

William Blake House Northants Stone Cottage

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Stone Cottage is a small residential care home owned and managed by William Blake House. The model of care is based on the Rudolf Steiner principles of providing a spiritually oriented community, supporting people with learning disabilities to continually develop, regardless of disability. Stone Cottage provides care for four people with complex learning disabilities, at the time of the inspection four people were living at the service.

At the last inspection the service was rated 'Good'. At this inspection, the registered manager and the chief executive officer / provider, demonstrated they had continued to develop the service and the overall rating of the service is 'Outstanding'.

There was a registered manager. 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 2008 and associated Regulations about how the service is run.

The service demonstrated an excellent commitment to providing outstanding care that put people at the heart of the service. The registered manager and the provider led by example and inspired the staff to deliver person centred care that consistently achieved outstanding outcomes for all people using the service.

The staff were highly motivated and inspired to offer care that was kind and compassionate. They continuously went the 'extra mile' to ensure people lived as fulfilled and enriched lives as possible. People's individuality was upheld, which enabled them to grow in confidence and develop as much independence as possible. The staff were proud of the support they provided and the positive outcomes people had achieved. Information was provided to people in an accessible format to enable them to make informed choices and decisions about their care and support.

People and their relatives were very involved in decisions regarding their care and support needs. The care plans were highly personalised to reflect people's individual requirements. Staff had an excellent understanding of people's values and beliefs on how they wanted to receive their care and support to be delivered. The support people received was flexible and responsive to their individual needs and preferences. This gave people an exceptional sense of wellbeing and excellent quality of life. The individual and social activities provided at the service consistently met people's needs and preferences.

The service played a key role in the local community and was actively involved in building further links. People were encouraged and supported to regularly engage with events outside of the service. People using the service and families were actively encouraged to give their views and raise any concerns or complaints. People's feedback was valued and responses to matters raised were dealt with in an open, transparent and honest way.

Staff continuously demonstrated they upheld and promoted the values and ethos of the service, through providing person centred care that respected the unique qualities of each person. The provider ensured the service kept up to date with current best practices through membership of relevant organisations and working with various professionals and agencies. The registered manager continuously looked at ways to improve the service and enhance people's lives. The feedback from people, relatives and professionals was consistently positive.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA). The registered manager was aware of how to make referrals to the local authority under the Deprivation of Liberty Safeguards (DoLS). In order to keep people safe the least restrictive practice was always used to ensure people's human rights were fully promoted.

People continuously received support by the numbers of staff according to their individual assessed needs. People's health was closely monitored and staff worked with other healthcare professionals involved in their care. People received their prescribed medicines safely; the medicines management system was clear and consistently followed by staff. Healthy eating using some home grown organic produce was integral to promoting people's good health and overall well-being.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People and their relatives were very involved in decisions regarding their care and support needs. The care plans were highly personalised to reflect people's individual requirements.

Staff had an excellent understanding of people's values and beliefs on how they wanted to receive their care and support to be delivered.

The support people received was flexible and responsive to their individual needs and preferences. This gave people a sense of wellbeing and exceptional quality of life.

The individual and social activities provided at the service consistently met people's needs and preferences.

The service played a key role in the local community and was actively involved in building further links. People were encouraged and supported to regularly engage with events outside of the service.

People using the service and families were actively encouraged to give their views and raise any concerns or complaints. People's feedback was valued and responses to matters raised were dealt with in an open, transparent and honest way.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager and the provider were passionate about the care of people using the service.

The registered manager and the provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support. They continually look at ways to improve the service and enhance people's experience.

There was a culture of openness and transparency; the registered manager and the provider led by example and inspired the staff to provide the best possible person centred care and experience for people and their families.

There was a constant strive to ensure that high standards were maintained. Effective quality assurance systems were in place and areas identified for further improvement were quickly addressed.

Stone Cottage

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 comprehensive inspection took place on 30 October 2017 it was announced and carried out by one inspector.

The provider was given 48 hours' notice of the inspection. This was because the location is a small care home for people with learning disabilities, who are often out during the day; we needed to be sure that someone would be in.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make.

We also checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During this inspection, we spoke with one person using the service, one relative, four care staff, the registered manager, the chief executive officer / provider, and two independent consultants. We observed interactions between people who used the service and staff.

