

Care at Stennings

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Inspection report

Stennings
Brookview
Cophorne
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Tel: 01342719388

Date of inspection visit:
17 January 2020

Date of publication:
14 February 2020

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

About the service

Care at Stennings is a residential care home providing personal care to seven people living with a learning disability. The service can support up to eight people. Accommodation is provided in two houses which are linked together with a conservatory.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe. Staff had training in safeguarding and understood how to report any concerns about people's safety and wellbeing. Risks to people were understood, assessed and appropriately monitored. There were enough staff available to meet people's needs. People were supported to take their medicines safely. Infection prevention and control was well managed. When things went wrong, lessons were learnt, and steps taken to prevent reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs and choices were assessed and planned for. Staff were supported with induction, training and supervision to ensure they had the right skills to support people. People were supported to eat a health balanced diet. Staff worked with other agencies to ensure that people lead healthier lives.

People were treated with kindness and care. People made choices about their day to day support and were encouraged to express their views. People's privacy and dignity was respected. People were encouraged to maintain and develop their independence.

People received personalised care from staff who knew them well. People's communication needs were

understood and supported. People took part in a range of activities and were supported to maintain relationships that were important to them. People and their families felt confident to complain if needed.

Staff were proud to work for the service and felt well supported by the registered manager. People, their relatives and staff's views had been sought and used to further develop the service. Quality assurance checks supported the service to continuously learn and improve. Staff worked in partnership with other professionals.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 22 January 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Care at Stennings

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Care at Stennings 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.

The service had two managers 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. Some people

could not talk with us, so we spent time observing their interactions with staff. We spoke with four members of staff including the registered manager and care 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.

After the inspection

We spoke with two people's relatives about their experience of the care provided. We spoke with four health and social care professionals about their involvement with the service.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us about what made them feel safe. They said, "The people who live here, the staff, if I've any problems I can speak to them or speak to [registered manager]." Another person said, "We have a locked door and the gate. Staff are around. Staff help us be safe out in public, that's when they keep us safe."
- Staff understood safeguarding, types of abuse and how to report concerns. A member of staff told us, "I'd report to [registered manager], straight away." Staff had training in safeguarding.

Assessing risk, safety monitoring and management

- Risks to people safety and well being were identified and assessed. For example, people's needs around accessing the community, their road sense and awareness of danger were considered. Some people could access the community independently and others needed staff support.
- Some people could display behaviours that challenged. Clear plans were in place for staff to support people in a consistent way. For example, one person could ask the same question multiple times. Guidance supported staff to ensure they knew and understood the answer, and then disengage with the questioning.
- Risks about the building and maintenance were considered and planned for. Maintenance issues were logged and responding to in a timely way. Regular checks such as gas safety and PAT testing had been completed.
- Plans were in place in the case of an emergency. Regular checks were carried out to ensure fire safety equipment was working effectively. Regular fire drills took place. A member of staff told us, "We have a fire drill at least one a week and test different stations in the house. They are out like a shot and know exactly what to do."

Staffing and recruitment

- There were enough staff available to meet peoples needs. Rotas were planned to ensure that staff could support people to take part in the activities they wished to. A member of staff told us, "The ratios do keep people safe and well."
- Staff were recruited using safe practices which included proof of identity, references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions.

Using medicines safely

- People were supported to take prescribed medicines safely. Staff had training in supporting people with

their medicines. Their competency to do this was assessed by the registered manager.

- Staff recorded when they had given people their medicines on a medicine administration record (MAR). These records were also checked by the member of staff leading the shift, to ensure they had been completed accurately.
- Some people were prescribed medicines 'as required', such as pain relief or topical creams. Staff understood when to offer these medicines, when people were showing they were in pain or their skin was sore.
- There had not been any medicine errors since the last inspection. The registered manager told us what they would do in the event of an error. They said, "We would seek medical advice. If we were concerned about staff, we would stop them administering and get them retrained."

