

Somerset Redstone Trust

Housman Court

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 9 and 10 June 2016.

The home is registered to provide accommodation and personal care for a maximum of 30 people. There were 29 people living at the home on the day of the inspection. There was a registered manager in place. 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.'

People told us they felt safe and well cared for. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe. People were cared for by staff that demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse.

People got the assistance they asked for or staff ensured they were available to help people when needed. People told us they enjoyed meals times and where they were joined by staff and relatives were helped to eat and drink enough to stay well. People told us they were happy with choice of food they received. Staff gave people their medicines and recorded when they had received them.

People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with healthcare professionals and staff sought and acted upon advice received, so people's needs were met.

People and relatives consistently praised staff and the registered manager and the support they provided, which they described as 'excellent.' This high standard of care enhanced people's quality of life and wellbeing. The staff were extremely passionate about providing people with support that was based on their individual needs. People demonstrated to us that they valued their relationships with the staff and relatives told us they felt valued and supported by staff too. We observed that people were comfortable in the staff's presence. Conversations were friendly and there was a lot of laughter. Relatives told us there were no restrictions on when they could visit and they were always made welcome by staff and often enjoyed meals with their family members.

Relatives and a visiting healthcare professional praised end of life care provided by staff and said it went above and beyond. Staff were highly motivated and followed the example of the registered manager in providing care with kindness and dignity. Relatives told us the registered manager was very caring and they led staff to provide care that focused on people and took account of their individual needs and preferences.

People had developed in confidence because of how the staff cared for them and we saw people had a

sense of purpose. People said their privacy and dignity was maintained and staff were respectful of their belongings. We made observations that supported this and saw staff responding to people in a timely and respectful way.

People received care that met their individual needs. People were encouraged to join in activities and social events which they enjoyed. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and felt supported. Staff told us they enjoyed working at the home and spoke positively of the teamwork of the staff team. The quality of service provision and care was continually monitored and actions taken where required.

People were very positive about the care and support they received, the management of the home and the service as a whole.

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.

People received care from staff who they felt safe with. Staff supported people to manage any risks identified to help them stay independent. Staff enabled people to take their medicines when they needed them

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

People enjoy the meals provided and menus we saw offered variety and choice. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Outstanding ☆

The service was very caring.

People and relatives consistently praised staff and the registered manager and the support they provided. This high standard of care enhanced people's quality of life and wellbeing.

Relatives said staff went above and beyond providing end of life care.

Staff were highly motivated and followed the example of the registered manager in providing care with kindness and dignity.

People received care that met their needs. Staff provided care that focused on people and took account of their individual needs and preferences and offered people choices.

Is the service responsive?

Good ●

The service was responsive.

People received care which met their needs and when they needed it.

People were involved in decisions throughout their care and treatment.

People and their relatives were supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Good ●

The service was well-led.

People were cared for by staff that felt supported by the management team.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Housman Court

Detailed findings

Background to this inspection

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

This inspection took place on the 9 and 10 June 2016 and was unannounced. The inspection team consisted of one inspector. As part of the inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke to six people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five relatives of people living at the home during the inspection and one visiting healthcare professional.

We spoke to the registered manager, deputy manager, two care assistants and the head cook. We looked at records relating to the management of the service such as, care plans for four people, the incident and accident records, medicine management and three staff recruitment files and quality check records.

Is the service safe?

Our findings

People told us they enjoyed living at the home and they felt safe. One person said, "Staff keep me safe, they are always there to support me." Another person said, "It's a beautiful home...I feel safe here." The atmosphere in the home was relaxed on the two days of our inspection and we saw people supported by staff in a timely way.

Staff told us they had received training in safeguarding. They were able to outline different types of abuse and the potential signs to look for, which may indicate if someone was at risk of harm or being abused. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns with the registered manager action would be taken to protect people.

All care staff we spoke with knew how to help people with their personal safety. We saw people encouraged to walk from their rooms to the communal lounge. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance. Staff spoke about people's individual risks and what they needed to do to minimise the risks. For example, we saw staff support a person with a visual impairment to ensure they were assisted to move confidently around the unit and remain safe.

Staff told us that care records plans detailed people's level of risk and the actions required by staff to reduce or manage the risk. They described how they regularly shared information about people's well-being and safety as part of staff handover discussions.

People told us that staff were available when they needed them. We observed that staff were not rushed when they were attending to people's needs. One person said, "I have no concerns, there's enough of them [staff]." One relative told us they visited frequently and said, "There's enough staff, they are always available." Staff we spoke with also told us they felt there was enough staff to support the people living at the home. People's needs were assessed when they entered the service to ensure there were sufficient numbers of staff to support. Staffing numbers were reviewed based on people's need and were increased when required. For example, an additional night carer had been appointed to increase staffing at night following a change in people's care needs.