We looked at records in relation to the care of people using the service and records relating to the quality monitoring of the service.

Is the service safe?

Our findings

People using the service had very complex learning disabilities. Our observations found that people were relaxed and at ease with the staff. One person said, "Yes I feel safe." The staff worked at people's own pace, giving them time to express their feelings. Relatives were extremely praising of the service and the support their loved ones received. One relative said, "I know [Name of person] is very safe living here."

Staff told us they had received safeguarding training and their knowledge of the safeguarding procedures was refreshed through completing annual update training. The staff training records also confirmed this took place. Safeguarding information was available in standard and pictorial formats informing people, staff and relatives how to 'speak out' if they had any concerns about theirs or others safety or welfare. One member of staff said, "All the staff do safeguarding training and have regular refresher training, if I ever thought anybody was at risk of any form of abuse I would speak directly with the manager."

Staff were fully aware of the individual risks specific to each person and demonstrated they continuously followed the individualised risk assessments that were in place for each person.

Emergency contact information was available in the event of any breakdown with the heating, water, electrical and fire systems. Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the service having to be evacuated. Regular fire system checks and fire drills were carried out and these were also overseen by the registered manager as part of their quality assurance systems. Systems were in place to record and monitor accidents and incidents to identify any trends in incidents and appropriate action was taken to minimise the risks.

The recruitment process ensured appropriate vetting checks were carried out to ensure staff were suitable to work at the service. The staffing levels consistently meet people's individual support needs. Relatives told us their loved ones received care from a team of regular staff that knew them very well.

People could be assured they received their prescribed medicines safely and as prescribed. The medicines management system was clear and consistently followed by staff. Records confirmed medicines were administered correctly. Regular medicines audits were carried out to check that stock levels and administration records were correctly maintained at all times.

Is the service effective?

Our findings

People receive effective care from a skilled and knowledgeable staff team. The staff were experienced and knowledgeable of people's individual needs and many of the staff held long service. The staff spoke highly of the training that incorporated a mix of face to face workshops and distance learning / e-learning modules. Training records also demonstrated that staff were provided with a programme of on-going training to keep their knowledge and skills up to date.

A comprehensive induction training programme was used that covered topics such as promoting people's rights, choice, dignity and independence. Records of staff training evidenced specific training had been provided on meeting the needs of people who used the service. For example, advanced communication, low level intervention in managing behaviours that challenge and equality and diversity.

Staff were effectively supported and supervised. The staff told us supervision meetings provided them with the forum to discuss in confidence their work performance and identify areas for further support and training. Records showed supervision meetings were planned in advance so staff could prepare for the meetings and had time to think about things they wanted to discuss in relation to their performance and development needs. There was a system of staff appraisal meetings in place, this ensured each member of staff had their performance, learning and development needs continually evaluated.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered manager had followed the legal process when applying for DoLS authorisations and staff followed the least restrictive practices in order to keep people safe. All relatives said they felt the staff respected people's choices and that their rights were fully protected.

Records showed capacity assessments had been carried out for people and 'best interests' decisions were made on their behalf following the MCA code of practice. Relatives told us they felt fully involved in all decisions regarding their family members care and support needs. We observed staff during the inspection supporting people to make choices; they used various methods to communicate, using Makaton, picture cards, reading body language and sounds and respected people's wishes.

There was a strong emphasis on the importance of leading a healthy lifestyle and eating a varied, balanced diet. Mealtimes were seen as a social event where people using the service and staff took their meals together. People using the service helped to grow their own seasonal vegetables and a strong emphasis was on eating organic foods and assisting people to cook their own meals. People were supported by staff to choose each day what they wanted for their meals. The staff were extremely knowledgeable of the dietary needs of each person using the service. They tactfully monitored people's food and drink intake and worked in collaboration with the speech and language and dietetic services. The advice and support of a nutritional specialist had led to having in place specific meal plans designed to fit with the individual needs of each person. We saw that people were referred to healthcare professionals as required. A visiting consultant had

commented that they had seen remarkable, positive changes to people's health, energy levels and alertness, saying if they had not witnessed it themselves they would not have believed it.