Preventing and controlling infection

- Infection prevention and control was well managed. People were involved in keeping the home clean and tidy. One person told us, "I like hoovering, I wash the floors sometimes. A couple of times a week I clean the floors and do the bins. Everyone takes their turn."
- Staff understood how to manage and prevent infection. Staff had training in infection prevention and control. Staff had access to personal protective equipment, such as gloves and aprons. One member of staff told us, "In the kitchen we have hand washing, cleaning of the fridges, checking about getting rid of food, things on the right shelf and date of opening. Making sure you use gloves for a single use, changing and disposing of them."
- One person had a history of an infectious skin condition and there was clear guidance for staff about how to prevent this. Guidance included how to manage an outbreak of this condition.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. When accidents or incidents happened, staff took action to reduce the risk of it happening again. For example, when a person had harmed themselves, a referral for specialist support had been made.
- A member of staff told us, "Reports are done if there is an incident. Copies go to [registered manager] and the directors, in the notices to read file and we discuss in handover. Whatever needs to be put in place is."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- At our last inspection we found that improvements were needed in mental capacity assessments, to ensure they involved people and were decision specific. At this inspection we found that these improvements had been made.
- Staff understood MCA and DoLS and the importance of people making their own choices. We saw that people were consulted about their day to day support and what they wanted to do.
- People's capacity to make particular decisions had been assessed, as needed. Assessments involved the person and relevant others, and their views were recorded. When people were considered to lack capacity to make a particular decision, decisions had been made in their best interests.
- For example, one person was not able to make a capacitated decision about having staff support in the community. The assessment reflected that they were not able weigh up the risks but were accepting of the support. The person, their relatives and other people important to them had been involved in reaching a decision in their best interest.
- The registered manager had made applications to the local authority for Deprivation of Liberty Safeguards for some people. However, these had not yet been assessed by the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were holistically assessed and care plans included detailed information about people.
- When appropriate, specialist health and social care professionals had assessed people and provided guidance on how to support them, such as occupational therapists.

Staff support: induction, training, skills and experience

- Staff were supported with training to ensure they had the skills to meet people's needs. One person's relative told us, "The staff seem very well equipped to cater for our [relative's] needs." Training included Autism, fire safety, food safety and MCA and DoLS. A member of staff told us, "The DoLS training was very important." They explained how the training had helped them to support one person safely when they had left the service without staff support.
- Some training was completed on line. A member of staff told us, "We are given the time and space to do them and can chat between ourselves about what we thought of it and took from it."
- Staff new to the service were supported with an induction which included training and shadowing more experienced staff. However, no new staff had been recruited since the last inspection.
- Staff were supported with regular supervision. A member of staff told us, "It is always done in private so you can say what you need." Another said, "Everything is really good here, but it is nice to throw out new ideas to [registered manager] or get his take on how he thinks people are and managing things."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a health balanced diet. When people had specific dietary requirements, such as allergies, these were understood and catered for. Some people required specialist cutlery to help them eat independently and this was provided.
- People chose their weekly menus, and these were displayed close to the kitchen. A member of staff told us, "One a week they will sit with [staff member] at the computer and talk about what they would like and anything different they want." One person told us, "I do things in the microwave. [Staff member] sometimes cooks and things. She is a good cook."
- People were involved in choosing what they would eat and drink. For example, people had chosen a chicken, lemongrass and pepper recipe to eat together on the day of the inspection. Staff encouraged people to be involved in the preparation and cooking of the meal. A member of staff told us, "We get people involved in making their breakfasts and lunches." One person showed us a pasta dish they had prepared for their lunch.

