The Stable Family Home Trust

Stables Flat

Inspection report

The Stable Family Home Trust
The Stables, Bisterne
Ringwood
Hampshire
BH24 3BN

Tel: 01425485192

Date of inspection visit:
17 December 2018
18 December 2018

Date of publication:
22 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

What life is like for people using this service:
• Medicines were not always well managed. Temperature readings of medicine storage areas and medicines audits were not being completed and the controlled medicines register did not reflect the controlled medicines stock.

• Staff were kind and caring and there was a warm, family atmosphere. We saw people interacting in a positive way with staff and each other and accessing the providers day service.

• The provider responded when they could no longer meet people's needs and worked with other services to ensure a smooth transition for people.

• The Stables Flat met the characteristics of Good in most areas and of Requires Improvement in Safe. Overall, we have rated the service as Good.

• More information is in the full report below.

Rating at last inspection: Good (report published 25 May 2016).

About the service: The Stables Flat is a care home that was providing personal care for up to eight people living with a learning disability at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We have rated this service as Good and we will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Stables Flat

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector carried out the inspection over two days.

Service and service type: The Stables Flat is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a small care home and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. Inspection site visit activity started on 17 December 2018 and ended on 18 December 2018.

What we did: Before we inspected we looked at information we already had about the provider. We reviewed notifications we had received from the service. Notifications are reports about specific events that the provider must tell us about by law. We reviewed the provider information return, (PIR). This contains evidence about the service and is submitted annually. The information in the PIR helps us in planning our inspection.

During our inspection we looked at care records, accident and incident reports and logs, daily notes, medicines records and quality assurance documents.

We spoke with three people living in the home and some of their relatives. We also spoke with the registered

manager and three support staff.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm
RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
• Medicines were not stored safely. Guidance from the Royal Pharmaceutical Society states that medicines should not be stored in areas that could be too damp, warm or unhygienic. Medicines at The Stables were being stored in a laundry room, an environment which did not comply with the guidance stipulated by the Royal Pharmaceutical Society. We also found that the temperature of the areas where medicines were being stored was not being monitored. This is important to ensure that medicines remain effective.

• Following our inspection, the provider introduced twice daily temperature monitoring of the areas used for storing medicines and has made arrangements for medicines storage to be relocated to a more suitable location.

• Records indicated that people had received their medicines as prescribed and medicines awaiting disposal were managed safely.

• The provider had one controlled medicine onsite. Controlled drugs are prescription medicines controlled under Misuse of Drugs legislation (and subsequent amendments), which are closely monitored. These were not well recorded.

• There was no consistent approach to auditing medicines within the service. This was important as it helps to assess and monitor the safety and quality of the service. The last medicines audit had been completed in April 2018, therefore the auditing system had not identified inaccuracies with the recording of the number of controlled drugs within the service. The provider had identified that the medicines audits were too in-depth and time consuming. The format had been withdrawn but a replacement not implemented. The registered manager has informed us that they will be participating in training in January 2019 and will be reinstating auditing medicines. Senior staff had ensured that medicines were in date, as prescribed and had cleaned the medicines cabinet though not as part of a more formal audit.

Preventing and controlling infection
• Staff had good knowledge of infection control and the use of personal protective equipment, (PPE). The home was clean and free from odours and staff were seen to be cleaning down areas such as the kitchen at regular intervals.

• Outbreaks of infectious illnesses had been managed appropriately.

• When we inspected we noted items such as a radiator with significant rust and flaking paint in a bathroom, bath panels that had split and paint and grout that were damaged. These were all areas that, due to the

damaged surfaces, were hard to clean and keep free from bacteria. We brought these concerns to the attention of the registered manager and all areas were fixed as a matter of urgency.

• Some people in the home liked to be independent in cleaning their rooms. Staff were respectful of their wishes and supported them with tasks to ensure they achieved a good level of hygiene.

Staffing levels
• There were sufficient staff employed to meet the care needs of people living in the home. One staff member told us that when there were appointments they could add additional staffing hours to cover these. Staff on duty did not need to support people with an activities programme as most people attended the provider's day opportunities.

• People and their relatives told us they felt safe. One person told us that their key worker was helping them learn to cook and kept them safe by watching them and helping when needed.

Systems and processes
• Staff ensured that people were safely cared for. One staff member told us, "I follow policies and procedures and keep myself up to date. I look for good ways of working and make sure my communication is good with people".