The provider had taken steps to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People told us they were supported with their medicines. One person said, "Medication is all good, it's all on time." We observed a medicines round with a member of staff and saw that they introduced themselves to each person and explained they were giving medicines. The member of staff told us they had received medication training and we saw that there was a designated 'medication champion' for the home. When we spoke to the member of staff, they told us that they were responsible for ordering and receiving in medicines

into the home. They also said they were a first point of contact if a person, relative or member of staff had a question about medicines.

We saw that there were appropriate facilities for the storage of medicines, for example, the safe storage of controlled drugs and how they stored medicines that required refrigeration. We saw that written guidance was in place if a person needed medicines 'when required,' which staff referred to.

Is the service effective?

Our findings

People we spoke with told us staff had the right skills to care for them. One person said, "Staff certainly know what they are doing." One relative we spoke with was positive about the staff and how they supported their family member's needs. They told us they felt all staff were well trained, they said, "From the cook to the cleaner, they are all dementia aware."

Staff told us they had undertaken a range of training so they could provide the support and care people living at the home needed. One member of staff said, "It (training) matches the people here." Two members of staff told us the registered manager ensured all staff were up-to-date on their training. All staff were able to give an example of how training had impacted on the care they provided. One member of staff told us about the dementia training and said, "It's good having the knowledge and to know are doing the right thing for the person."

Staff told us they were supported by the management team and that they received regular supervisions. The supervisions gave them opportunity to discuss issues and also discuss any further training needs. One member of staff said, "Supervisions and meetings are two way – staff can raise any issues and the manager always asks if there's any training we [staff] need."

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.

We saw that where people lacked mental capacity the records showed decisions they could make themselves and decisions where they would need help. We also saw one care plan that included the details of a best interest meetings for the person which included their relative and GP as well as staff from the home.

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

We checked whether the service was working within the principles of the MCA and saw that the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

Staff understood the importance of obtaining people's consent when supporting them. One person told us, "I choose what I do, staff always ask me." We saw staff asking for people's consent before providing support and when one person refused support the staff member respected this and said they would come back later to check again. Two members of staff told us where people are unable to give verbal consent they looked for

a nod of the head or facial expressions to gain consent and enable people to communicate choices.

People told us they enjoyed their meals and that a good choice was offered. One person said, "The food is excellent." Another person commented, "The food is very good. They accommodate people's choices very well." We saw that staff sat and ate lunch with people to make it a more social event and to also assist people when required. The head cook told us, "The manager introduced staff eating with the residents; it encourages them to eat more. It's a great idea that works well."

We saw people enjoyed sitting and chatting with the other people and staff at their table. People were offered a choice of drink and when meals were served people were offered condiments and sauces to season meals to their own particular taste. We saw that people who were not able to eat independently, they were supported in a way that met their needs with staff assisting them. We saw some relatives join their family members for lunch too.

We spoke to the head cook and they told us they walked around the dining room during meal times to get feedback on the meals directly from people. The head cook told us staff updated her with any changes in people's nutrition needs, for example if people were losing weight and required a specialist diet. They were knowledgeable about people preferences and dietary needs. For example, where people required softened meals. They also told us that, "Presentation is important, people eat with their eyes, it encourages their appetite." We saw that people were offered a choice of drinks and snacks throughout the day and fresh fruit was also available for people to help themselves.

We saw that people were supported to access healthcare professionals, for example their GP and optician. One person told us, "I get to see the doctor when I want to." Another person told us, "They [staff] support people to see the doctor. They seem to know when people need the doctor. They are very responsive." One person also told us when they required eye treatment, "The optician and the home worked well together."

We spoke with a GP who was visiting the home on the day of our inspection. They told us they felt the home had a good understanding of people's health needs. They said staff called the GP practice in at appropriate times and that they had confidence in the way the home managed things.

Is the service caring?

Our findings

People who lived at the home told us staff were very caring. One person said, "The staff are excellent, they are kind, friendly and I love them all." Another person praised the staff and told us, "I'm happy and I'm safe. I give thanks every night that I am here." All relatives we spoke with felt staff were very caring and one relative said, "I cannot praise them [staff] enough.....that's from my heart." Another relative told us, "Carers have become my friends; it helps me belong to the home too." One person told us how they liked to look on the bright side of life and how important laughter was to them. They said, "The wonderful thing about the staff is they always have a laugh and joke and make me smile."

Two relatives we spoke to told us they had previously had other family members live at the home. Both relatives told us their family member had received 'excellent' end of life care. One relative said their relative had returned to the home for loving care and that, "They [staff] go above and beyond with end of life care. They met all [relative's name] needs and above." They went on to say that staff supported them and kept them involved too. They said, "The GP and the home worked well together and communication was excellent." The second relative told us, "End of life care couldn't be better."

