Optimum Specialised Homes Limited

Stoke House

Inspection report

6 Stoke Poges Lane
Slough
Berkshire
SL1 3NT

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27 March 2017

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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

Stoke House is a care home that provides accommodation and respite care for up to six adults with learning disabilities or autistic spectrum disorder. At the time of our visit there were four people using the service.

The registered manager has been in post since January 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives provided feedback about the caring nature of staff. Comments included, "I think they (Staff) are exceptionally caring" and "They (Staff) always look after [Name of family member] as if they're looking after their own family."

We observed staff used enabling positive language in their interactions with people. People were listened to, given time and supported using their preferred communication methods. Staff promoted people's independence and supported them to exercise choice. Relatives were involved in planning and making decisions about their family member's care.

Relatives felt their family members were safe from abuse and harm. Staff were trained and understood their responsibilities in regards to safeguarding and safe recruitment processes and checks were in place. The service had sufficient numbers of staff to keep people safe and meet their care needs. Risk assessments were in place to minimise identified risks and medicines were safely administered and managed.

Relatives felt staff were experienced and skilled to provide care and support to their family members. Comments included, "Staff are skilled, sometimes my daughter needs medicine for her epilepsy and staff are trained to give it" and "I think they are very competent." Staff received appropriate induction, supervision and training.

We found the service acted in accordance with the Mental Capacity Act 2005. Consent was sought from people or their family members who had legal authority to give it. People were effectively supported at meal times. Care records contained information about each persons; dietary needs and preferences. Health action plans ensured people's health needs were met.

Relatives felt the care and support delivered was personalised. We heard comments such as, "They (Staff) look at [Name of person] to see what she likes. The care is very personalised for example, staff will say, 'This is what [Name of person] likes and this is what [Name of person] prefers."

Care records captured people's preferences, interests, aspirations and diverse needs. People were engaged in meaningful activities that enhanced their social well-being. Care plans and risk assessments were regularly reviewed and kept up to date and relatives said they knew how to make a complaint but had no

need to do this.

Relatives felt the service was well-managed. Comments included, "It is well-managed, and they (management) know the young adults very well. The service is managed to a very good standard" and "It is managed extremely well from financial to caring. Their (staff) dedication is without question."

Staff described the culture of the service as open and spoke positively about management. Quality assurance systems were in place to improve the quality and safety of people who used the service. We have made a recommendation in regards to the completion of the staff training matrix. The service actively encouraged feedback from people and their family members about the quality of care delivered.

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.

Relatives felt their family members were safe from abuse and harm.

Staff were trained and understood their responsibilities in regards to safeguarding.

Safe recruitment processes and checks were in place.

Medicines were safely administered and managed.

Is the service effective?

Good

The service was effective.

Relatives felt staff were experienced and skilled to provide care and support to their family members.

People were effectively supported at meal times.

The service acted in accordance with the Mental Capacity Act 2005.

Health action plans ensured people's health needs were met.

Is the service caring?

Good

The service was caring.

Relatives provided feedback about the caring nature of staff.

People were listened to, given time and supported using their preferred communication methods.

Relatives were involved in planning and making decisions about their family members' care.

Staff promoted people's independence and supported them to exercise choice.

Is the service responsive?

Good

The service was responsive.

Relatives felt the care and support delivered was personalised.

Care records captured people's preferences, interests, aspirations and diverse needs.

People were engaged in meaningful activities that enhanced their social well-being.

Care plans and risk assessments were regularly reviewed and kept up to date.

Relatives said they knew how to make a complaint but had no need to do this.

Is the service well-led?

Good

Relatives felt the service was well-managed.

Staff described the culture of the service as open and spoke positively about management.

Quality assurance systems were in place to improve the quality and safety of people who used the service.

The service actively encouraged feedback from people and their family members about the quality of care delivered.

Stoke 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 checked 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 was an unannounced inspection which took place on 27 March 2017 and was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service.