Is the service caring?

Our findings

Without exception all relatives were extremely pleased with the care their loved ones received at Stone Cottage. One relative said, "[Name of person] was very unhappy where they lived previously, it wasn't the right place for them. Since coming to live here, they have really settled down, I can see how happy he is. When he comes home for visits he looks forward to coming back, that says it all to me, the staff are fantastic"

There was a homely relaxed atmosphere and the staff responded to people with great warmth and affection. They spoke about people using the service with great fondness, and insight. One member of staff said, "I love my job. Every day is rewarding." An independent consultant commented that when they visited the service, the care they witnessed was 'always at the highest standard', they said "I get a warm fuzzy feeling that people were genuinely carer for because of the amazing people they are, and appreciated by the amazing carers."

Positive caring relationships were developed with people using the service and their families. The interactions we observed between people using the service and staff were very relaxed. People were encouraged to make decisions and be involved in their care as much as possible. One person said, "I love it here." Relatives consistently praised the exceptional caring approach of the staff and how they cared for their family members with, kindness, compassion and empathy. One relative said, "[Name of person] has settled in so well, it's because he feels secure and happy." Relatives also said the staff were a great support for them as they always had time to listen and were very empathetic.

Careful consideration was given to matching staff and people using the service. Each person had a named keyworker and a core group of staff to provide their care and caring relationships had been developed. Staff readily volunteered to cover extra shifts if needed to ensure consistent care and support was maintained.

Relatives told us they were welcomed at any time at the home. One relative said, "There is no restrictions on visiting, it's like one family, everybody is so friendly, we are always made welcome." Relatives told us they had chosen the home as a place for their loved ones to live because the care followed the Rudolf Steiner philosophy of spiritually based care in keeping with their family values and beliefs. Information on advocacy services was available and the registered manager had a good understanding of when people may need additional independent support from an advocate.

People were supported to cope with loss and bereavements. One person using the service had passed away and people regularly visited the person's grave to lay flowers and have time to reflect on the life of their friend.

Is the service responsive?

Our findings

People using the service had complex communication needs and comprehensive care plans and personal profiles were in place. They specified each person's communication methods, for example using words and phrases, tone of voice, sounds and gestures to express feelings, emotions, wants and needs. One member of staff said, "It's very important staff know how each person communicates, take time to prepare and explain what we are doing, not to overload information, keep things simple, actively listen and observe so we can effectively communicate with people." Another member of staff said, "You know when [Name of person] is feeling relaxed and happy, they like to sing Disney songs and say phrases used by Disney characters."

The staff ensured they followed the care plans and had an excellent knowledge of each person using the service and worked very closely with families. Relatives told us the staff kept in regular contact with them and they were involved in all decisions about their loved ones care. One relative said, "I am involved in all decisions about [Name of person], the staff and families work very closely together." Staff supported people to use social networks such as 'Skype' and 'face time' to keep in touch with their friends and families.

During the inspection we observed staff support and assist people using various methods of communication, responding to tone of voice, sounds and gestures. The service made sure people had access to the information they needed in a way they could understand it. The staff used their skills in communicating with people, using Makaton and easy read pictures to assist people to communicate with staff and make informed choices.

Staff used innovative ways of supporting people and involving families in their care. For example, some people went to stay with families for weekends. In order to make the change of environment as smooth as possible for people, for example, staff and families worked together to replicate the layout of bedroom in the family home with the bedroom at Stone Cottage.

The staff worked proactively in partnership with people and their families so that they were fully consulted, empowered, listened to and valued. For example, one person found it stressful to have free standing furniture in their bedroom and had broken and dismantled the furniture on several occasions. The staff consulted with the person and their family on how they could provide a safe clothing storage space to use. The result was a stylish contemporary fixed shelving unit made out of scaffold pipes, using lightweight colour coded fabric storage boxes, with rustic brick patterned wallpaper theme to complete the look. The person had just returned from a weekend break with their family and was very keen to show us their new storage solution. We visited the person in their room as they were being supported to unpack; they took great pride in showing us their modern shelving units and wanted to show us how they sorted their clothes into each of the storage boxes. The person said, "I really love my bedroom and I love my new wardrobes." This had meant the person could enjoy time, relaxing and spending time in their bedroom.

