

Integrity Home Care Ltd

Stubblefields House

Inspection report

Pinfold Lane
Bridlington
North Humberside
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Tel: 01262601887

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 8 November 2017 and was unannounced. Stubblefields is registered to provide personal care and accommodation for up to ten adults or older people with a learning disability or autistic spectrum disorder. There were ten people living at the service on the day of the inspection. The service is in Bridlington with good access to the town and surrounding countryside. It is a family run service which promotes family living.

There was a registered manager for this service. 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

We observed that people felt safe with staff and they confirmed this. Staff had been trained to safeguard adults and were aware of how to recognise and report any incidents of abuse.

People who used the service were kept safe because safety checks were carried out within the environment to ensure it was fit for purpose.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. Rotas confirmed the numbers were sustained.

People's health and safety needs were identified and where necessary risk assessments were in place to support people's safety. Accidents and incidents were recorded.

Medicines were managed safely. We saw that staff checked medicines thoroughly before they were administered. Records were completed properly.

The service was effective because staff used the training they had received to best effect. They knew people well and followed guidance in care plans and from professionals to ensure people received care that met their needs. Staff were supported through supervision.

Staff followed the principles of the Mental Capacity Act 2005 by ensuring that where people could not make their own decisions the best interest decision making process was followed to ensure that people's wishes were carried out.

People were given a healthy nutritious diet. People were encouraged to be as independent as possible when eating and drinking.

Staff were caring and kind showing people respect. People at this service clearly felt that they mattered and staff reinforced that. They knew how to make a complaint if necessary.

Care plans were person centred and reviewed regularly with any changes noted.

People took part in a variety of activities at the service and in the local community.

The quality monitoring system was effective with regular audits being carried out. Surveys were sent to people to gather their views about the way in which the service was run.

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 ●

This service was safe. People were supported by staff who knew how to recognise and report abuse.

Health and safety risks had been assessed and plans had been put in place to support people where appropriate with guidance for staff to follow where necessary.

Staff were recruited safely and we saw that there was sufficient staff working to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and behaviours to ensure people's needs were met. Staff received an induction when starting to work at the service and training relevant to their role.

Staff were working within the principles of the Mental Capacity Act.

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Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect.

Staff listened to what people had to say and helped them maintain their independence.

People gave very positive feedback about staff and were happy living at this service.

Is the service responsive?

Good ●

The service was responsive.

People had a care plan that was personalised. It was reviewed regularly.

Activities took place at the service and in the community.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager at the service.

The quality monitoring system was effective. Audits were completed to check the quality of the service.

People's feedback about the service was positive.

Stubblefields 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 8 November 2017 and was unannounced.

The provider was given 24 hours' notice because the location was a small care home for adults with a learning disability who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and an expert by experience whose area of expertise was learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at all the information we held about the service, which included notifications sent to us since the last inspection. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We asked the provider to submit a provider information return (PIR) and this was returned before the last inspection and so we did not request a further PIR for this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who had no concerns related to the service.

During the inspection we spoke with the registered manager, the service manager and three care workers. We also spoke privately to eight out of ten people who used the service and chatted with a group of people. We looked around the communal areas and individual bedrooms with people's permission. We observed interactions between people and staff and reviewed care plans and risk assessments for three people. We also inspected three out of ten recruitment files and looked at documents related to the running of the service such as policies and procedures, service auditing tool and servicing and maintenance records.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe living at this service. When we observed people who used the service, their non-verbal communication and the way they put their trust in staff showed us that they felt safe. We could see that they were relaxed and comfortable in the staff's presence. One person told us, "There are always people here and they look after us" and another said, "I am always safe, I tell staff where I am going and when I'll be back, it's polite." When asked them if they felt safe at the service they told us, "Yes, everyone is safe because we are well looked after here." When we spoke to local authority commissioners they told us that they had no current issues about people's safety.