As part of our inspection we spoke with three relatives of people who used the service. We were unable to speak at length to any of the people who used the service, due to their capacity to understand. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with a unit manager, the registered manager and one care worker. We looked at two care records, two staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives said their family members were safe from abuse and harm. Comments included, "We feel [Name of family member] is safe at the service. We've never seen any marks on her body when she comes home" and "Yes, [Name of family member] is looked after in a safe manner. I would speak to management and ask them to investigate. There was a time when [Name of family member] had a red mark on her face. I spoke with staff and they were able to tell me what happened and it was also recorded on the body map."

People were protected from abuse because staff were trained and understood their responsibilities in regards to safeguarding. We spoke with a care worker who was able to explain the different types of abuse; describe the signs to look for potential abuse and the action they would take. A safeguarding policy was in place and a 'safeguarding adults action flow chart' was visibly displayed in the staff office. This amongst others provided staff with the local safeguarding team's contact details and out of hour's numbers. Training records confirmed staff had undertaken relevant training. This meant people could be confident they were supported by staff members who could identify; report and respond appropriately to suspected abuse.

We observed an easy read pictorial chart was visibly displayed for people with an explanation of what abuse was and why it was wrong.

The service had sufficient numbers of staff to keep people safe and meet their care needs. This was observed during our visit. A care worker who commented, "We've got enough staff. We also have bank staff to support us who are also familiar with service users." A review of the staff roster supported what the staff member had told us.

Behaviour management plans were in place. These described behaviours that may challenge and gave staff clear instructions on how to manage this. We noted a list of events that could trigger certain behaviours was documented. These were reviewed and any actions required or taken by staff were recorded in people's care records.

Safe recruitment processes and checks were in place. Staff records showed criminal convictions checks were undertaken, written references were obtained and employment histories and medical questionnaires were completed. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

Risk assessments were in place and showed staff were given detailed information about how to support people in a way that minimised risk for the individuals whilst still promoting their independence. The Identified areas of risk covered amongst others health conditions such as epilepsy; when people were out in the community, when people presented behaviour that challenged or when activities were undertaken in the kitchen. We noted the risk assessments were regularly reviewed and kept up to date. This demonstrated staff understood how to minimise risks and regularly monitor them.

People were given their medicines safely by appropriately trained staff. Relatives told us they were confident

in staff members' ability to administer medicines safely. This was supported by a care worker who commented, "We (Staff) explain to service users why they have to take their medicines, two members of staff have to be present at all times. One staff member administered people's medicine and another staff member acted as a witness. We record and complete MARs (medicine administration records)." Medicine administration records (MAR) recorded the names of medicines prescribed and the dosage to be administered. Medicines prescribed on a 'when required' basis were clearly shown.

Good

Is the service effective?

Our findings

Relatives felt staff were skilled in meeting their family members' care needs. Comments included, "Yes, I don't have any doubts about any of them (staff)", "Staff are skilled, sometimes my daughter needs medicine for her epilepsy and staff are trained to give it" and "I think they are very competent."

Staff received appropriate induction, training and supervision. For instance, the care worker commented, "I have completed my induction which included shadowing, given a tour of the building and being introduced to service users. I found this very helpful because you need to know the client group you will be working with. I have completed autism training, challenging behaviour, safeguarding adults. Management will remind us if our training is about to expire." A review of the care worker's training records confirmed what they had said. Staff records showed regular supervisions (one to one meetings) were held with staff. This was supported by the care worker who talked about the benefits of these meetings. They commented, "It gives me an opportunity to discuss concerns regarding service users and barriers that prevent us from doing our jobs very well."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found care records showed consent was sought from people and those who had legal authority to act on their behalf. Where family members did not have legal authority to give consent, care records documented their involvement in best interest decisions. DoLS applications were submitted appropriately to the local authority with any conditions being carried out. A MCA and DoLS policy was in place and an easy read version was visibly displayed for people who used the service. This showed the service acted in accordance with the requirements of the MCA.

People's nutritional needs were being met. People were supported to make healthy meal choices. The care worker commented, "Normally we devise a menu after consulting with service users and ensure they receive balanced meals. One person loves Indian food; we have staff who are able to cook Indian meals." Care records contained information about each persons; dietary needs and preferences. This ensured people were effectively supported at meal times.

