Mrs C Howie & Mr M Howie

Sarsen 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

Overall summary

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 23 and 26 October 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with two people who live at Sarsens House. We also observed the care and support people received as not everyone was able to verbalise

Summary of findings

their opinion of the service. We spoke with the registered manager, team leader and a care worker. We also contacted health and social care professionals to find out their views of the service provided.

We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The registered person operated an effective recruitment procedure to assure themselves that relevant checks had been undertaken and staff were suitably skilled and qualified to undertake their role competently and safely.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm.

Appropriate arrangements were in place to ensure people's received their medicines in a safe way.

Good

Is the service effective?
The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice was always followed when decisions were made on people's behalf.

People were supported to have sufficient food to eat and drinks were provided throughout the day to maintain a healthy well balanced diet.

Staff received appropriate training and support to maintain and develop their skill base.

Good

Is the service caring?
The service was caring.

People told us staff treated them in a kind and caring way.

The staff used a calm approach towards people and understood when people were feeling upset or distressed.

We saw staff were patient and gave people time to do things at their own pace.

Good

Is the service responsive?
The service was responsive.

People were able to take part in a range of activities and their individual hobbies.

People's needs were assessed and care plans were developed to meet the assessed needs.

There was a complaints procedure in place which people and families were given a copy of.

Good

Is the service well-led?
The service was well led.

People were protected from inappropriate care and treatment as records were current and up to date.

Quality assurance arrangements were in place to monitor the quality of the service provision.

There were positive working relationships between staff and the registered manager.

Good

Sarsen House

Detailed findings

Background to this inspection

Sarsen House is a residential care home providing personal care for up to six people. At the time of our visit there were five people living in the accommodation. The inspection took place on 23 and 26 October 2015. The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run.

People had developed caring relationships with staff and were treated with dignity and respect. People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

There was a complaints procedure and policy in place and information was displayed within the home. People told us they would tell the staff if they were not happy with anything. The registered manager and provider carried out audits on the quality of the service which people received. This included making sure that the accommodation and the environment were safe.

Good

Is the service safe?

Our findings

People told us they liked living at Sarsen House and felt safe. People seemed relaxed in the presence of staff and approached them when they wanted support. There were appropriate staffing levels in place and people told us that when they needed support there was 'always someone to help'.

Risks to people's health and welfare were managed consistently throughout the service to ensure people were protected against risks of inappropriate care. We saw risk assessments had been undertaken and strategies to minimise any such risks were documented within people's care plans. These included any risks in relation to moving and handling, medication and seizures including emergency intervention plans. Information was available to staff on how to manage people's medical conditions in the event of an emergency.

Some people could put themselves or others at risk of harm if they became anxious or upset. Staff were aware of what might trigger this type of behaviour and what actions they needed to take to reduce the triggers. There was guidance in place to support staff to help people to manage their behaviour and to ensure that people's behaviour was not controlled by inappropriate use of restraint or medicines.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with staff, it was evident they were knowledgeable about what constituted abuse. They knew how to deal with any suspicions or allegations that were brought to their attention and who to report them to. Staff told us they received safeguarding training during their induction and regularly thereafter. We saw a copy of the training matrix which verified this. The service had a good history of ensuring to notify the Care Quality Commission of any incidences or allegations of abuse as required under the Health and Social Care Act 2008.

Personal emergency escape plans were in place for people who lived in the home. These provided staff with details on how to evacuate people from the service safely in an emergency situation such as a fire. Weekly fire checks were carried out and fire equipment was tested and maintained. The safety of the environment was reviewed as part of the quality audit plan and maintenance and repairs were carried out as required to keep the environment safe.

The service had a robust recruitment policy in place which was followed in practice. Appropriate checks had been undertaken when new staff were employed. These included a Disclosure and Barring Scheme (DBS) check, an employment history and references which had been gained before they began working at the home.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. Medicines were stored in a lockable cabinet which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Senior staff had responsibility for administering and disposing of medicines and undertook competency assessments to ensure safe and good practice.

Good

Is the service effective?

Our findings

Annual appraisals were carried out to review and reflect on the previous year and to discuss the future development of the member of staff. We spoke with the training lead who confirmed that all staff undertook mandatory training as required by the provider. For example, safeguarding, whistleblowing, manual handling, infection control and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. In addition, there was more specific training which underpinned the spirit of the service to enable people to live as independently as possible. Such as, person centred care planning, positive behavioural support and communication. Staff also received training specific to people's health care needs such as, epilepsy support, dementia awareness, understanding autism, learning disability and other conditions.

The training lead and registered manager checked the effectiveness of the training offered through supervision meetings and observation of practise. Staff confirmed to us they were asked about their preferred method of learning and there was a combination of e-learning and face to face to accommodate this.