Staff told us that they were aware of what to do if they witnessed or suspected that anyone was at risk of, or was being harmed. When asked, staff we spoke to said they would have no hesitation in alerting their manager or another agency if that was more appropriate. They had received training in safeguarding adults through the local authority and they had policies and procedures to follow in the event of anyone being harmed. This meant that staff were alert to the risks of abuse.

The provider had responsibility for some people's money. This was safely locked in a safe and all transactions were clearly recorded. We discussed this with people who used the service and one person told us, "I'd entrust [name of staff] with my money." We saw that where monetary transactions were managed by staff we saw that a consent form had been signed. One person was responsible for dealing with people's money. We suggested that it would provide some protection for staff if a second person checked and signed all transactions. We randomly checked records and found that records were clear and signed and balances correct.

Care plans contained details of how staff could support people when they displayed behaviour that challenged them. There were clear explanations of triggers for the behaviours with clear guidance for staff on how to manage the behaviours.

Staff numbers were sufficient to meet the needs of people living at this service. On the day of the inspection most people went out for some part of the day. Most people were independent with prompting from staff. The registered manager and service manager were present throughout the day and after lunch two care workers came on duty for the evening. There were two sleeping night staff on duty. People were able to access staff at any time during the night. Rotas showed that staffing was consistent and sustained.

We checked three staff recruitment files and saw that recruitment practices were robust. There were two references in place and a check carried out by the Disclosure and Barring service (DBS) for each member of staff. The DBS helps employers make safe recruitment decisions checking that prospective employees were not barred from working with certain groups of people. This assisted services in their decision making when recruiting staff to ensure that they only employed suitable people in order to protect people as far as possible. When we interviewed this member of staff they confirmed that they had started work after a disclosure was received from the DBS.

Medicines were managed safely. Safety had been improved because each person had their own locked medicine cabinet in their bedroom. The service used a bio dose system with each medicine administered from a sealed pod. The medicine administration records (MARs) were correctly completed and signed. They had a description of each medicine included and why it was being given if it was "when required." There was clear guidance and protocols for staff around the administration of medicines. Staff had received training before they were able to administer medicines. This meant that people could be confident that medicines were administered by staff who were trained and safe to do so.

Risk assessments relating to people's health and safety had been completed. There was an up to date fire risk assessment in place and records confirming that fire drills had been completed. Staff were trained in fire safety. There was a business continuity plan in place which meant that staff knew how to respond to any unexpected events without placing people at risk.

There were risk assessments for each person relating to their particular care needs which identified where people may need more support. We saw risk assessments and personal emergency evacuation plans in people's care records. These identified that some people had taken part in fire drills and were aware of all the exits. There were also risk assessments for finance management, behaviour that challenges and going out into the community alone. Two accidents had been recorded since the last inspection which had been dealt with appropriately. No patterns or trends had been identified.

We looked around the service and could see that it was clean and well maintained. As this was a small family like service staff supported people to do as much as they could to keep their rooms clean. They then carried out the rest of the cleaning duties. This meant that people who used the service lived in a clean environment where regular checks ensured that the risk of infection was kept to a minimum.

Servicing and maintenance of gas, electric and water systems had been carried out. Equipment was well maintained and serviced regularly. This protected people from harm.

Is the service effective?

Our findings

Staff were employed who had the skills, knowledge and behaviours to ensure people were cared for appropriately. All staff completed an induction when they started working at the service. One care worker told us, "The induction is pretty good here." Staff were supported through supervision and annual appraisals. Training was up to date and allowed staff to meet people's needs appropriately. Staff were trained using a variety of methods. They used an eLearning system and staff had completed all the required courses. They also took part in practical skills training and were checked regularly for competency. We saw that these checks were recorded in staff files. One person who used the service told us, "They are a great bunch of staff who know what they are doing."

When we entered this service it felt as if we had walked into someone's home. There was a welcoming feeling. The bedrooms were personalised. One person had pictures and items relating to their hobbies and favourite band, and another person's room reflected their liking for tidiness. The staff had taken account of people's needs and preferences and made sure that people's bedrooms reflected this. There were adaptations such as hand rails up the staircase to support people's safe mobility.

