

Milestones Trust

Stibbs House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Stibbs House is a registered as a residential care home providing personal and support for up to 10 people with a learning disability. At the time of the inspection six people were staying at the service. Stibbs House has been purpose-built to provide short break care, with emergency beds available for those in the Bristol and South Gloucestershire area.

Stibbs House can accommodate up to 10 people in one building, across three separate wings, each of which has separate adapted facilities.

People's experience of using this service and what we found

People were kept safe by a range of systems, training and guidance to support how the staff assisted them with their needs. Medicines were managed safely, and health and safety audits were in place to monitor health and safety.

People were protected as much as possible from the risks around Covid 19. There were regular checks in place for staff, people and visitors.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

We found that the model of care was based on promoting choice, control and independence. One person told us they were about to move to more independent living and they were happy about this.

Right care:

We found care was person-centred and promoted people's dignity, privacy and human rights. Staff spoke to each person in a very respectful engaging way. Staff also talked at length about the unique needs of the people who had been staying at the service.

Right culture:

We found the values, attitudes and behaviours of leaders and staff helped ensure people were living positive and empowered lives. Staff talked with real commitment about their role in ensuring they promoted and encouraged independence with everyone they supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection Requires Improvement (2019)

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stibbs House on our website at www.cqc.org.uk.

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.

Is the service well-led?

Good ●

The service was well led.

Stibbs House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Stibbs House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. inspections. We used all of this information to plan our inspection.

During the inspection

We met three people who were staying at the service and spoke by telephone with five relatives about their experience of the care provided.

We spoke with five members of staff including the registered manager, and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- At our last inspection we had found people were not protected against the risk of infection. Actions had been taken and we found that people were now protected against the risk of infection.
- One relative told us how their family member was kept safe around Covid 19, " She has a test before she goes, she has been vaccinated. She tells me everything. She has told me staff wear PPE all the time even when they are bathing her."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- One relative told us how safe and happy their family member was when they stayed at the service. "This is the only place she has been to and she loves it and is happy to go. She must be safe and happy there. She is always excited to go. I am so relieved she likes to go."
- The provider reported safeguarding concerns and we saw that notifications had been made appropriately to the local safeguarding team when required.
 - Safeguarding was raised as a topic of importance during staff meetings. This included ensuring that staff knew how to raise any concerns.
- Staff confirmed they had received training in safeguarding adults. Staff felt confident and competent to report any concerns.

Assessing risk, safety monitoring and management

- Risks were identified, and health and safety assessments were completed. These were to reduce risks and to keep people safe. For example, in relation to staying safe in the environment and while in the garden area.

- Regular checks were carried out and actions put in place when needed to make sure the premises were safe and suitable. There were also checks undertaken so that electrical equipment and heating systems were kept safe.

Staffing and recruitment

- People were safely supported because there were enough staff on duty to meet their needs.
 - One relative raised a concern that, "They have had staff shortages as I have been told. That means my daughter and her friend cannot go to Stibbs house at the same time. "Another relative told us" I think they are well staffed. In fact, they even got an extra female carer to come and support my daughter when it was needed."
 - When people needed staff for help or assistance, this was immediately provided. We did not observe people waiting to gain the attention of staff.
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- The registered manager told us they had a bank of staff they could use during sickness or leave. We were told that agency staff were used if necessary, but that the service had good links with a local agency and were able to use the same staff each time in order to provide continuity for people.

Using medicines safely

- Medicines were managed and given to people safely while they stayed at the service.
- Staff who directly supported people with medicines told us they were observed regularly. This was to make sure they followed safe procedures when they gave people their medicines .
- Medicine administration records had been completed fully and the records showed people had been given their medicines, or the reasons why they had not been given.

Learning lessons when things go wrong

- Learning from incidents and investigations took place and changes to the care and support people received were put in place .
- Records showed the registered manager and staff recorded significant incidents and occurrences that had taken place involving people. Staff recorded what actions had been taken after an incident had happened.
- Care plans were updated so that they reflected any changes to people's care after an incident or occurrence.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in 2019 the service had been rated Requires Improvement for well led. This had meant the culture they created did not always support the delivery of high-quality, person-centred care. At this inspection we found that the rating has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection infection control audits were not up to date. These were now being kept up to date and the service looked clean and hygienic in the areas we viewed. We had also found that managerial oversight of the quality of service was now in place. The registered manager kept a 'close eye' on all audits and actions needed.
- At this inspection we found cleaning checks were undertaken to the standard required and therefore had picked up any shortfalls identified.
 - There was robust managerial oversight of the quality of service. This was based on our conversation with the registered manager who demonstrated a clear understanding of their role. This was in relation to overseeing quality performance, risks and regulatory requirements.
- The registered manager showed us monthly registered managers audits they completed that were based on the CQC key questions. These audits included actions and target dates. We saw these were completed and up to date. For example, a recent audit had reviewed medicines systems in the home.
- A representative for the provider undertook health and safety audits regularly of the service. These showed environmental health and safety checks were undertaken regularly. Action was taken where risks were identified. For example, the kitchen had been refurbished because of a health and safety audit.
- Staff knew what the provider's visions and values were. They explained the values included being person-centred and promoting independence. The staff told us that they made sure they considered these values when they supported people. They said this meant ensuring people were encouraged to make their own decisions in their daily life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour law. Duty of candour requires providers to be open and transparent with people who use services and others. This was conveyed by the open and transparent approach of the registered manager with us.
- The service informed relatives and CQC of any concerns if an accident or incident had happened and fulfilled their duty of candour.
- Notifications of certain events, as required by law, had been sent to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was open and accessible to people who used the service and the staff. One relative said of the manager " Never had any complaint. Yes she would do something about it if I did, yes its well-managed , they are open. The manager is good."
- One relative told us "They keep me informed if she is not well or if anything happens, I don't doubt her safety." Another relative told us "They called during the lockdown. They assured me her placement was available. They told me how the rules will be followed. They have been communicating very well."
- People who were staying at the service went to the office to see the registered manager during our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them. Staff were also positive about the registered manager. One said they were "very supportive".
- Staff meetings were held regularly. Staff told us they were always able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to action.
- The registered manager spent plenty of time out of the office with people and staff .They spent time with people assisting them with their needs.
- Due to an unexpected staff shortfall a senior manager had very recently come to the service to provider direct care and support . This showed the senior manager engaged with people who used the service.

Continuous learning and improving care

- Staff told us and records showed that they had opportunities for additional training and received regular supervision and appraisal.
- Records confirmed how there were very regular discussions about how to improve people's care following audits and care reviews.
- The registered manager attended a local manager's network with other care professionals to share knowledge and good practices. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.

Working in partnership with others

- The service worked in an open way with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to ensure joined-up care for people.
- Records confirmed how the registered manager and team worked closely in partnership with the safeguarding team and multidisciplinary teams to ensure safe care for people. Guidance was sought, and referrals were made when needed.