• Staff were familiar with the possible signs and symptoms that may be seen if someone were being abused. They were clear that they would alert senior staff as soon as they noted concerns and that the matter would be referred to the local safeguarding team for investigation. There had been no recent safeguarding concerns raised about the service.

Assessing risk, safety monitoring and management
• People had current risk assessments in their care records which were updated every six months if the person had complex needs or annually for other people. Risk assessments were detailed and covered relevant areas such as choking and mobility.

• External door alarms and key pad locks were in place to ensure people stayed safe. There was one sleep in night staff member and the alarms had enabled them to safely monitor people in the home throughout the night.

• A monthly check was carried out of the premises noting any safety concerns and maintenance issues. These had mostly been addressed promptly although some items had been delayed due to the premises being a listed building which required additional permissions being sought before repairs could be made.

• Appropriate food hygiene records were maintained which provided assurances about the storage and safety of the food provided.

Learning lessons when things go wrong
• A small number of incidents and accidents had occurred. These had been investigated and measures put in place to prevent a reoccurrence. Learning from such incidents was shared with staff at fortnightly team meetings.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Care plans contained information about people's specific health conditions, their dietary requirements and any mental health conditions. Care plans were not consistently detailed and lacked guidance on how staff should effectively manage behaviours which might challenge. However, staff clearly knew people well and this limited the impact of this omission.

• Care plans were regularly reviewed and people and their families could contribute to reviews and ensure care plans reflected their needs and wishes accurately.

Staff skills, knowledge and experience
• Staff completed an induction and mandatory training when they commenced working at The Stables Flat. The provider monitored training to ensure this was refreshed in a timely manner.

Supporting people to eat and drink enough with choice in a balanced diet
• People were supported to eat an appropriate diet. There was a 'hydration station' consisting of three dispensers of fruit squash in the kitchen area which were refilled daily and a bowl of fruit that people could help themselves to. The registered manager told us that people were not keen on drinking water so they provided sugar free squash which they all liked.

• There was no set menu in the home and people would sometimes cook their own meals. At breakfast people were given different meal choices and staff would prepare their choice for the evening. People who wished to develop their independence were supervised when cooking simple meals such as soup or baked potatoes.

•No-one needed a specialist diet. One person needed to ensure they had sufficient fluids so carried a bottle for drinks. People frequently had their main meal at the day opportunity provision and could choose their preferred option of meal there.

• If staff were concerned about someone in terms of their diet or weight loss or gain, the person would either access their GP for advice or a referral would be made to Speech and Language Therapy, (SALT) for a specialist assessment.

Staff providing consistent, effective, timely care
• People were supported by staff who knew their needs very well. Staff would support people in line with their preferred routine and would make regular checks of people to see if they needed any support. Most

people living in the home would ask for support as and when they needed it.

• One person told us that staff helped them when they needed it, they told us,"I like to cook on my own, [staff] helps me, he watches what I do, they both watch me".

Adapting service, design, decoration to meet people's needs
• Peoples rooms were decorated in their chosen designs and communal areas were decorated in neutral tones. People had decorated the home for Christmas and cards and gifts for them were in the living room and under the tree.

• Improvements were being made. One of the bathrooms was being refurbished into a wet room with level access to suit the needs of people with decreasing mobility.

Ensuring consent to care and treatment in line with law and guidance
• Whenever possible the registered manager ensured that people signed their own consent forms and gave permission for their care and support. One person consistently refused to sign forms, staff would ask them later and talk them through the information gaining verbal consent which they would record.

• 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.

• Staff were familiar with the MCA and told us they assumed people had capacity unless they had been assessed as lacking it. They would routinely ask for permission before supporting anyone with care tasks and, though they would encourage someone who refused personal care, they recognised it was their right to refuse.

• 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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

• Staff understood the legislation relating to DoLS. A DoLS application had been authorised for a person who needed to have treatment for a medical condition they lacked the capacity to consent to. The authorisation had covered the person's treatment and now they were fully recovered ceased to be relevant. This showed that the provider had good understanding of the laws relevant to a person's capacity.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect
Good: People were supported and treated with dignity and respect and involved as partners in their care

Ensuring people are well treated and supported
• Staff and people had positive relationships and were friendly toward each other whilst remaining professional. One person called staff by 'nicknames' they had given them and staff and people enjoyed plenty of jokes and fun.

• We saw staff providing professional care, speaking to people respectfully and with familiarity and warmth. All staff had worked in the home for between one and twenty years which meant that staff knew people well and the atmosphere was very much that of a family.

• People met with their key workers every month to talk about their care. This ensured that any concerns were known and dealt with and people had the best possible experience in the service.

