

Cognithan Limited

Stuart House

Inspection report

42-44 Stuart Road
Gillingham
Kent
ME7 4AD

Tel: 01634786260

Date of inspection visit:
04 January 2019

Date of publication:
13 February 2019

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 comprehensive inspection took place on 04 January 2019 and was unannounced.

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

Stuart House is registered to provide accommodation and personal care for up to 11 people with mental health needs and learning disabilities who do not require nursing care. At the time of our inspection, two people lived in the home.

At our last inspection on 28 March 2017, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected against the risk of abuse, they felt safe and staff recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so.

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 risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. Risk assessments related to people's mental health and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There continued to be sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. The provider continued to follow safe recruitment practices to help ensure staff were suitable for their job role.

We observed that staff had developed very positive relationships with people. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

Medicines safely. People continued to have good access to health and social care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within their care and support plans.

People had opportunities to follow their interests and hobbies and they were introduced to varied activities. People told us their privacy, dignity and confidentiality were maintained.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The manager and provider continued to regularly assess and monitor the quality of care to ensure standards were met and maintained.

Further information is in the detailed findings below.

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

Stuart House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January 2019 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This inspection was in response to concerning information we had received about safeguarding incidents involving challenging behaviours that exposed people to potential harm. Due to these concerns, we brought the inspection date forward.

The provider had not been asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

People who lived at the service had complex needs. We spoke in depth to two people who used the service about their experiences. We gathered information about the care people received by observing how people responded to staff when care was delivered. We spoke with four staff members which included the operations manager, the business development manager and the new manager of the service.

We looked at two people's records to see how their care and treatment was planned and delivered. We reviewed four staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records relating to the running of the service including quality assurance audits, complaints, accidents and incident records.

We asked the manager to send additional information after the inspection visit, which included the training records and additional audits.

The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I am safe. It is okay."

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report concerns. The manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. The service had safeguarding and whistleblowing policies and training on these had been provided to staff. Staff had access to the providers safeguarding policy, protocol and procedure. It provides guidance to staff and to managers about their responsibilities for reporting abuse.

Prior to our inspection we received an allegation that an incident of potential harm had taken place. The manager told us that the person concerned had been on a temporary six week placement, waiting for a permanent placement to be found. The provider took appropriate action working in liaison with other professionals and the person had moved to a permanent placement before the inspection took place. We found no evidence to support the allegations made.

People continued to be protected from avoidable harm. Staff had a good understanding of people's mental health needs and people's individual behaviour patterns. Records provided staff with detailed information about people's needs.

People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. The plans assisted individuals to consider the consequences of actions and the action they could take to keep safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. For example, a record of each referral to the crisis team was maintained and used to build up a pattern of behaviour which allowed for earlier intervention by staff. This meant that people at the service could be confident of receiving care and support from staff who knew their needs.

There continued to be enough staff to support people. Staff rotas showed the manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. The provider had a disciplinary procedure and other policies relating to staff employment.

People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Staff who administered medicines were trained to do so.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

People were protected by the prevention and control of infection. The premises were well-kept and clean throughout without any unpleasant odours.

Is the service effective?

Our findings

People told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. People told us that they felt that the staff were effective at supporting them to learn the skills they needed to be more independent.

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for training to understand people's care and support needs. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and form a set of minimum standards for new staff working in health and social care. New staff also worked alongside more experienced staff during their induction period.

Staff continued to be supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff told us they found these helpful and constructive.

People's needs were assessed before they started to use the service and continually evaluated in order to develop support plans. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

There continued to be effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with mental health and learning disabilities services, as well as GP and dentist. People had health action plans in place which were written in a way that the person could understand. These plans provided advice and health awareness information which may support the person's health and wellbeing.

People were supported to have their nutritional needs met. Meal were prepared by the staff. People were asked during meetings what they would like to eat and this was accommodated on the menu. People were able to request alternatives to the meals on offer if they did not like what was on the menu. Staff were aware of people's dietary requirements and encouraged them to choose meals that met their needs.

People told us that their consent was always obtained and they were fully involved in all aspects of planning their care. Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff and the administration of medicines. People's decision making was clearly documented, even when support was declined. This meant that people were supported to make decisions in their own best interests wherever possible.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were. Where people had the capacity to make a decision staff understood that they had the right to do so, even if the decision was unwise.

