

The Regard Partnership Limited

Starboard House

Inspection report

105 Obelisk Road
Woolston
Southampton
Hampshire
SO19 9DN

Tel: 02380434317
Website: www.regard.co.uk

Date of inspection visit:
14 December 2017

Date of publication:
07 March 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

Starboard House is registered to provide accommodation for up to ten people who have a complex learning disability and a physical disability. At the time of our inspection there were six people living in the service. There are two floors in the building. The home is in a suburban location in an area of Southampton.

Rating at last inspection.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good.

People were kept safe from the risk of actual or suspected abuse as appropriate training and reporting systems were in place. People were also safe as there were robust arrangements in place for the safe recording, storage and administration of medications, as well as risk assessments and practices to safeguard their health and wellbeing.

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 support this practice.

Staff had undertaken the appropriate training to be able to support people according to their needs, choices and preferences. Care plans and risk assessments were regularly updated and contained personalised information to support people's needs. Staff worked in partnership with health and social care professionals to promote people's health and wellbeing.

Staff had developed respectful, caring relationships with the people they supported. People were involved in making decisions about their care.

People received care and support which reflected their preferences, capabilities and needs. There was a complaints policy in place and people were encouraged to express their views about the service. All staff had been trained in end of life care. Arrangements for how to care for people at the end of their lives had been made with people and assessments were included in people's care plans.

The registered manager displayed a person centred, caring ethos which was shared by all staff. There were efficient systems in place for monitoring quality within the home. Feedback gathered from surveys was used as part of the service improvement plan to meet people's requests and drive improvements. The home had a warm and friendly feel and it was clear that people enjoyed living there.

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.

Starboard 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 was a comprehensive inspection.

The inspection took place on 14 December 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress.

The inspection team included two inspectors 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. The expert by experience's area of expertise was care of people with a learning disability.

We reviewed key information before the inspection. We asked the provider to complete a provider information return (PIR). This is a document which gives information about the service such as what they do well and what improvements they plan to make. We also reviewed any notifications sent to us. By law, a provider must inform CQC of any significant events by sending a notification.

We observed people receiving care and support in Starboard House. We also spoke with one relative, the registered manager and three staff members. We reviewed records relating to people's care including care plans and medication administration records. We also reviewed records such as the provider's policies and procedures on fire safety and infection control, as well as quality assurance surveys and staff recruitment files. Following the inspection we reviewed further records sent to us by the provider which included evidence of end of life care training and completed quality assurance audits.

Is the service safe?

Our findings

Staff had received safeguarding of adults training which was updated yearly. They were able to identify different types of abuse and describe actions they would take if they suspected or observed abuse. Staff knew how to use the provider's whistleblowing policy to escalate concerns. One staff member described the actions they would take if they suspected someone was being abused. They said "I would see any changes [and go] straight to [registered manager] or locality manager".

People's care plans contained support plans and individualised risk assessments to support their safety, including the use of safety equipment to help people move. These were reviewed and updated regularly. A falls champion had been nominated to support falls prevention. People's care plans also contained individual fire evacuation plans. Staff were able to support people according to their needs using the information in their care plans.

There were sufficient staff numbers to support people within the home and during outings. The registered manager reviewed the staff rota daily to ensure safe staffing levels and extra staff were provided if people chose to go out for the day. Staff told us that cover was always available if needed. Staff recruitment files contained appropriate checks such as a criminal record check and references from previous employers. This ensured that the provider only employed staff who were suitable to work in a care setting.

People's medicines were recorded, stored and administered safely. Medicines administration records were completed accurately. There were secure systems in place for staff to transport, administer and return people's medications if they went out for the day. People's care plans contained relevant information for staff about what their medicines were needed for.

The provider had a policy in place to prevent and control the spread of infection which included the reporting of infectious diseases. Staff used protective equipment such as gloves and aprons when delivering personal care. Cleanliness was maintained throughout the home.

There was a system in place for reporting incidents and accidents. Following an incident staff would engage in a "lessons learned" debrief session. This was then recorded securely on the provider's electronic system. This helped staff to reflect on incidents and develop action plans to prevent future incidents. This helped to ensure that people's safety was maintained.

Is the service effective?

Our findings

People's needs and choices were fully assessed and recorded in their care plans, which were regularly reviewed and updated. Updates on people's needs were also shared in staff handovers. People's care plans contained 'Things I am good at doing' books which detailed people's abilities, likes and dislikes.

Staff were given appropriate training to ensure that they were able to meet people's needs. Staff felt that the training they received supported them to do their jobs well in providing care that people needed. Spot checks, appraisals and competency assessments were completed by the registered manager to identify any areas for staff development.

People were supported to maintain a healthy diet. Allergies were recorded and foods were stored safely in the home's kitchen. Staff encouraged people to make healthy meal choices whilst respecting their preferences. Fresh fruit was readily available and menus included appealing meals.