A visiting healthcare professional also told us they felt the home provided outstanding end of life care. They told us the home worked very well with the district nurses and even moved things around within the home to support people. They told us the home provided the care even if it put them under pressure, they concluded that the staff went, "Above and beyond." We saw that they had also previously written in complimenting the registered manager on the end of life care given to people. One member of staff also praised the end of life care, which they said was led by the registered manager who was very passionate about the care given to people at this time. They said changes were made within the home so that staff could be near to the person if that was what the person and family wanted. They told us that the staffing numbers within the home were also increased during this period to recognise the additional care needs at such times.

We saw examples which promoted the values of personalised care and treating people with dignity. One person shared with us their love of knitting. We saw staff talk to the person about their knitting and compliment the knitting they had completed. We saw the person was pleased as staff showed an interest. We saw other people all supported with individual daily papers, staff asked them, "What's happening in the news?" and talked to people about news outside the home.

Staff knew people really well and used this knowledge to care for them and support them. One relative told us staff knew their family member and their working history, because that made a difference to the way their relative was now. They commented, "Staff understand." We also observed staff talking to people about their families and family events which they knew was important to the person.

Staff told us the registered manager held very strong values around people being at the core of everything. One member of staff told us, "I've never met anyone who cares like she does." Another member of staff said, "[Registered manager's name] is amazing with the residents. She has such marvellous ideas of including

everyone." A third member of staff commented, "It's an open culture where everyone has the best interests of the residents at heart and that's why I stay."

We saw that a homely atmosphere was promoted and people had a sense of purpose. For example, we saw people helping to fold napkins before lunch, one of whom told us, "I like to help." We also saw one person polishing the furniture in the lounge and another person pushing the drinks trolley with a member of staff. We saw from their facial expressions and body language how much they enjoyed doing this. People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in, so they could maintain their independence. One person told us how being involved had helped them get their confidence back, they said, "I am more confident now."

Staff showed kindness to people and interacted with them in a positive way, praising and encouraging people when they completed a task. We also saw staff showed the warmth of touch which was important to people. For example, we examples of when people needed a hug this was provided. One relative told us how they appreciated the care given to their family member, they said, "Staff show [person's name] physical love, they hug him and he loves it. It's what he needs." They went onto say, "Even the cook makes a fuss of him." We observed that conversations were friendly and engaging there was a lot of laughter. One member of staff was seen dancing with one person. We saw they enjoyed this as they smiled happily.

Staff were also seen to provide support to people's relatives. One relative we spoke with told us whenever they visited, they were always offered a drink and often sat and had a meal with their family member and we made observations that supported this. Another relative told us all staff were caring towards relatives too. They said, "The manager knows when I am not right. The caretaker even notices. Someone asking are you okay when you are feeling down makes all the difference." They also told us that they were made to feel special when it was their wedding anniversary; staff arranged flowers and a special meal for two with their relative in the tea room. They told us how it showed them that staff really cared and said, "Lots of places you wouldn't get that. I cannot praise them enough." A relative told us when their family member was admitted to hospital in the early hours of a morning; the registered manager picked them up and accompanied them to the hospital. They told us the registered manager stayed with them and their support helped them in a stressful situation.

On the second day of our inspection we saw people enjoying a social event in the garden with people laughing, smiling and singing with staff. We saw that relatives were welcomed by staff and encouraged to join in too. One person was a little reluctant to attend the event but staff encouraged them and we later saw them join in and to have fun. Staff took care in the presentation of the tables and decorations and some staff had dressed especially for the occasion. One relative said, "It's so nice to see the amount of effort staff go to; to make things nice." We saw that people stayed in the garden beyond the event to continue to enjoy sitting with each other and chatting. Staff ensured everyone was offered a sun hat to protect them from the heat and that drinks and ice creams were available.

People were involved in the planning of their care and support. People told us support was provided the way they wanted. One person said, "I get the care I want and need." Another person said, "Anything I need I get, not just me everyone gets the same attention." Staff took into account people's individual needs and responded accordingly. A member of staff told us how people liked to look nice and took pride in their appearance. One person told us, "I like red because it reminds me of my parents. Staff help me get ready, I like to look nice." People told us staff also treated their belongings with respect. One person said, "Cleaners come in and clean my room. They keep it so lovely for me."

One person told us staff supported them stay independent, they said, "I do the things I can to keep me

going." We saw at lunchtime that people helped themselves with condiments and gravy and people were encouraged to eat their meals themselves before being offered assistance if required. When one member of staff supported a person with their meal, we saw they chatted with them and shared a joke and provided assistance in a dignified manner.