The service had a sensory room. We observed the room was decorated with items such as soft toys with

coloured textures; musical items and various coloured lights. This encouraged people with sensory impairment to use areas of their body they may not now be able to use and covered sensory areas such as, sight, smell, touch and hearing.

The service ensured detailed health action plans were in place for people. This enabled people's health needs to be taken into account when developing their care plans and included a record of visits to health practitioners including GPs, chiropodists and opticians. We noted hospital passports documented people's personal details; their levels of communication and the best way to communicate with them; how they express pain; medical history and prescribed medicines. This ensured people were effectively supported to maintain good health.

Good

Is the service caring?

Our findings

Relatives said their family members received support from staff members who were caring. One relative when describing the effect the care given had on their family member commented, "She (family member) is always smiling and happy when she's at Stoke House." Other comments from relatives included, "I think they (Staff) are exceptionally caring" and "They (Staff) always look after [Name of family member] as if they're looking after their own family."

People received care from staff who respected their dignity and treated them with kindness. We observed this during the latter part of the day when people had returned back to home after attending their daily community based activities. Staff used enabling positive language in their interactions with people. For example, people were encouraged, affirmed and told that they could achieve. People were relaxed in their environment and appeared comfortable with staff who interacted with them.

Staff had established good working relationships with the people they supported and demonstrated a good understanding of their care needs. This was supported by our conversations with staff and confirmed in our review of people's care records. The care worker commented, "I read the care plan to ensure I get to know service users and their mannerisms." A relative commented, "They (Staff) know [Name of family member] extremely well. One thing about staff, they are consistent and know how to deal with her (family member) anxieties." During our visit we spoke with the relatives of one person who was being collected after respite stay. The parents stated they were very happy with the care because staff knew their family member very well. 'Service user acknowledgment and understanding' documents showed the names and signatures of staff who confirmed their understanding of various aspects of people's care and support needs.

Relatives said they were involved in planning and making decisions about their family member's care. We heard comments such as, "We are involved in her (family member) care planning and I have a copy of the care plan", "I am always emailed a copy of her (family member) care plan. They (Staff) keep me informed" and "I am involved in care planning. Staff manages her (family member) well and use their own initiative and takes on board what I've said." We saw evidence of these discussions in people's care records. This meant there was routine involvement of people or their relatives in care planning.

One relative commented, "The manager has a way of explaining things in regards to options available. He puts everything in layman's terms so you can fully understand. Another relative spoke positively about how staff involved their family member. They commented, "They (staff) don't speak to [Name of family member] as though they are not there when we are around but involve [Name of family member] in the conversation."

Staff promoted people's independence and supported them to exercise choice. For instance the care worker when describing how they supported to person to maintain their independence commented, '[Name of person] takes everything they need to the bath. We prompt them to brush their teeth and give them the flannel to wash themselves. They can make up their own bed and chose what they want to wear." During our visit we observed a person independently preparing themselves a snack and drink, with staff present to

provide assistance if required.

People were listened to, given time and supported using their preferred communication methods. For example, the service used a picture exchange communication system (PECS). This enabled people with little or no communication abilities to communicate using pictures. We observed a person on their arrival to the home after returning from college, used PECS to establish which staff were on duty, as well as what activity they would be participating in on the next day. Care records documented people's level of communication and how they should be supported. A poster showing 'Tips for good communication' was on display in the hallway. Staff were encouraged to be good listeners; get to know each person's level of understanding and use facial expressions and simple words when communicating with people. This ensured staff were able to communicate with people in their preferred method.

Good

Is the service responsive?

Our findings

Relatives felt the service provided was centred on the family members' individual needs. This was summed up by one relative who commented, "They (Staff) look at [Name of person] to see what she likes. The care is very personalised for example, staff will say, 'This is what [Name of person] likes and this is what [Name of person] prefers."