The service had a policy and procedure in relation to the MCA 2005 and DoLS. Staff had received training on this. Information about people's capacity to make decisions was recorded in their care files. The manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Is the service caring?

Our findings

People using the service indicated to us that the staff treated them with care, respect and kindness. People were comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the service throughout the inspection.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

There was a person-centred culture at the service. People were respected, valued and treated as individuals. People could choose where they spent their time, for example, in their bedroom or the communal areas. Staff showed interest in what people were doing. For example, by asking questions of people or making encouraging comments. We saw people had personalised their bedrooms according to their individual choice. For example, family photographs, small pieces of their own furniture and their own choice of bed linen.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Care records were personalised with pictures and had details on the level of support people required. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs was recorded in their care plans. Support was available should people want to attend places of worship. The care records also included information about people's sexuality and support provided to support them with safe expression of this.

People's privacy was respected. We saw staff knocked on a person's door and waited for permission before they went into their room. Staff said they made sure the doors or curtains were closed when supporting people with personal care. We saw staff talking to people discreetly and directed people to private areas where they could discuss their care and support without being overheard by others.

People were actively encouraged and supported to maintain and build relationships with their friends and family. The service also respected people's wishes if they did not want family involvement.

The provider had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely in the office and only accessible to those authorised to view them. The provider was aware of the recent changes to Data Protection Law with the new General Data Protection Regulation (GDPR). This new law regulates how organisations protect people's

personal information. People's electronic records were kept securely and computer equipment was password protected.

The manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

Is the service responsive?

Our findings

People told us that they were happy living at the service. One person said, "Yes, I am happy here, staff are easy to talk to." Staff demonstrated good understanding of people's likes and dislikes and their support needs.

People's needs were regularly assessed and reviewed. People were supported to contribute to their care planning, from the pre-assessment process through to regular reviews of their care. Care plans were up to date and person centred. The plans contained guidance for staff in relation to meeting people's identified needs and how this should be provided. The care plans included information on people's background history, health and medical conditions, support required in areas such as personal care, health, communication, dietary, daily living skills, behaviour, work, educational, recreational and social needs. Care plans were reviewed every six months or earlier when people's needs changed. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

The provider continued to contact other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team, demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as telephone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

We saw that people were encouraged to pursue their interests and participate in activities that were important to them. There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. On the day we visited, one person went out to for a walk to the shops, which was their choice. Other activities included, the gym, swimming, Sunday church and activities at MIND.

The provider had a complaints policy and procedure in place. People told us they knew how to make a complaint and would feel comfortable to do so. One person indicated to us that they would write it down if they had any concerns. People told us they were happy with how their complaints were addressed. One person told us they would go to the manager and he would resolve the issue. The manager confirmed that there had been no formal complaints made since the last inspection.

People and their family members were asked about any future decisions and choices with regards to their care. This included if they had any religious or spiritual beliefs, choices about where they wanted to be cared for at the end of their life and an advance care plan was completed as appropriate. Advance care plans set out what is important to a person in the future, when they may be unable to make their views known.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is

a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, using technology to ensure records were accessible to people with different communication needs.

Is the service well-led?

Our findings

Staff were complimentary about the service. They told us that they thought the service was well run and completely met people's needs. We observed that staff listened to people's views and were receptive to their suggestions on how to improve the service.

The provider had a clear management structure in place led by a manager who understood the aims of the service. The management team encouraged a culture of openness and transparency as stated in their statement of purpose.

We saw that people knew who the manager was, they felt confident and comfortable to approach him and we observed people chatting to the manager in a relaxed and comfortable manner.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the home. We looked at staff meeting records which confirmed that staff views were sought.

The registered manager had left the service and a new manager had been appointed and was in the process of completing an application to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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 manager and staff worked well with other agencies and services to make sure people received their care in a joined-up way. We found that the provider was a member of a charitable nationwide support group for people with mental health. This organisation provides advice and support to empower anyone experiencing a mental health problem. They also worked closely with the referring authorities, including local NHS Trusts, community mental health teams, and the prison services.

The manager understood the principles of good quality assurance and used these principles to critically review the home. The manager carried out a monthly audit. There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents.

The provider sought people's and others views by using annual questionnaires to people, staff, health and social care professionals and relatives to gain feedback on the quality of the service. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with legislation.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had clearly displayed their rating at the service and on their website.