People who used the service were supported to access healthcare. They had an annual health check with their GP but saw them more often if it was necessary. They also had access to learning disability services provided by the local authority and by specialist learning disability nurses at the hospital and in the community. This meant that people were supported by health professionals who understood their specific health needs. Where a change in support needs was identified health and social care professionals were involved in the reassessment process to ensure that any identified needs were met. One person told us, "The carers will come with us if we want them to and if we are really poorly the doctor will come here."

Everyone at the service was able to communicate verbally. Staff responded to people in a natural way using a variety of means to engage with them. This meant that people were able to communicate their needs to staff and vice versa because they knew each other very well. Where frustrations arose and behaviours were triggered in some people staff used positive behaviour support. Positive behaviour support (PBS) is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and maybe the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications to the local authority to have people's capacity to make decisions assessed and one person who used the service had a DoLS authorisation in place to ensure that they were protected under MCA 2005. They had an independent mental capacity advocate to support them in their decision making. An Independent Mental Capacity Advocate (IMCA) is an advocate appointed to act on your behalf if you lack capacity to make certain decisions. In England, IMCAs are appointed by a local authority.

People's nutritional needs were assessed using a screening tool which identified where people had specific needs around eating and drinking. Care plans outlined where people had difficulty with eating and drinking and gave clear instruction about how staff could support that person. For example one person preferred not to wear dentures and so struggled to eat food that was not soft. Their diet had been adapted to accommodate their preference. Weights were monitored so that any changes could be referred to the person's GP for review. One person told us that the food was good and they could choose what they wanted and there were plenty of snacks so they could always get something to eat. We observed two other people enjoying a healthy lunch. Drinks were readily available throughout the day. Staff had received training in food safety and hygiene.

Is the service caring?

Our findings

People who used the service said they felt well cared for. One person told us, "I love all the staff, they are like family." When we talked about the service a second person said, "It's not a service as you described it's a family, some of the people that live here have been here so long that they grew up with the family that look after us all." Although most people were out when we arrived at the service when they returned we observed that people did appear to be close and acted as if they were part of the same family. There was lots of chatter and laughter between people and staff. A care worker told us, "There is a lovely, loving and warm atmosphere here. It is very homely." The expert by experience that accompanied us on this inspection had a learning disabled relative and told us after the inspection, "Stubblefields is the only place I would entertain [for them to live]. Staff understand what care and personalisation mean."

Some people took us to look at their rooms. Staff encouraged this and only accompanied us when asked to do so by the person. We saw the happiness that each person experienced when they were showing us their special possessions and chatting to us.

We observed staff to be kind and friendly towards people and heard a lot of friendly banter during the day. Staff treated people with respect speaking to them politely and by name. They listened when people wanted to communicate and took notice of what people said to them. Staff described how they maintained people's privacy and dignity and we saw from records that they were following individual care plans.

Staff were aware of individual communication skills and preferences and made sure they used them in responding to people. People who used the service were encouraged to take part in the life of the home whilst retaining their own identities. For example, evening meal times were treated as family type occasions with everyone sitting together but throughout the day people's daily routines differed.

We observed that people were supported to make choices about their day to day life and their care. One person told us, "We are staying here forever. We do as we want to here." Staff were respectful and supportive of people's relationships. They had supported two people to have rooms next door to each other as they liked to spend time together. Residents meetings were held where people discussed food preferences, outings and activities people were interested in attending.

We saw throughout the day that staff were calm and unhurried when supporting people. They responded quickly to people's needs and we did not observe anyone having to wait long for support. They encouraged people to maintain their independence.

People who used this service obviously felt that they mattered and staff reinforced that with every interaction.

There was no one receiving end of life care when we visited the service but staff did provide support to people when they experienced anyone dying. One person who used the service had recently experienced a bereavement. They told us that they really missed the person but said, "I still feel sad. I talk to them [staff]

about it and they make me feel better."