Adapting service, design, decoration to meet people's needs

- People lived in two houses, which were joined by a conservatory used as the office. People could spend time in each other's houses, with invitation. In each house was a shared lounge, dining area and kitchen. Access to the kitchens was controlled, due to people having allergies they could not independently manage. One person who could manage their eating and drinking needs independently had the key code number to allow them free access. We saw that other people were supported to access the kitchen when they wished to, with the support of staff.
- The décor of the service was homely, and people had decorated their bedrooms to express their interests and personalities. One person told us, "I like to do painting in my room. My walls in my room are light pink."
- People had access to a large garden with swing and trampoline.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care support as needed. One person told us, "If I'm feeling poorly staff get the doctor." One person's relative said, "Health wise they look after [my relative], take them to the doctors and give medicine as needed."
- People had annual check-ups with their GP and other health appointments as necessary. Care plans included details of the type of support each person needed and records of appointments.
- People's needs around oral care had been considered. For example, support with teeth brushing to prevent a build-up of plaque.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care. One person described some staff to us, they said, "[Staff member] she is nice, she is kind. [Another staff member] is nice and kind and helps me when I'm not feeling good, when I need a chat." One person's relative told us, "Our experience has always been a very positive one. The staff are caring and attentive and always seem fully engaged with [person]'s needs." Another described the staff as, "Very friendly, very good, caring, helpful and considerate."
- People and staff had good relationships. For example, one person approached a member of staff who had just arrived and patted them on the shoulder whilst smiling and then gave them a thumbs up. One person told us, "It's good living here. I like all the staff and people who live here."
- When people returned from being at other activities, staff and other people welcomed them home.
- A health and social care professional told us, "From what I have seen over the years it appears to be a happy house to live in." Another said, "The staff always seem friendly, communicative and accommodating and treat the clients well."
- Staff understood equality and diversity. The registered manager said, "I think we promote equality and diversity by the way we are. There is no place we don't go to, there is nothing we are not involved in, from the local theatre to the local football home games. We promote ourselves where we are. We don't see the boundaries. We accept the way people are and go with it." People and staff were treated as individuals and their differences respected. For example, a member of staff was given time and space within the home to attend to their religious needs.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make decisions about their care and support. A member of staff told us, "People love to choose, they tell us what they would like to do."
- People's care and support needs were regularly reviewed. People met regularly with their key workers and discussed if they wanted anything to change, how their health was and their progress toward goals. One person told us, "[Key worker] sits with me, anything I need and helps with my room." Another said, "We talk about things I'd like to do and places I'd like to go."
- People met together regularly to discuss their home and support, supported by staff. Minutes showed that discussions included choosing activities they would like to take part in, ideas for holidays and any concerns they had.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw people spend time alone as they wished. A member of staff told us, "You always knock, and wait for a response. Never just go barging in. If there is something about someone in handover we close the office doors. If I'm typing reports, I just close the computer. I keep the curtains closed during personal care and have conversations with people's parents in a private place."
- People's independence was encouraged. For example, there were rotas sharing out household chores such as moping and vacuuming. Staff encouraged people. For example, we saw staff praising people when they took their laundry to put away. One member of staff told us, "You can see them making progress. [Person] has vastly improved in household chores, gone from a lot of support to now minimal." Another said, "People come first, we like them to work with us, we are not a teacher. We want them to show us what they can do and what they know so we can help and guide them to where they want to be."
- Care plans highlighted areas people were able to manage, and where they needed support.
- Staff had training in confidentiality. A member of staff told us, "All their files are kept in the filing cabinet and put away straight away." People's care plans included reference to the general data protection regulations (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. For example, we saw a member of staff chat to one person about a television programme they thought they would enjoy. A health and social care professional told us staff, "Seem well informed of the individual's needs."
- Staff knew people, their likes and dislikes and backgrounds. The registered manager explained that staff were allocated to people who they had the best relationships with. For example, one person preferred two members of staff. They both supported the person on a one to one during the day. Care plans included information about this and about people's families and life before they moved into Care at Stennings.
- People's specific needs had been considered and planned for. For example, one person could become anxious around certain people. Staff had worked with the person to reduce this anxiety and used resources, such as DVDs to help the person alleviate these anxieties.
- People set personalised goals for their support. For example, to go to concerts, keep their bedroom tidy and take part in travel training. These were regularly reviewed by the person and staff to see which had been completed, and those that remained in progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were assessed. Pictures were used to assist communication with people. For example, staff used a computer programme which converted typed text into pictorial format. This was used to write the minutes of house meetings and surveys of people's views of their service.
- Staff told us about how they were supporting one person to develop their speech and vocabulary. We saw staff encourage the person to use words whilst they were spending time together. Staff used photos and objects of reference to help assist communication with people as needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to follow their interests and had detailed weekly planners. For example, two people regularly went to see the local football team play. Some people attended day centres and

performing arts activities. A member of staff told us, "The range of activities here is fantastic." People enjoyed activities such as bowling, badminton, cycling, horse riding and discos. One person's relative told us that staff had supported and encouraged their relative to follow their dream of taking up a much-enjoyed activity again after an injury.

