

Anthony Toby Homes Trust

Staverton

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 ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 March 2016 and was unannounced. We last inspected the service in February 2014. At that inspection we found the service was compliant with all essential standards we inspected.

Staverton is a care home without nursing that provides a service to up to 14 people with learning disabilities and/or autistic spectrum disorder. The accommodation is arranged over three floors. At the time of our inspection there were 13 people living in the home.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 was present and assisted us during this inspection.

People told us they felt safe living at the home. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse, and were supported to do so.

People told us staff were available when they needed them and staff knew how they liked things done. Staffing levels and skill mixes were planned, implemented and reviewed to ensure there were enough staff to meet people's needs.

People told us they were encouraged to do things for themselves and staff helped them to be as independent as they could be. Risk assessments were person-centred, proportionate and reviewed. Staff recognised and responded to changes in risks to people who use the service. There were contingency plans in place to respond to emergencies.

People received effective personal care and support from staff who knew them well and were well trained and supervised. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans formally reviewed annually or as changes occurred.

People received effective healthcare. People saw their GP and other health professionals, such as dentists and chiropodists, when needed. Medicines were stored and handled correctly and safely. Meals were nutritious and varied and people told us they enjoyed the food at the service.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted.

People were treated with care and kindness. During our inspection the atmosphere at the service was calm and happy. People were busy going about their daily lives with staff support, where needed, to assist them

getting to their place of work or day time activities. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service and had a good relationship with them, each other and the management. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. People told us they felt the service was managed well and that they could approach management and staff with any concerns.

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 were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements under the Deprivation of Liberty Safeguards (DoLS) and was in the process of assessing the need to make DoLS applications.

People were supported to eat and drink enough and staff took actions to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them in what they could do.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led active daily lives, based on their known likes and

preferences. The service was responsive and proactive in recognising and adapting to people's changing needs.

People knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit.

Staff felt supported by the management team and felt the training and support they received helped them to do their job well.

Good ●

Staverton

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 was carried out by one inspector and took place on 7 and 8 March 2016. It was unannounced.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with eight people who use the service. We spoke with the deputy trust manager, the registered manager, seven care workers (three in depth) and the maintenance person. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing lunch in the dining room. As part of the inspection we requested feedback from two healthcare professionals and four social care professionals. We received feedback from one healthcare professional and one social care professional.

We looked at three people's care plans, associated documentation and medication records. We looked at the recruitment file for the one member of staff employed since our last inspection, staff training and staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, the utility service certificates, legionella risk assessment, food safety checks and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risk of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe at the service. Health and social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility or risks related to specific health conditions such as diabetes. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out weekly. For example fire safety and fire equipment checks. Hot water restrictor valves were in place on the bath hot water outlets. Specialised equipment such as hoists, were up to date with their latest service checks. Staff said any maintenance issues were dealt with quickly when identified.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to the Care Quality Commission as required. The registered manager investigated all accidents and incidents and kept a clear record of the cause and actions needed to prevent a recurrence where possible.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified. Where applicable, the service ensured agencies confirmed in writing that required recruitment checks had been carried out for any agency staff provided. This was a new system introduced at the time of our inspection.

There were four care workers allocated to the service during the morning, reducing to two when people had left to go to their daytime activities during the week. At the weekends, this number remained at four. In the evening, from 2.30pm to 9pm, there were four care workers on shift, reducing to two at 9pm. Overnight there was one waking night staff and one care worker sleeping on the premises and available to assist if needed. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted. Staff told us there were usually enough staff on duty at all times and commented that the managers helped when needed.

People's medicines were stored and administered safely. We noted in the drug storage area that some

creams had been marked with date of opening but not with date they should be discarded. The registered manager planned to introduce a monitoring check so that creams, and other time sensitive items, were checked weekly and not used outside the manufacturer's recommendations. Only staff trained in administering medicines, and assessed as competent, were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We observed staff administering medicines. They carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. One person said: "I tell them what to do and they listen." Health and social care professionals felt the service provided effective care and supported people to maintain good health. One professional commented: "Those members of staff I have worked alongside have been receptive to proposed suggestions and ideas and initiated them effectively." Another told us: "Staverton has a high staff retention rate and the staff are knowledgeable about each of the residents."

The care staff team was made up of the registered manager, a deputy manager, three senior care workers and eight support workers. A new deputy manager started work on the second day of our inspection. At the time of our inspection the service was advertising a number of care worker vacancies. Additional staff included a cleaner and a maintenance person. Care staff and people living at the home worked together on meal preparation and laundry.

New staff were provided with induction training which followed the Skills for Care new care certificate. Ongoing staff training was overseen by the registered manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire awareness, first aid, moving and handling and safeguarding adults training. Other mandatory training included medicine administration, infection control, food hygiene and health and safety. Additional training was provided relating to the specific needs of the people living at the service. For example training in diabetes and dementia. The training records showed staff were up to date with their training and a reminder was included in the training matrix to show when updates were due. Practical competencies were assessed for topics such as administering medicines and moving and handling before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service.

Staff were encouraged to study for and gain additional qualifications. Of the 12 members of the care team, two held their registered manager's award and four held the National Vocational Qualification (NVQ) level 2 in care. Two held the Qualification Credit Framework or NVQ level 3 in care and one was just starting on their level 3 diploma in health and social care.

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place every four to eight weeks with their managers. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had filed appropriate DoLS applications to people's funding authorities (the supervisory body), as necessary.

