff said they attended on-going training on a regular basis. Staff said they had access to training relating to people's specific needs for example autism training. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. The training completed by staff included, safeguarding vulnerable adults, medication safe handling, infection control, fire, health and safety, food hygiene boundaries training, emergency first aid, person centred planning and moving and handling. Staff spoke positively about the training provided to them comments included, "Fire training was really good and we got to use fire extinguishers" and "The autism, training is the best I have seen". This meant training was planned and was appropriate to staff roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff that had good knowledge and understanding of the MCA. The manager and staff we spoke with had a good level of insight about their duties under the MCA and how to support people with decision making.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection two applications had been

authorised by the local authority. Records confirmed a further two application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the home on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

People were able to be involved in making decisions about their care and provided consent where possible. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. People's care records contained clear information about whether people had the capacity to make their own decisions. Assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. Staff said they always asked people's consent before providing any care and continued to talk to people while delivering care so people understood what was happening.

The manager told us no persons living at the home were at risk of malnutrition. People's care plans recorded information about their nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. We observed a variety of drinks and snacks were available for people in their own flats. Meals were individually prepared with people in their own flats by staff. The staff told us that this was much more person centred and helped to involve people in preparing and cooking meals.

## Is the service caring?

### Our findings

Throughout our inspection people appeared happy and relaxed in the presence of staff, and staff communicated with them positively. Staff supported people in a caring and responsive way, while assisting them to go about their daily lives and take part in social activities. People were supported to maintain friendships and contact with family members. One person told us they visited their family member regularly and kept in regular contact by phone.

For some of the people using the service it was the first time that they had lived in their own environment within a care home. Other people had moved from other care services which included secure environments. Each person living at Stewart Court had their own flat which was spacious and homely. An example being in one person's flat some walls were covered with an array of photos and pictures which was meaningful. People had a choice with regards to how they wanted their flats decorated and furnished. This was discussed with them during their transition period to the home.

People were cared for by staff who knew their needs well. Staff were recruited to care for people as part of people's transition to the home. This helped to ensure the staff that cared for people were familiar and offered them consistency. We observed staff showed empathy throughout their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. When communicating with people staff waited patiently for people to respond. Staff clearly explained options which were available to the person and encouraged them to make their own decisions. For example, whilst we were speaking to one person they stopped engaging in conversation with us. The staff asked them if they wanted the Inspector to leave as they pointed to the door. The person nodded their head and pointed to the door again. It was clear the staff had a good understanding of this person's needs.

People received person centred care that was individual to them. Staff understood people's specific needs relating to their age and disabilities. Some staff had previously worked with the people they cared for at other care services several years ago. They had built up relationships with them and were familiar with their life histories and preferences. Care records contained details of people's preferences, such as their preferred name and information about their personal histories.

Staff told us people's independence was encouraged wherever possible. Staff talked about how they encouraged people's independence, such as during personal care and this had resulted in one person's independence with washing and dressing themselves being developed further. Another person was encouraged to walk as much as possible. One person told us the staff encouraged them to be independent and prompted them to change their clothes. They told us their aim in the future was to be able to show the staff they can look after themselves. They hoped in the future they would be able to look after their own pet.

Dignity, respect and values were discussed with staff. The manager and the staff had designed a set of values which they adhered to. This was discussed during several staff meetings and were written from a staff

team perspective. This was around supporting people who lived at Stewart Court. The values included individuality and diversity, thoughtfulness and respect, team working and respect, independence and choice, listening and openness, empathy and compassion and knowledge seeking to understand others. The manager told us their aim was to keep these alive in the home and to be meaningful.

## Is the service responsive?

### Our findings

Staff described how they delivered support in response to people's individual needs, routines and aspirations. We were given examples of the progress people had made by staff being responsive to people's needs and developing ways of working with them. This included support with physical and emotional needs, promoting independence skills, confidence building, reducing anxiety and encouraging social interaction.

Assessments took place before people moved to Stewart Court to determine if the home could meet their care needs and expectations. We looked at the way the home assessed and planned for people's needs, choices and abilities. The manager described to us the process of assessing people's needs and abilities before they moved into the home. This involved gathering information from the person and other sources, such as health professionals, families and any support staff from other settings. Transitional arrangements were made and people were encouraged to visit to have a meal and stay for short breaks. The manager told us that each person's transition period varied and could be as long as 6 months. This meant people would have the opportunity to experience and become familiar with the home before they moved in.

Information from the assessments was used to develop care plans based upon people needs. We looked at two people's care and support plans and other related records. This information identified people's needs and provided in-depth and detailed guidance for staff on how to respond to them. The care plans were written in a person centred way and included pictures to help make them more accessible to the person. Staff told us care plans were useful and informative, they said they had access to them during day and were able to write informative records within them. People's care needs were regularly monitored and reviews of their care and support were held regularly with staff.

