Waterstone Residential Care Ltd

Stonebridge House

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

About the service
Stonebridge House provides accommodation and personal care for up to six people aged between 18 and 65 years, who have a learning disability and autism. Stonebridge House is a bespoke residential care organisation based in Maidstone. At the time of our inspection, two people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe at Stonebridge House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

Medicines practice was safe. Medicines records were accurately signed with no gaps in recording. Staff had detailed knowledge of the system in place. The environment was well maintained, and infection control procedures were adhered to. All required safety checks were completed.

People were involved in the running of the service and were consulted on key issues that may affect them. People's rights, their dignity and privacy were respected.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Staff supported people to maintain a balanced diet and monitor their nutritional health.

Staff received regular training and were provided with appropriate support and supervision as is necessary to enable them to carry out their duties.

People knew how to complain and that any concerns would be listened and responded to by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive leadership in the service. The service was well led by a registered manager who led by example and had embedded an open and honest culture.

Effective governance systems to monitor performance had been fully embedded into the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 3 October 2018 and this is the first inspection.

Why we inspected:
This was a planned comprehensive inspection.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Stonebridge House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since registration with Care Quality Commission on 03 October 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted healthcare professionals for feedback. We received feedbacks from one local authority senior practitioner and one team leader. We used all of this information to plan our inspection.

During the inspection
During the inspection, we spoke with two people using the service, one visiting healthcare professional, two support workers, a team leader, the registered manager and the nominated individual.

We reviewed a range of records. This included two people's care records and medicines records. We also looked at three staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received and reviewed the training data, risk assessments and mental capacity assessments sent to us in a timely manner.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the service. One person said, "I am happy and feel safe here." Another said, "I feel safe here."
- Healthcare professionals told us they had no concerns about the service and believed people were safe.
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "We protect people from coming into harm by following our training, policies and procedures."
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see poor practice, report it to my manager. I can go to the police, CQC and it also depends on what you are whistleblowing about. I can also speak to the social services."

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, health, sexuality, mobility and holidays.
- People were supported to increase their independence, whilst maintaining their safety and respecting their choices. The service encouraged positive risk taking to achieve this. The registered manager had a positive outlook in terms of taking risks. For example, one person told us how they promoted their independence in medicine self administration. They said, "I asked if I can take my tablet to college and they trusted me to."
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place, as well as the registered manager being available at all times of emergency and staff were aware of what to do in the event of an emergency.

Using medicines safely

- People's medicines were handled safely.
- People were knowledgeable and involved in their medicine administration. We observed medicine being administered to one person. The person was able to tell us what the medicine was for, why they were taking it and time they had to take it.

● We checked the medicines administration record (MAR) charts and the medicines for people. We found that the MAR charts included a photo and information about any allergies to ensure safe administration. MAR charts were complete and accurate.
● Medicines were stored safely.
● PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the medicines administration record (MAR).
● People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care. This was based on stopping over medication of people with a learning disability, autism or both (STOMP). STOMP is about helping people to stay well and have a good quality of life.

Preventing and controlling infection
● There were effective systems in place to reduce the risk and spread of infection.
● Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
● Staff were trained in infection control and food hygiene.
● The environment was clean and odour free during our inspection.
● The registered manager carried out infection control audits. Where any concerns were identified, these had been acted on.

Learning lessons when things go wrong
● Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these, so any trends could be recognised and addressed.
● The registered manager used the information to make improvements to keep people safe. For example, one person prone to risk of harm had an incident that resulted in hospital accident and emergency. As a result, the person's care plan and risk assessments were reviewed. If anything could be learnt from accidents and incidents, these were discussed with staff informally and in staff meetings. This meant that people could be confident of receiving care and support safely from staff who knew their needs.

Staffing and recruitment
● Staff were recruited safely. Healthcare professionals were involved in staff recruitment. A clinical psychologist said, "We are involved in the recruitment in order to get things right."
● References had been received by the provider for all new employees.
● Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
● There were sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
● We observed staff had time to spend individually with people and knew everyone very well. People appeared comfortable with staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial holistic assessment with people before they moved into the service. Healthcare professionals such as psychologists, psychiatrist, speech and language therapists were involved in the assessments.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people, relatives and healthcare professionals were involved in regular review of their support. A clinical psychologist said, "I meet with the people individually both inhouse and outside in the community for review of their progress."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, one person whose behaviour could lead to a risk to the person, had communication colour coded cards in place. The person shows staff the card based on their mood and staff would react by contacting appropriate healthcare professional for assistance. This was personal to the person.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- The registered manager worked with other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being.
- When we asked the healthcare professionals if the service supported people to maintain good health and have access to healthcare services. A healthcare professional said, "The service has direct links to our complex autism health service, which they access"

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional said, "My client has only just moved to the service, however the communication between the managers/carers and myself has been excellent throughout the transition, which enable my client to settle in very quickly."
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant

review, so they could provide information to professionals when needed.
● There was a close working relationship with the local GPs, psychologists, psychiatrists, speech and language therapists. A clinical psychologist confirmed this and said, "We have a forensic psychologist among us who works with the home. We have fortnightly PBS meetings here. We also have monthly meeting with the team here with all professionals to review care plans."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have enough to eat and drink and were given choices.
● People were fully involved in decisions about the menu. A pictorial menu was in place so that people knew what meals to they could make.
● People had control over what time they ate and any snacks and drinks they wished to have through the day. People were involved in the preparation of meals. One person said, "I decide what I want to eat. I do not have to follow the menu."