Staff told us they worked in partnership with professionals such as social workers and a learning disabilities nurse to support people's needs. This was confirmed in records that we reviewed. Staff told us people were supported to access appointments with healthcare professionals in a timely way when needed. Records confirmed that healthcare professionals such as chiropodists and nurses visited the home to support people's healthcare needs.

The home was clean and decorated according to the tastes of the people who lived there. People had been supported to choose the colours of their rooms and there were personal objects and photos in each person's room. There were open, appealing communal spaces for people to relax in. There was an attractive communal garden and the registered manager told us that it was used as relaxation space by all the people living there when the weather was suitable.

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 Mental Capacity Act (2005). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager had applied for authorisations under the safeguards for people where necessary. Staff had been trained in the Mental Capacity Act and were competent to apply its principles when caring for people. Records contained evidence of best interest meetings held.

Is the service caring?

Our findings

During our inspection we observed staff treating people in a kind, respectful way. They maintained eye contact with people and used language that people could understand when they laughed and joked with them. Staff had developed bonds with people and knew them well. One staff member told us how they liked to communicate with their key person by: "talking to them, taking them out". The staff member said, "They used to call me 'mate' and smile. That's the way they communicate." Staff told us that they regularly checked to make sure people were ok and that they were able to tell if people weren't happy about something.

The provider used a keyworker system to ensure that each person had support from a designated staff member who knew them well. Keyworkers helped people to communicate their needs and preferences, using aids such as picture cards, where appropriate. One staff member told us "If they struggle [to communicate] a bit we can print pictures of activities like the cinema or bowling." Staff had developed a range of methods specific to individuals to involve them in decisions about their care. Regular meetings were held using communication methods people could understand so that people were able to express their views.

Staff delivered sensitive, person centred care and maintained people's privacy and dignity. A champion for privacy and dignity had been nominated to support staff with guidance and training. Staff were able to speak confidently about applying the principles of privacy and dignity when caring for people, such as gaining consent before giving personal care. During the inspection we observed staff speaking to people in a respectful way whilst supporting and encouraging their independence.

Is the service responsive?

Our findings

Relatives of people who used the service told us their loved ones received care which met their needs. One person told us "My [relative] likes it there, that means a lot. Any worries, they deal with it and inform us." Another person described how their loved one was supported to engage in activities which interested them, "[Their loved one] goes to the day centre three times a week where [they do] pottery and knitting squares."

People were encouraged to participate in planning the support they required. Staff knew people who lived in the home well as they spent time with them. Staff stated that they followed people's wishes and respected their home. This meant that staff provided care and support to people which was person centred and accounted for all of their needs. Staff had involved people in a 'you said, we did' exercise to plan outings according to people's preferences. Photos of people during their outings had been placed on a notice board in a communal area.

The provider had a complaints policy in place. Relatives told us that they knew how to complain and that any concerns were listened to and acted on immediately. Regular meetings were held with people who lived in the home, as well as daily conversations, to identify areas for improvement.

People were consulted about their wishes for care when they approached the end of their lives. With people's consent, individual plans had been devised with relevant healthcare professionals about how each person should be cared for at the end of their life. There was a nominated end of life care champion and all staff had undertaken specialist training to prepare for delivering end of life care to people in the home when needed. Staff at Starboard House had completed an externally accredited specialist programme to support people as they neared the end of their lives.

Is the service well-led?

Our findings

There was a registered manager in post. 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 demonstrated a clear vision to deliver care which supported people's independence, helped them to enjoy their lives, make their own choices and keep them safe. This vision was shared by staff. Relatives of people who lived in the home had commented on how people were cared for in an inclusive and supportive way which promoted their independence and encouraged them to express their views.

The registered manager used a number of methods to review and manage staff performance including team meetings, spot checks and staff appraisals. Staff we spoke with were confident about their responsibilities and stated that they felt comfortable approaching the registered manager with any concerns. The registered manager engaged in regular quality assurance using the provider's electronic assessments to identify and action improvements needed within the home.

The registered manager continually involved people who used the service in developments through completing regular questionnaires. This included an environmental audit tool, using the question 'would you like to live here?' to gather people's opinions about possible improvements to the home. The registered manager also provided relatives with a satisfaction questionnaire to encourage them to express opinions about their relative's care. Relatives felt comfortable approaching the registered manager. One person stated, "We have a good relationship with the manager. No concerns have arisen."

Records showed that the provider used robust systems to continuously learn and improve. Results from the quality assurance survey were used to inform the service improvement plan which identified actions for improvement. As a result of the latest survey, improvements were made to the bathrooms within the home.

Records showed and staff confirmed that the registered manager worked in partnership with a number of health and social care professionals such as GPs, nurses and social workers, to ensure that people's health and wellbeing were maintained.