People were able to choose their meals from the menus, which they planned with staff support. There were always alternatives available on the day if people did not want what had been planned. Fresh fruit and snacks were also available at all times and people were free to decide what and when they ate. People were weighed monthly and the staff made referrals to the GP where there was concern that someone was losing weight, or were putting on too much weight. Where nutritional input was a concern food diaries were kept and the care plans showed staff were working with dietitians and speech and language therapists where indicated. People told us they enjoyed the food at the service and there were enough staff available to help them with meals when needed.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. People had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. People had an annual health check from their GP as part of their health action plan. One health and social care professional told us the service was actively involved with them in accessing additional support. Another felt the service provided effective care and told us people were always supported to attend any health and hospital appointments and check-ups.

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. People were comfortable with staff and were confident in their dealings with them. Throughout our inspection it was obvious staff and people living at the home worked well together in partnership as they went about their busy daytime activities.

People's care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. The care plans were drawn up with people, using input from their relatives/ representatives and from the staff members' knowledge from working with them in the service.

We saw staff working with people encouraging their independence and supporting them in what they could do. At lunch time staff provided assistance only where needed. For example, cutting up food for people who could not manage a knife and fork and then making sure they had what they needed so they could eat independently. Where people were not able to manage, assistance was given quietly and respectfully.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives/representatives were involved in people's lives and participated in annual reviews. People told us staff knew how they liked things done and confirmed staff were polite and nice to them.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors.

Health and social care professionals felt staff were successful in developing positive, caring relationships with people using the service. They also confirmed the service promoted and respected people's privacy and dignity with one professional adding: "Very much so from the observations I have made." One professional commented: "My impression of Staverton is that it feels like a family environment. Staff and residents interact well and staff will step in gently but firmly should disagreements arise between residents, ensuring a blame culture is not adopted." Another told us: "The team members I work with are dedicated and caring to the individuals they support."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment and we saw people had added their signatures to the plans to say they agreed to its content. The care plans had all been reviewed within the previous six months. Care managers were invited to formal annual reviews and relatives were invited to support people and contribute.

Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals. Two people had pressure relieving mattresses. We saw one mattress had not been set to the correct setting based on the person's weight. This was immediately rectified and a system put in place to prevent it happening again.

People had access to a busy activity schedule, some being supported by the organisation's day opportunities staff. Day opportunities organised by the provider ran from Monday to Friday during the day. Each person had an individual daytime plan, selected from different activities in which they were interested. Some people had jobs at a local café or charity shop, others attended a local day centre. People could choose what they wanted to do and were also able to try out new activities when identified.

People were involved in the local community and visited local shops, library, cinema, clubs, pubs, restaurants and other venues. People sometimes used public transport and the service had access to a vehicle when needed.

People knew what to do and who they would talk to if they had any concerns. There had been no formal complaints made to the service since our last inspection and no one had contacted us with concerns. The service had introduced a "grumble book" for people to write in if they had a minor concern. We saw there had been a complaint to the service from a neighbour. The complaint had been dealt with quickly and the resolution was recorded along with actions taken.

People were supported to maintain relationships with their family and friends. Health and social care professionals felt the service provided personalised care that was responsive to people's needs. One professional commented: "Most of the residents have lived at Staverton for a number of years and some are ageing and their needs are changing. These changes are taken into account when forward planning." One visiting relative told us how happy they were with the service provided to their family member and how they were always made to feel welcome.

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. All interactions observed between staff and people living at the service were positive, friendly and respectful.

The service had a registered manager in place who also managed another, smaller service nearby. The staff team also worked across the two services. This meant there was a larger pool of staff, who knew the people at the service well, available to cover sickness and leave when necessary.

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff meetings were held every four to six weeks where any changes or plans were discussed. Residents had meetings every month where they discussed issues that were important to them and that affected them. Suggestions were made and explored during those meetings as well in individual meetings with their key workers. In addition to the above meetings there were senior staff meetings held every two to four weeks and the Home's Committee met at the service every quarter, with all people able to take part if they wished to do so.

The provider was in the process of carrying out an annual survey of people who use the service, their relatives and staff. Additionally they planned to develop a survey form to send to health and social care professionals so that their views on the service could be sought.

People benefitted from ongoing monitoring of the service that ensured the premises remained suitable for the people living there. People and staff had been consulted about recent improvements carried out at the premises. They felt they had been included in deciding on the improvements and taking the service forward.

The provider had an effective audit system in place. The system included monthly trustee visits to the home. During those visits trustees looked at the premises, furniture and fixtures to ensure they were clean and in good repair. They also spoke with people living at the home to see if they were happy or wanted to raise any concerns. Where issues were identified during the visit they were noted in the visit report and then followed up at the next visit to ensure issues were dealt with appropriately.

The registered manager undertook other audits at the home as part of their role. For example, audits of people's finances, care plans and risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures, fire safety equipment and food safety checks. The home was awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council on 9 March 2015. All records and audits seen were up to date.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard. They felt encouraged to make suggestions for improvement and felt their suggestions were taken seriously. One staff member told us: "even little things are taken seriously." They said there was a supportive atmosphere and the people living at the service were listened to. Comments received included: "Brilliant staff team.", "We've got a great team at the moment." and "It's very nice here, staff are nice, residents are lovely." One staff member commented about the management: "The main emphasis here is on getting things right." Another staff member said of the manager: "She makes everything for everybody as best as possible."