Another person liked helping at the local school crossing, wearing a high visibility jacket, ensuring children safely crossed the road. The person took great pride in their job; staff told us that in doing so the person's self-esteem and confidence had grown, as they felt a sense of worth and purpose in helping the local

community.

The emphasis on activities was about responding to people's interests, awakening the senses, through exploration, fun and enjoyment. All people using the service were supported to do activities they liked and spend time outside of the home on a daily basis. A 'Green Space' was used by people using the service to grow their own organic vegetables, flowers and anything of their own choice and people also enjoyed tending and caring for some small animals. The activity person told us they organised activities according to people's individual preference; people went horse riding, trampolining, walking, rock climbing, sailing and swimming. Relatives and staff told us that people regularly met up with friends and family, they went to clubs, on day trips and on holidays with staff and families. One relative said, "The staff care for people with unconditional love, [Name of person] needs a structure to their day, the staff really understand her, the communication between them is fantastic." Another relative said, [Name of person] loves art and music, as soon as they moved in these types of activities were provided him, he settled in straight away and loves living here." One member of staff said "People have realistic goals set; it is very rewarding to see people achieving their goals. They spoke of one person that found it hard to be motivated, they said they go out with the person in the car and walk back. The person's relative said "The staff were do a terrific job, motivating [Name of person] to go out on a daily basis, [Name of person] looks marvellous, glowing and healthy, it is all down to the healthy lifestyle she has living here."

Appreciation of the seasons took place through 'Home Making' sessions using arts and crafts. The sessions were facilitated by an external consultant and people were supported by staff to be involved in making the living spaces homely. The registered manager told us the Rudolf Steiner philosophy of care followed by the service celebrated nature and the changing of the seasons. The concept was to enable people to connect with nature, spiritual feelings and emotions. People had recently celebrated a harvest festival, held at the local community centre. They were supported to decorate the hall with their home grown organic fresh fruit and vegetables and in making some impressive scarecrows that they wanted to bring back into the house. The festival included a story telling session on the cycle of the year from sowing to harvest. The staff told us after listening to the story they and people using the service sat together to enjoy a meal of homemade soup and cakes.

Alternative therapies to stimulate the senses and give relaxation were available for all people using the service. These included art therapy, rhythmical massage, hydrotherapy and eurythmy, (which used breathing techniques and rhythmic movements to help relieve tension and stress). One relative said, "[Name of person] regularly uses the local hotel spa facilities, they absolutely love it." One member of staff said, "You see people really benefit from having these types of therapies and the positive difference they make to people's well-being. Especially how they help reduce anxiety and improve concentration levels."

During the summer several people from the service attended the first ever 'Relaxed Prom' held at the Royal Albert Hall. The concert was aimed specifically at children and adults with autism, sensory and communication impairments and learning disabilities, as well as individuals who are deaf, hard of hearing, blind and partially sighted. Milton Keynes City Orchestra supported the service in providing people with access to musical instruments to learn about their different sounds and vibrations. People using the service had also attended Milton Keynes City Orchestra concerts. One person enjoyed listening to music streamed on their iPod.

People had full access to village life and regularly attended local community events. People had regular contact with local businesses, regularly visiting the local grocery shop and butchers. William Blake House had been chosen as a charity by a local supermarket and the donations received went towards the furnishing of a sensory room. People using the service took on the role of recycling champions in the village,

collecting items and taking them to the recycling centre. The chief executive officer regularly attended village meetings to promote the work of the service, and as a result of one meeting a community defibrillator machine had been placed on an outside wall for all villagers to access in an emergency.

People and their relatives knew how to make a complaint if they needed. Relatives told us they were assured and felt confident that any concerns raised would be dealt with immediately. Information was readily available for people and relatives to access on how to make a complaint. This was available in written, picture and easy read formats. Relatives told us they had close working relationships with the registered manager and the staff team and that they could speak with the registered manager or any member of staff if they felt they had any cause for concern. Records showed no complaints had been received; although systems were in place to respond to complaints should they arise.

Is the service well-led?

Our findings

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

As required by law the provider had the rating from the last inspection on display within the service and also on the provider website.