- People told us about things they liked doing within the home such as watching films, reading books, playing music and spending time on their laptops. We saw people spending time doing these activities as well as going out in the community.
- People and staff developed links with the local community. Staff told us about relationships people had with staff in local shops and facilities. We saw that people were encouraged to walk around the local area.
- Some people were able to access the community independently. One person told us, "I go out on buses, go to the cinema. I go on the bus on my own and go to the shops."
- People were encouraged to undertake exercise activities. For some people this was walking in the local area and others enjoyed going to the local gym.
- People were supported to maintain relationships. One person told us, "I sometimes have visitors, not often. But I can have them when I want." People had regular contact with their families.

Improving care quality in response to complaints or concerns

- People and their relatives were confident they could complain if needed. People told us they could speak to staff if they were worried about anything. A pictorial complaints leaflet was available to people to help them understand the process. One person's relative told us, "They respond quickly if there are any concerns."
- No complaints had been received since the last inspection.

End of life care and support

- People at the service were young, and no one needed end of life care at the time of the inspection. End of life care had been discussed with one person's family however, this had not been discussed with other people due to their age and being fit and well. Staff had training in death and dying.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now 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 the provider had not ensured the correct notification of all incidents notifiable to us. This was a breach of regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Notifications had been made to CQC as required.
- Staff understood their roles and worked well together. Shift planners were used to plan and delegate tasks during the shift. Staff used a communication book as well as verbal handovers between shifts to share important information about the service. Staff were able to contact either the manager or providers for advice outside of office hours.
- The providers were involved in the running of the service. The registered manager told us, "They are always at hand. They attend staff meetings and get involved in all the big decisions. I regularly talk to them about the service, staff and people." Staff told us, "The directors are approachable if you need to."
- The last inspection rating was displayed within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive and proud to work at the service. A member of staff said, "I love the fact that you really make a difference. It's very nice to see you are helping people in a way that is improving and bettering themselves." Another told us, "We all work together as a team."
- People and staff had good relationships with the registered manager. We saw people seek him out during the inspection. One person told us, "If he's around I can chat to him." Staff told us, "He is very approachable, you can say what you feel like, what you think or if something is troubling you. He is very hands on, he knows all the people and their history." Another said, "If you have any issue, or anything. I can tell him anything and feel confident he is listening."

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 understood duty of candour. They told us, "We have a specific policy. Our openness and honesty policy, it sets out the duty of candour. Being open when things go wrong. We have a very open relationship with all families, which is very good and helpful." One person's relative told us, "We are always welcome to visit and are kept well informed by the staff." Another said, "They keep us informed, perhaps by telephone or will tell me when I visit."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff were supported with regular staff meetings. A member of staff told us, "We have regular staff meetings. Anyone can write a suggestion. We have an agenda, it could be concern over one person, a suggestion you are making and sometimes they have brought in discussions about paperwork and recording. Everyone finds out at the same time." Minutes showed discussions about people and their support, key worker roles and medicines.
- People, their relatives and staff's views on the service had been sought through surveys. Action was taken to improve the service, following this feedback. For example, the staff survey results were discussed with the staff team during a team meeting and ways to improve were considered.
- Quality assurance checks, such as medicine audits supported staff to reflect on their practice and highlight any areas for improvement. The registered manager explained that usually an external professional audited the service annually, but this had been delayed due to the needs of the service. This audit was planned for February 2020.
- People had strong links with the local community. Staff told us about people in the community, such as the lollipop person and shop keepers, who people had developed relationships with. The registered manager explained that supporting the local community by using services and shops, was important to the service.

Working in partnership with others

- Staff worked in partnership with other professionals and organisations. Health and social care professionals told us that staff kept them informed when people's needs changed. One health and social care professional told us, "I've fairly good communication with the staff and the residents all seem quite happy."