Supporting people to express their views and be involved in making decisions about their care
• A resident meeting was arranged regularly however people living in the service were not keen to participate. This was due to people preferring to stick with their usual routines. If they were concerned about something in the service they would access their key worker or the registered manager to discuss it.

• People were encouraged to participate in care reviews and information was supplied to people in a format they were familiar with. Information on noticeboards showed use of symbols and photographs to clarify meaning for people unable to read the written word.

• No one living in the home used an advocate, there were family members or legal representatives in place to support people. We were assured that advocacy services would be contacted should anyone need them.

Respecting and promoting people's privacy, dignity and independence
• Care was delivered respectfully and in private. Staff asked permission before supporting people and described keeping doors closed and talking to people as they supported them.

• We saw staff knocking people's doors and calling out before entering and they asked permission from people before allowing us to see their bedrooms.

• People could come and go between the flat and the day service and staff supported them to access the local community enabling them to complete their own banking and shopping.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs
Good: People's needs were met through good organisation and delivery.

How people's needs are met
Personalised care
• We saw care records and assessments that were person centred and reflected how people wanted to be supported. Care records had information about peoples' relationships with others, whether they liked being with other people or spending time alone, their communication needs including how they made choices and what might mean they were okay or not okay.

• Communication needs were clearly documented. For example, we read that one person communicated through muttering or speaking more loudly when they were confused and trying to organise their thoughts. There was also guidance about how best to speak with the person to ensure they understood and how to check they had understood.

• The provider had considered the premises when planning peoples care and support. We saw several small things that were significant to the people living in the service. The hydration stations had been put in place to make drinking sufficient fluids more attractive and throughout the flat there were mirrors placed at low levels for people to use.

• Staff, though busy, made time to socialise with people and support them to engage in social opportunities in the community. At weekends people would go to a local town for shopping and had forged a relationship with a local café owner. Staff tried to broaden people's experiences and regularly made suggestions of alternate destinations but people usually chose to return to the local town.

Improving care quality in response to complaints or concerns
• There had been no recent complaints about the service however there was a clear complaints procedure in place. Staff would refer people's complaints to the registered manager who would commence the procedure and aim to deal with the concern. Any low-level concerns from people or their relatives were dealt with informally by the staff team. The registered manager had an 'open door' approach and people told us if they had a problem they would speak with them.

• Easy read complaints forms were available in people's care records and where visitors signed in. People could access these and if needed staff would support them to complete them.

End of life care and support
• This area had not been fully explored with people living in the service. People living in the home ranged from young to middle aged and were not at a stage in their lives where considering end of life was relevant to them.
• As people who had previously lived in the service developed conditions associated with ageing which

needed additional supports, the provider worked with other services to support smooth transition into more suitable placements.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture
Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

• The management team consisted of the registered manager supported by one senior support worker. Due to working patterns the registered manager and senior support worker worked together for just one hour per week meaning that sharing ideas and expertise was not easy to facilitate. We recommend that the registered manager consider ways in which management capacity can be better managed and enable a more robust and broad programme of audit to be completed.

• There was a staff meeting every two weeks. The registered manager used the meetings to update the team on policies and procedures. Staff discussed ideas about how best to support people and shared learning with one another

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
• We received positive feedback about the registered manager and senior support worker. People living in the home were clearly able to speak with them about any concerns they may have and one relative also gave positive feedback.

• The staff team worked with people to achieve their desired outcomes and to have fulfilling lives. People were listened to and supported to work towards long term goals such as moving into a supported living service.

• Throughout our inspection, the registered manager and the senior support worker were receptive to advice and information. If we found areas of concern they took immediate action to address the issue.

Engaging and involving people using the service, the public and staff
• The provider sent a questionnaire to people living in the service four times per year. The questionnaire asked for feedback on the support people received, their quality of life, community access, activity choices and their views about the premises. Staff members had to support people to complete questionnaires which were answered with a 'thumbs up / thumbs down' response.

• The provider had an online system called 'Peoples HR' which worked like a social media platform. Staff

could access policies and procedures and training information and individual messages of thanks and congratulations could be posted for staff.

• The provider was well known in the area and people living in the service participated in local events such as a scarecrow competition. Events such as open days or fetes were arranged onsite and the local community and relatives were invited to participate.

Working in partnership with others
• The service did not support people who had a need for nursing care or specific conditions such as dementia. If the provider could no longer support someone, they worked with the local authority to find the person a new home and worked in partnership with the new provider to ensure they were informed about the person's needs.