Arrangements were in place for staff to be assigned designated responsibilities for the care and support people required on each shift. This meant the provision of care and support could be more effectively managed and monitored. There were ongoing discussions, including 'handovers' and staff meetings to ensure people received coordinated and personalised support in response to their needs.

Staff regularly communicated with those living at the home verbally but also used Makaton as a form of communication. 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. Staff spoke positively about the use of Makaton with one person. They told us that as a staff team they were learning Makaton and were being supported to learn this by a member of staff. The staff we spoke with were proud about learning this skill and were able to describe to us the benefits in learning this. An example being was enhanced communication and a better understanding of one person's needs.

People were supported to participate in a range of meaningful activities, in line with their interests and preferences. There were activities away from the home to ensure people had opportunity to be part of the

local community. These had included skittles, bingo, shopping, local walks and cafes. There was also a range of activities provided for people at the home, including art/crafts and sensory items. Records confirmed each person had a varied programme of activities. The staff we spoke with told us plans were in place to take people away on holiday on an individual basis. One person who lived at the home often asked the staff for a day off. The staff were able to tell us that this meant they were wanting to go away on holiday.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, dentists, opticians, social workers and the community learning disabilities team. The manager told us if people needed to see their doctor they were encouraged to visit the doctors surgery with staff. Some people were not able to visit the GP surgery and the GP's would visit as and when required.

A complaints procedure was in place within the home and this was available to people. There had been one complaint raised within the last 12 twelve months and the appropriate action had been taken. Staff knew how to respond to complaints if they arose. People confirmed if they were not happy they would speak with staff or the manager. People we spoke with were happy with the care they received and suggested no changes could be made to improve the home. One person confirmed they were happy with the care they received and nodded their head when asked. Staff told us they would notice any changes in people's behaviour which may indicate they were unhappy.

## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager registered with the CQC however there were no longer in post and had left the organisation. There was a new manager in place but did not wish to become the registered manager. At the time of our inspection the home was advertising to recruit a registered manager. The manager who was in post had previously managed care services and had a wealth of experience. The manager told there notice period was open ended. This was to ensure a new manager was fully recruited to the role and that a smooth induction and handover was given.

People we spoke with were not able to tell us if they thought the home was well led. Staff we spoke with told us the home was organised and well managed. The manager knew people and their needs well and they had a visible presence throughout the home. Staff we spoke with said the manager was hands-on in her approach. Staff comments included, "She is such a lovely caring person and we are lucky to have her here managing us", "She is very person focussed and wants the best for us all. She is very on the ball with managing the home".

The manager had clear visions and values of how they managed the home. The main aim was to offer people personalised care at high standards. They told us their focus for the next 12 months was to continue to develop a third building within the grounds. Two buildings were open and the third building was closed and was due to undergo essential works in the near future. When the third building was ready to open, the manager planned to move people into the home on a gradual process. This was to ensure the transition period for people was successful. They also planned to continue to create a safe and therapeutic environment for people.

The manager said they were very well supported by the provider (owner) and their line manager. The line manager visited the home several times each month and often phoned daily. The manager said the line manager was always at the end of a phone for advice and support. During the inspection we had the opportunity to meet with them. They spoke very highly of the manager and told us about the managers achievements and skills in being the home manager. This included there "excellent" leadership skills and person centred approach.

The manager and staff went the extra mile in supporting people. The manager spoke about accepting people into the home who had previously been let down by the care system. They spoke about people who had spent many years living in secure environments because other care providers could not meet their challenging behaviours. Stewart Court successfully worked with people to bring out the best in them. We heard stories of how people were being rehabilitated back into community life and were being encouraged to make choices for themselves.

Systems were in place to monitor accidents and incidents within the home. Accidents and incidents at the home were recorded appropriately and reported to the manager or senior member of staff on duty. Any injuries to people were recorded on body maps with a completed accident form. An incident trend analysis was undertaken monthly by the manager which looked at accidents and those caused by aggressive

behaviour. This helped to identify any trends and potential situations which could result in further harm to people. This meant people were protected against receiving inappropriate and unsafe care and support.

The home had a programme of audits and quality checks and these were shared out between senior staff and the manager. Regular audits had been completed of the environment, medicines, care records, finances, health and safety and infection control. Regular checks were also made to ensure fire procedures were safe and in line with health and safety guidelines.

Quality assurance systems were in place to drive improvements within the home. For example, surveys were due to be sent out in October 2017 to obtain feedback from people and relatives about the care they received. We were told surveys would be analysed by the manager with the necessary action taken to address any shortfalls.

The manager appropriately notified the CQC of incidents and events which occurred within the home which they were legally obliged to inform us about. This showed us the manager had an understanding of their role and responsibilities. This enabled us to decide if the home had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.