Relatives we spoke with were consistently positive about the care their family members received. One relative told us staff provided, "Absolutely excellent care, couldn't recommend it enough." One member of staff told us, "Everyone at the home is like a big family. " Another member of staff said, "We all give care that we would like our relatives to receive," they went on to say care at the home, "Comes from the heart."

Is the service responsive?

Our findings

People we spoke with told us they got the care and support they wanted. One person said, "How we [people living at the home] want to be is how we are." Another person said, "Staff know what I like and I choose what I do." People said staff met their needs, one person told us, "Staff know their patients [people] very well." People told us they felt that staff listened to them. One person told us that when they raised a grumble, staff had listened to them and taken action. They said, "It was nothing really but they put it right."

People told us they choose how to spend their day and where they liked to be. One person told us, "I choose how I spend my day, I do what I like." Another person told us, "I spend my day as I want – I enjoy time in my room watching TV sometimes."

Staff knew each person well including their family members. Within people's care records we saw an assessment of people's needs and a form called, 'My life before you knew me'. This provided staff a background of people's life history. Care plans provided guidance for staff to support the person with all aspects of their daily living needs. Staff told us this information was useful but felt the best way in getting to know people was talking to them.

People we spoke to felt that the staff knew them and we saw that when one person showed signs of becoming anxious, staff recognised this and responded by offering reassurance and talking about things they knew would help settle the person. They talked to the person, stroked their arm to give them reassurance and then offered to walk with them in the garden. We saw the person become less anxious and chat with the member of staff.

Relatives we spoke to told us communication was good and staff let them know when things changed in their family member's health. One relative said when their family member was ill, "Communication was fantastic." Another relative told us medical support to her family member was good, they said, "When [relative's name] was ill they got help very quickly." A relative also told us whenever they emailed enquiring about their relative, "Staff come straight back with info."

Staff were able to tell us about the level of support people required, for example people's health needs and the number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual people in the home was discussed. For example one person had been unwell and the GP had visited that morning. Another person had a medical appointment arranged for the next day. They had requested a shower before bed so they were ready for the next day. Staff coming onto shift made a note so they could support the person.

People told us and we saw that they got to do things they chose and enjoyed and which reflected their personal interests. We saw people enjoy individual activities and there were also group activities such as movement to music. One person said, "I enjoy joining in the activities," and another person commented, "There's lots of activities, they encourage people to join in." We saw people spending time reading

newspapers, knitting and some people told us they liked to spent time in their room watching TV. On the day of our inspection we saw staff encouraged people to decorate cakes ready for their tea party and we saw a several people join in and enjoy this. One person told us, "There's always something to do. There's never a dull moment."

Throughout the inspection we saw that people were comfortable to approach staff. People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the service. One person said, "I would complain if I needed but I'm happy." Another person said, "Any concerns, I'd let people know." There had been no written complaints over the previous twelve month period but the registered manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the care people received and the management of the home. One person said, "There's no better place." A relative commented, "This is the third home [relative's name] came to and it's where they stayed. That tells you something. It's an excellent home." People and relatives we spoke to were all consistent in their praise of the registered manager and the way in which they led the service. One relative said, "A lot of what's good here is down to [registered manager's name]."

The registered manager had a clear understanding of the people care needs. We saw that they were very hands on in providing care and support to people. For example, we saw them serving food at meal times and eating their lunch and chatting to people. We also saw them supporting people and that they talked to people; relatives and visitors all of whom showed they were familiar with her and that they were happy to approach her.

Staff spoke positively about the management of the home and the support they received. They said that care at the home had improved under the current registered manager. One member of staff said of the management, "It's much better since [registered manager's name] has been here." Another member of staff told us, "The motivation [to do a good job] comes from the manager."

Staff we spoke to told us that they had regular supervisions and also attended staff meetings. A member of staff told us the meetings provided a good opportunity to discuss any issues or changes.

Staff told us they felt supported by the registered manager and could approach them for advice. One member of staff said the manager supported different styles of learning. They told us, "I didn't think I could complete the training, however the manager encouraged me and with her support I have completed it. I am very proud of that."

Staff told us they felt valued, one member of staff said, "Very often we get a thank you for a hard shift, it's nice to know it's noted." Another member of staff said following a recent provider visit they had received a certificate recognising the care they gave, which they appreciated.

The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a really good team; everybody is here for the residents." Another member of staff told us, "We all work well together."

The registered manager had systems in place to check and review the service provided. They told us working 'on the floor' meant any issues could be picked up immediately. Monthly audit checks were also made and reports sent to the provider.

The registered manager said they received good support from the provider and we saw that provider representatives had visited the home in April 2016 and a compliance report produced. The registered

manager had taken action to address issues raised. We spoke to the registered manager and they had demonstrated a good knowledge of all aspects of the service and they were also able to confirm plans for the service going forward. For example, the home was currently in the process of redecoration and there was ongoing work in the garden area with people working together with staff.