The staff we spoke with were skilled and competent in their understanding of how to provide safe and effective care to people with complex needs. Through discussions with staff we found they had a sound understanding of learning disability, mental health, autistic spectrum disorders and how to support people with social communication and interaction. Our observation of staff interaction and practice confirmed they were skilful in providing appropriate support in line with people's needs.

Some people who live at Sarsen House were not able to fully verbalise their views. We observed that staff used different methods of communication, such as certain phrases, giving set choices, using objects of reference, maintaining eye contact and allowing plenty of time for the person to respond and using signs or gestures which were specific to the individual. Care records documented how staff could promote communication with people according to each person's needs

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Consent to care and treatment was always sought in line with legislation and guidance. At the time of our inspection applications had been made to the relevant agency to deprive some people of their liberty. Staff recognised their responsibility in ensuring people's human rights were protected and described how people could be deprived of their liberty and what could be considered as lawful and unlawful restraint. Care records evidenced that best interest decisions had been made in line with the requirements of the Mental Capacity Act 2005.

A local independent mental capacity advocate complimented the home and their approach to people's independence and rights. They stated "I have always been impressed by the truly person-centred approach you and your staff have with your residents. You recognise that this is their home and that staff are there to help to ensure those living in the home are safe, secure and have all of their needs met within a comfortable family environment. You take your responsibilities to your residents with regard to the Mental Capacity Act seriously. You are proactive in seeking advocacy for your residents to facilitate them to have a voice where there are issues that have an impact on them, and where others may be responsible for the decisions being made. While ensuring decisions are often made in the person's best interest, you give them every opportunity to have a 'voice' with regard to the decision, understanding that choice is a person's right. You enable your residents to access the community and they are well known within that community."

Healthy eating was promoted by staff and people were supported to have a balanced diet. Fresh fruit, drinks and snacks were readily available to people if they were hungry.

We observed that staff asked people throughout the day if they would like drinks. One person had a small table and chair in the kitchen. They told us they did eat with other people but sometimes liked to have their coffee on their own. This was respected by staff. One person told us "the food is nice and I get to choose what I want. We have plenty to eat". Records evidenced that the registered manager sought the guidance of a dietician when required to support people to maintain a healthy weight.

Good

Is the service effective?

Staff told us that where possible, food was sourced locally such as from the local butcher. People went shopping with staff to buy the food groceries. To support people to make choices, there were picture menus available. There were also pictures of people's favourite foods contained within their care records. People's likes and dislikes were known and documented as well as allergies and food intolerances.

We saw records were kept of appointments with healthcare professionals, such as doctor and hospital contacts, district nurses and speech and language therapists. A written account was completed to provide a record of the appointment and any action required to ensure staff were aware of the treatment provided and follow up care. People were supported to access healthcare services and receive on-going support such as dental and optical care. Documentation was in place to demonstrate that people were supported to make choices and were involved in making decisions in relation to their health and the management of these.

Good

Is the service caring?

Our findings

Throughout the day we saw staff interacting with people respectfully and treated people with dignity. Staff supported people at their own pace and always informed them about what they were doing and what was going to happen next. People who were unable to verbally express their views appeared comfortable with the staff who supported them. We saw people smiling and laughing with staff when they were approached.

Most people living at Sarsen House had known each other since their childhood and were relaxed in each other's presence. Throughout the visit, we saw that staff spoke in a kind and caring way and people responded in kind. This was indicative of the relationships and esteem in which people and staff held each other.

Staff knew people well and could tell us people's preferences and likes and dislikes. When staff spoke with people we saw they took the time to listen and ensure that people could express themselves. People used different ways to communicate, either verbally or by using certain words or sounds, others communicated through eye contact and facial expressions.

Staff were intuitive to how people were feeling. We observed that when one person appeared upset, staff comforted the person, putting their arm around them. Another person looked very relaxed in taking the member of staff's hand and directing them to the object they wanted. The member of staff responded with a smile and helped the person to obtain the object.

The caring approach of staff and the provider received praise from people, families and a neighbour. One person told us "they [the staff] are nice, they are kind to me". A neighbour told us "people look very happy, it's a good home, we don't have any trouble". The family of a person who had lived at the home wrote to the provider and stated "thank you so much for all the love and care that you gave [name of person]. It was always reassuring to us as a family that he was there, couldn't have been anywhere better and we know he was very happy".

We were shown written feedback from the local authority which praised the home who had dealt with a difficult situation in a sensitive way and commented "we all felt that the residential home are to be congratulated on everything they are doing to manage what is obviously a difficult and distressing situation".

People had access to local advocacy services although the registered manager told us that no one was currently using this service.

There was a very positive culture around bereavement. We spoke with the registered manager and other staff about how they supported people emotionally through bereavement. They commented "we talk about people who are no longer with us. There are photographs of our friends in the lounge and dining room which helps people and us to talk about the good memories we have of the person". People are encouraged to go to the funeral, they help decide which flowers to take, write cards and some people read poems at the service. During our visit a member of staff recalled something funny one person had done, Although the person had passed away, other people smiled and chuckled at the comment.