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that people's care files were person centred and kept up to date although they would benefit from more detail in certain areas. Person centred is when the person using the service and staff work together to plan a person's care. People had contributed to their care plans. For instance, in one person's care and support plan we saw that they could walk unaided but suffered from vertigo which put them at risk of falling. This had been discussed with the person, the risks had been assessed and a plan put in place to ensure the person's independence as well as their safety.

The care plans included information which was designed to assist staff to support people's health effectively including annual health checks. Staff recognised the importance of maintaining people's health. Reviews of care plans had been carried out by staff and by local authority care coordinators. Where changes to need had been identified these were recorded. At reviews people discussed health issues, personal hygiene, relationships, needs, goals and objectives and any needs that were not being met. Care plans had been updated following the reviews.

We saw life histories had been recorded for each person which staff used to identify areas which helped them work more effectively with people. For instance, where there were recorded incidents relating to the behaviour of people being challenging, staff had received appropriate training.

People identified the social activities that interested them and that they wished to pursue. There was no activities organiser but each member of staff supported people to do the activities that they had chosen. We saw one person worked four days a week at a local park and another told us about their visits to a club specifically for people with a learning disability. One person told us, "I play bingo, darts and pool. We have nights at a pub where we have quizzes and do all different things. I go to the café as well." Another person told us, "I do anything I want to do. I read books on animals and watch TV and go to bed early." The same person enjoyed long walks and took friends dogs for walks.

People were encouraged to try activities and one person told us, "I am going to be a model in a fashion show." One of the inspection team attended the fashion show (not as part of the inspection) and told us that everyone was clapping and cheering this person during their catwalk.

The registered manager told us about activities arranged within the service such as a recent bonfire party and Christmas activities. These activities supported those people who did not wish to attend clubs or go out often.

People we spoke with said that they did not have any complaints about the service but knew that they could approach any of the staff if they had any concerns. There was a complaints procedure displayed. We saw that no complaints were recorded.

Is the service well-led?

Our findings

There was a registered manager in post at this service who was clear about their responsibilities. When we checked our records we saw that statutory notifications had been received for this service over the last twelve months. We discussed some of the more recent ones with the registered manager during our inspection and they were able to give us further details about the outcomes of these notifications demonstrating that they had dealt with them appropriately.

The registered manager held team meetings every two months to discuss any changes at the service and to review individuals. Areas discussed at the last meeting were nutrition and hygiene, medicines and record keeping.

We saw that the registered manager and the staff had a relaxed but mutually respectful relationship. This was a family business and the registered manager was very knowledgeable about the people who used the service. We saw them speaking with people and staff throughout the day. They managed two services supported by a service manager at Stubblefields. There was always a manager available for staff to access. Staff were clear about the management structure at this service and told us, "The managers are very open and approachable."

The registered manager told us about the culture in this service and the values associated with the service. They told us that the intention had always been to provide a loving home environment for people. Staff confirmed this and told us, "Our purpose is to make people feel comfortable and support them in their everyday lives."

Staff also told us that managers listened to feedback from people and improvements to the service had been made. They said that communication had improved because a communications book and diary were now used routinely. Numerous improvements had been made to the environment with further work planned.

The service had cultivated links with community services such as a local club for people with a learning disability. The people who used the service were able to access local amenities such as shops.

There was an effective quality assurance system in place. Audits had been carried out by the service manager. The audits covered all areas of the service and looked at staff practice. The audits identified where improvements should be made. Maintenance checks and servicing of equipment had been carried out and were up to date.

Surveys had recently been completed by people who used the service. The results from these surveys were all positive.

Policies and procedures were available for all areas relating to the running of the service. These were up to date giving staff guidance on how to deal with any matters that may occur in the day to day running of the

service. The service used a management company to keep them up to date with employment and health and safety guidance which ensured they were always using up to date guidance.

Accidents and incidents were recorded and evaluated. When there had been an incident risk assessments and operating practices were reviewed and where necessary changes were made.