Care plan were person centred and ensured the care provided focused on people's individual needs. One relative commented, "They (staff) treat X as an individual." Care records described people's tastes, their preferences and how they wanted to be supported. A relative when discussing the responsiveness of the service commented, "We have asked for female staff to provide personal care to [Name of family member] and the service have acted on our request." This showed people received care that was responsive to their needs.

Care records documented people's preferences, interests, aspirations and diverse needs. Daily records showed care and support had been provided in accordance with people's wishes. This was supported by our observations of staff being respectful of people's choices and preferences.

Reviews of care were undertaken and captured discussions held with people and their relatives. Care plans and risk assessments were regularly reviewed and kept up to date. This enabled the service to respond to any changes in people's care needs as well as allow the relatives of people who stayed on respite, to update staff on any changes that occurred since their last stay.

'Service user meetings' were held and gave people the opportunity to express their thoughts. Where people were non-verbal people were able to tick smiley or sad faces to indicate their views on various aspect of care. For instance, we noted one person had ticked smiley faces in regards to food, activities, staff and health. We saw there was no aspect of care the person was not happy with.

People were enabled to attend activities based on their individual goals, aspirations and needs. Care records captured people's daily routines. This included recreational activities such as arts and crafts; swimming, bowling and planned holidays abroad. Photographs of people involved in various activities were displayed in the hallway. This meant people were engaged in meaningful activities that enhanced their social well-being.

People were offered support to make a complaint if they were unhappy. People had the opportunity to do this using the PECS system and an easy read poster in pictorial format was visibly displayed in the hallway. Relatives said they knew how to raise a complaint. We heard comments such as, "If I have any concerns I will talk to the unit manager", "I would contact the manager (registered) if I had a concern" and "I have never had to complain." A complaints policy was in place to ensure complaints were handled appropriately by staff and people or their relatives knew what to do should they need to make a complaint.

Good

Is the service well-led?

Our findings

Relatives felt the service was well-managed. Comments included, "It is well-managed, and they (management) know the young adults very well. The service is managed to a very good standard", "Stoke House is good, they give us a lot of support" and "It is managed extremely well from financial to caring. Their (staff) dedication is without question."

Staff described the culture of the service as open and spoke positively about management. They said management listened to them and provided them with constructive criticism. This was supported by the care worker who commented, "I can discuss any matters with management and they take what I say on board." The care worker said they knew how to report poor working practice (referred to as whistleblowing) and told us they felt comfortable to do this.

Minutes of staff team meetings showed quality assurance was regularly an item on the agenda. We noted team discussions covered amongst others a review of people's care; staff training and various tasks staff had to perform to ensure people received good quality and safe care.

The service had effective systems to regularly assess and monitor the quality of service that people received. The 'Stoke House checklist 2017' documented the various checks undertaken by staff that covered areas such as, medicines; contact sheets; daily tasks; bedrooms; the kitchen and water temperatures. We noted these were signed and dated by the staff who had carried out the checks. We saw routine fire systems checks and tests were completed. 'Unannounced Management Visit Journals' documented what management found when they visited; and recorded any concerns and outcomes. This enabled the service to identify where quality and safety were compromised and take appropriate action when required.

A training matrix was in place to ensure staff had completed essential and refresher training. We noted this had not been kept up to date because it did not reflect training some staff had completed. We recommend the service seek current guidance and best practice in relation to the completion of the staff training matrix.

A communication book and a white board were located in the office, these enabled messages and ideas to be communicated between staff and management. Daily handover meetings enabled staff to share important information. The service used electronic mail (Email) to communicate with people's relatives. This enabled them to provide updates, share relevant information and obtain feedback on various aspect of the service. We heard comments from relatives such as, "Communication is completely open, if there are any issues they will email me straightaway" and "They (staff) always send me information." This showed the service had effective communication systems in place.

Care records documented feedback provided by people when they attended 'service user meetings.' The unit manager showed us the 'Stoke House Quality Assurance Questionnaire' which had recently been sent out to people's relatives, relatives confirmed their views had been sought. We found the service actively encouraged feedback from people and their family members about the quality of care delivered.