Stone Cottage was highly regarded by the relatives of people using the service. Relatives said they had great confidence in the care provided for their loved ones. They told us they had specifically chosen the home as a place for their loved ones as the philosophy of care was in keeping with their values and beliefs. All of the relatives spoken with said their loved ones had attended Rudolf Steiner specialist schools and that moving to live at Stone Cottage as young adults was a natural progression for their loved ones.

The Rudolf Steiner model of care values the benefits of living within a caring community, promoting continual development regardless of disability. This approach was without exception understood by the registered manager and the whole of the staff team. The registered manager was keen and enthusiastic and led by example, promoting the spirit of the service. The staff told us they felt valued and very inspired to help people to achieve their full potential. They took great pride in celebrating achievements people had made. Each person was supported to do the things they enjoyed, to go on social and leisure outings, visit friends and family, go on day trips and holidays and be fully incorporated with the local community.

The registered manager and the provider ensured that service development was based around the feedback they received from people using the service, families, staff and other professionals involved in monitoring the quality of the service. Feedback from relatives was consistent in showing they were extremely pleased with the care their loved ones received and that staff went the 'extra mile' in providing excellent care.

An external consult commented, "I am always welcomed when I visit Stone Cottage, the staff team understand the importance of my role and my need to remain independent. The management embrace my ideas and suggestions and contact me to check changes in legislation. I believe this is a high quality organisation that always puts the needs and wishes of residents first. I am always impressed by the staff team who work so hard for the betterment of the lives of the residents." A Social Worker that regularly visited people at the service said they would highly recommend the service. They said the home was one of the best they had visited. They said the registered manager had excellent leadership skills, which had developed a staff team that were highly skilled and trained in their roles. They said "You can 'feel' their commitment & dedication to the people they work with. Everything they do has the resident's best interests as an individual at the very core."

A doctor that had worked with people using the service for a number of years said they wanted to express their heartfelt appreciation for the excellent work carried out at Stone Cottage. They commend the

organisation, for the calibre of the staff, the consistency of the application of therapies and activities in a person centred way and the overall quality and suitability of the management.

Staff confirmed and records showed that staff meetings took place on a regular basis. The staff were extremely passionate about the care they provided and spoke highly of the management support they received. As a result of feedback from staff the registered manager and the provider was in the process of making changes to the care plan documentation format. The registered manager continuously looked at ways to improve the service. They held regular quizzes with staff based on the fundamental care standards and the key lines of enquiries (KLOE's) that staff needed to be aware of in their day to day work. In discussions with the staff they demonstrated they were very knowledgeable of these standards.

The registered manager and the provider operated an open and transparent culture and embraced all suggestions for improvement. People, staff and families were kept informed about how the service was developing and they ensured that any learning from feedback they received was shared across the organisation. For example, a 'Frequently Asked Questions' document had been developed to help people and their relatives to adjust in the transition when moving from home or another care setting into the home. The registered manager and the provider had also responded to a relatives request for additional activities for their loved ones and had been heavily involved in reviewing the activity schedule.

The registered manager kept the Care Quality Commission informed of notifiable events as required by law. They also kept the Local Safeguarding Authority, people and their families informed of safeguarding incidents and the outcomes of safeguarding investigations.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. For example, they had strong links with the Community Team for People with Learning Disabilities (CTPLD), epilepsy specialist nurses and a specialist learning disability consultant within the NHS. This ensured that people received timely support from specialists in meeting their on-going needs.

The chief executive officer / provider was an 'Association for Real Change Champion'. They kept in day to day contact with the service and were passionate about the care that was provided for people. They kept in regular contact with families to update them on progress and developments within the service.

Established quality assurance systems were in place and a programme of audits was undertaken by the registered manager and the provider. In addition an external consultant carried out 'Quality Effectiveness Reviews' to monitor the service to continually drive improvements. Areas identified from the audits for further improvement had action plans in place with timescales to be met. Records showed that all actions had been taken well within the timescales.

The feedback we received from external consultants was consistently positive. One consultant commented that the management embraced their ideas and suggestions and regularly contacted them to check changes in legislation. They also said they were very impressed with the high standards the registered manager and the provider set themselves and how they always putting the needs and wishes of people using the service first.