Staff support: induction, training, skills and experience
● Staff received the training and updates they required to successfully carry out their role. A clinical psychologist said, "We are involved in the Positive Behaviour Support [PBS] strategies and trainings. We completed trainings with staff and did work on none restrictive intervention/approach." We observed staff working in a positive way with people.
● The staff training records showed that all staff had attended trainings considered mandatory by the provider. We saw training certificates in staff files which confirmed this. The staff confirmed that the trainings were useful.
● Newly recruited staff received an induction and shadowed experienced staff before working independently.
● Staff had regular one to one supervision meetings. All staff employed were not due for an annual appraisal.

Adapting service, design, decoration to meet people's needs
● The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
● People had free access to a large garden and all areas of the service, including the kitchen.
● People's rooms were personalised to suit their tastes and needs.

Ensuring consent to care and treatment in line with law and guidance
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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.
● People's consent and ability to make specific decisions had been assessed and recorded in their care plans.
● Where people lacked capacity in certain decision such as healthcare, their relatives or representatives and

relevant healthcare professionals were involved to make sure decisions were made in their best interests. No one in the service had been deprived of their liberty.

● Staff had received training in MCA and DoLS and understood their responsibilities under the act.

● Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The registered manager and staff respected people's decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People commented, "It is good here. Staff are nice. Environment is nice. Staff built a lot of trust in me." and "Staff are nice here. If you are nice to people, they are nice to you. I like my room here."
- A healthcare professional said, "Care staff are positive and genuinely want to support the clients in their care."
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background, preferences and equality and diversity needs, and communication needs. Staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in reviewing their care. One person said, "Yes, I am involved in my care daily."
- We observed that people were supported to express their views throughout our inspection.
- People's care files provided evidence of their participation in care planning and gave staff guidance.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us that they promoted people's independence in all they did. One person who was initially withdrawn, now attends the local college four days a week. Staff had enabled the person to develop their social skills.
- Staff worked with people to develop their daily living skills by supporting them to prepare their own meals. People who lived in the service conformed this to us.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during

the inspection when they asked people for their views about their day to day support and encouraged people to make their own choices.

● Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans in place, which reflected their current needs. People were regularly involved in writing and reviewing their care plans. People had regular reviews with the healthcare professional and funding authority.
- Care plans covered all aspects of people's daily living, care and support needs. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities joined in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff continued to encourage them to pursue their interests and participate in activities that were important to them. One person attends a slimming group session once a week, which was part of their short term goal. The person said, "I go to the slimming world on my own. I am independent. I go to town on my own too."
- People had access to the community facilities such as the local parks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans were in easy read or pictorial formats and people were able to understand them.
- Activities for people were written in pictorial form and user friendly way. This included, posters for cooking, going to the museum, visits to healthcare professionals, laundry, college, cinema and spending day with dad. This meant that information was provided to people in a way that complied with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

● The service had received four complaints since service started on 03 October 2018. All had been responded to and resolved satisfactorily.
● A healthcare professional said, "I have no concerns about the service."

End of life care and support
● The service was not supporting anyone at the end of their life.
● Staff had conversations with people and their relatives about end of life plans and some people had these plans in place, which included information on people's end of life preferences.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us that the management team encouraged a culture of openness and transparency.
- There was a quality positive culture and atmosphere between the registered manager, staff and people. Both staff and people told us they liked the registered manager. The registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "I really like it here. I like the work, staff and generally like it here. I do get support from my line manager. The manager is very supportive, straightforward, transparent"
- There was a positive focus on supporting people to communicate and express their views. A member of staff said, "We see improvement in people daily which is good."
- People, relatives and healthcare professionals were involved in people's care and regular reviews.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence. Staff confirmed this to us.
- When things went wrong or there were incidents, the registered manager was very clear about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Healthcare professionals said, "I consider that the service is well managed, management are always available to answer queries." Another said, "Yes, the service is well managed from as much as I can gather."
- There were a clear management structure at Stonebridge House. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- There were effective systems in place to monitor the quality of the service.
- The registered manager completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. Audits completed included, staff recruitment files, medicine and care plans.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that

where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "The manager has been very approachable and she will address issues if required."

● Communication within the service were facilitated through staff meetings. Areas of discussions in were medication, documentation and service user privacy. Feedback from the meetings was used to improve the service provision.

● The provider had systems in place to receive feedback about the service including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided. For example, relatives commented, 'Home is very nice, clean, great staff and my son is very comfortable here.'

Continuous learning and improving care

● A healthcare professional said, "Staff here are kind, thoughtful and open to learning."

● The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers and working with healthcare professionals.

Working in partnership with others

● Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

● The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care. A healthcare professional said, "They integrated well with us. I believe the service will be supported by both the local authorities and healthcare professionals as on going."

● The management also worked with Kent and Medway complex autistic Spectrum disorder service for the placement of complex autistic people.