Good

Is the service responsive?

Our findings

People living at Sarsen House had different abilities in communication and varying levels of support needs. We saw that staff were skilful in communicating with each person.

We looked at two care plans which were person centred and clearly showed the wishes and preferences of the people using the service. Each care plan was individual to the person with comprehensive information about their preferred routines and what was important to them. There were procedures and guidance in place. Some people required more structured and supportive routines, again these were detailed with clear boundaries and guidance for staff on how to meet people's needs.

There were positive behavioural support plans in place which staff told us enabled them to promote and sustain positive behaviour. Where required, monitoring charts were put into place to ensure that people received safe and responsive care, such as monitoring charts for behavioural responses.

People were supported to develop their autonomy and life skills and participated in a range of individually set objectives. The care plans documented positive outcomes for people such as developing skills in managing their personal care, working in a co-operative way with other people and respecting each other's views. People and their relatives had been involved in the discussions and planning of their care and support.

Care plans were signed by the person or their relatives to show their agreement with the support which was given and how the care would be delivered. Care plans had been reviewed on a monthly basis or more often if required and changes made as appropriate. Staff discussed people's support on an on-going basis through the daily handover between shifts, a communication book and informally throughout the day.

From our observations of the staff interaction with people, it was clear that people were supported as they wished to be. Staff knew how to meet people's preferences and needs which meant that people had an improved sense of wellbeing and quality of life. The provider had promoted one person's emotional well-being by making a lounge room which was accessible from the person's bedroom. The person had made the decision to put a stair gate at their bedroom door as they did not like the door closed. They liked their bedroom to be clutter free and still be able to see their personal belongings in their lounge. The registered manager also explained that when the person was distressed or upset they would move items between the two rooms, which calmed them.

At the time of our visit people were getting ready for a Halloween night. People took part in a range of activities either individually or together, such as photography, walking, listening to different types of noises which was their hobby or going on a trip to butterfly world. One person enjoyed playing the organ at the local church and also performed readings. Staff supported this person to become baptised at the church. Everyone from Sarsens House attended to make it a real celebration.

People were fully supported to visit their families, go on day trips and holidays. Depending upon what people wanted, holidays were taken either with just one person and a care worker or several people together. People and staff stayed at a hotel which catered for people with a learning disability and described the service and response to people as 'excellent'.

Each person had a 'hospital passport' which the person or staff would give to a healthcare worker if medical treatment was needed in an emergency. They contained information about the person's medical history along with the medicines they took. To ensure that health care workers could consult and involve people in their care, the 'passport' described people's communication needs and what happy, sad or worried looked like and what cues to look out for if someone was distressed.

There was a complaints procedure in place and this was displayed within the home. There had been no complaints during the previous year.

Good

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the organisation. Staff were able to tell us about their roles and how each part of the organisation worked. All of the staff we spoke with were positive about the provider and the management team. A care worker said "I have worked here for five years now, I love the work and especially the people we support".

Staff told us they felt supported by the management team and the provider. The registered manager told us they promoted an open and transparent culture through staff training and supervision and were very confident that staff put people first at all times.

There were regular staff meetings and daily discussions about people's care needs and how the home were meeting these needs. Staff told us they felt the home and the provider were open and transparent in how the home was run. If they had any issues they would feel comfortable raising this with a member of the management team and were confident they would be listened to.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training, staffing levels, care plan reviews and people's views, management of medicines and health and safety. There was also a refurbishment plan in place for the environment and fixtures and fittings. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. The registered manager told us that they and the team leader worked alongside the care team. If they saw any practice which could be done in a different way, they would discuss this with the member of staff.

People and their families were able to provide feedback about the way the service was led. The last satisfaction survey for people which was in a pictorial and easy to read format was carried out in early 2015. Relatives were also consulted.

The registered manager told us that all staff were at the forefront of ensuring that the home continually strived to improve the experience for people who lived there. They had introduced staff to the new model and approach to the CQC adult social care inspections. Minutes of staff team meetings demonstrated this.

The service worked in partnership with key organisations to support the provision of joined up care. Statutory notifications were made to the CQC as required. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager was proactive in working with local initiatives such as the Learning Network, Skills for Care and provider forum meetings. The registered manager was very positive about the need for continually updating staff skills and was a qualified assessor in MAPA (management of actual or potential aggression) which they felt improved the outcomes for people as staff were more experienced and knowledgeable in supporting behaviours which may challenge.

To keep up to date with best practice, the registered manager accessed resources and information from websites such as the CQC, National Institute for Health and Care Excellence, the Social Care Institute for Excellence, the British Institute of learning Disabilities and Skills for Care.