

J S. Care Limited

Stoneybeck

Inspection report

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Tel: 01977618558

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 15 June 2017 and was unannounced. The last comprehensive inspection took place in August 2014, when the provider was meeting the regulations.

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

Stoneybeck is a care home providing support for up to seven people living with a learning disability, autistic spectrum disorder, dementia, mental health needs or sensory impairment who require personal care. Accommodation is provided in two buildings on the same site. The home has its own grounds with a rear garden which is private and secure.

At the time of our inspection there was a registered manager 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 Regulation about how the service is run. The service also had a house manager, who managed the day to day running of the service.

We spoke with staff who were knowledgeable about safeguarding people from abuse. Staff told us they would report anything of this nature, to the registered manager without delay.

We looked at four recruitment files and found the provider had a safe and effective system in place for employing new staff. Pre-employment checks were sought and had to be satisfactory prior to the new staff member commencing their role.

People received their medicines as prescribed and medicines were stored appropriately. Safe procedures were followed for the administration of medicines. This was to ensure people received their medicines in a safe way.

Support plans we looked at contained risk assessments which identified risks associated with people's care. Risk assessments gave guidelines on how to minimise the risk occurring.

We spoke with staff and they told us they received training and support to help them do their job well. We looked at records in relation to training and found they reflected what staff had told us. Training certificates were available in staff files we looked at. Staff also informed us that they received one to one sessions with their line manager to discuss work related issues.

We found that the provider was meeting the requirements of the MCA and DoLS. We saw support plans in place identified where people lacked capacity and what support they required with various decision making.

People were supported to eat and drink enough to maintain a healthy and balanced diet. People were involved in deciding what they would like to eat and assisted staff in shopping for food and in food preparation where possible.

People had access to health care professionals as required and staff supported people to keep appointments.

We observed staff interacting with people and found they were respectful, kind and caring. Staff were knowledgeable about people's preferences and knew people well.

We looked at support plans belonging to people who used the service and found they were person centred and incorporated people's individual needs and preferences.

People were supported to have an active social life and engaged in a variety of different activities. People also enjoyed going on holiday.

The provider had a complaints procedure in place and any concerns raised were dealt with in a timely way. Complaints received were used to reflect on practice and develop the service.

The service was led by a management team which comprised of a registered manager, a house manager and a team of senior support workers. We saw that audits were used as a tool to ensure policies and procedures were being followed and to ensure people received a good standard of care and support.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Stoneybeck

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.

The inspection took place on 15 June 2017 and was unannounced. The inspection was carried out by an adult social care inspector. At the time of our inspection there were seven people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with three people who used the service and spent time observing staff interacting with people.

We spoke with a senior support worker, two support workers, the house manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

Staff we spoke with were knowledgeable about safeguarding people from abuse. They were aware of how to recognise abuse and how to report it. Staff felt that the registered manager and house manager would take appropriate action to keep people safe. People we spoke with liked the staff and our observations showed they were comfortable in their presence as they looked to staff for reassurances.

We spoke with the house manager about safeguarding incidents and found there were no concerns at the service. The house manager told us they record and report any safeguarding concerns and would liaise with the local authority to ensure appropriate action was taken.

We spent time observing staff interacting with people who used the service and found there was enough staff available to meet people's needs. The service had five staff available during the day, Monday to Friday and six staff were available on a weekend. The service had two staff available during the night. The service had an 'on call' system in place, so that staff could contact a member of the management team out of hours.

Staff we spoke with told us there were enough staff working with them. They also felt they worked well as a team and learned from each other.

We looked at support plans and found that risks associated with people's care had been identified. For example, we found risk assessments in place for things such as, managing anxiety, behaviour that may challenge others, and nutrition and hydration. Staff we spoke with could explain people's risk assessments and what was in place to minimise the risk occurring.

People also had Personal Emergency Evacuation Plan (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency. This document highlighted the best way to support people in this situation to ensure a quick and safe evacuation from the building.

We also saw the service had a 'grab bag' which contained items such as a first aid kit, blankets, emergency contact numbers and a touch. This was used in case of emergency where the home would need to be evacuated. The 'grab bag' was checked as part of the audit system, to ensure all items were in place.

We saw that people's medicines were managed appropriately and safely. We observed the senior support worker and a support worker administering medicine to someone who used the service. The two staff worked together to ensure that the correct medicine was given at the right time and in line with the person's needs. The two staff signed the Medication Administration Record (MAR) when the person had taken their medicines. They then counted the medicine to ensure the correct amount was left in store. A tally was done of all medicines on a daily basis.

The service had a protocol in place to ensure medicines prescribed on an 'as required' basis (PRN), were administered for the right reason and at the right time. Medicines prescribed on a PRN basis for anxiety, had

to be approved with a manager on call prior to administering them.

We looked at storage facilities for medicines and found they were appropriate. Each person had a locked medicine cabinet in their bedroom which was kept locked. Temperatures of the cabinets were taken daily and documented to ensure they remained at an appropriate temperature. At the time of our inspection there was no one who required their medicines to be stored in a fridge. However, this was available if required. There was no-one at the service who required controlled drugs. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post.

Staff we spoke with told us they received an induction when they commenced employment at the service. This included mandatory training and shadowing experienced staff. Staff told us this gave them the opportunity to get to know the people who they would be supporting.

We spoke with the house manager about the induction process and were told that all care workers completed the care certificate when they began working at the service. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Is the service effective?

Our findings

We spoke with staff and they told us they received training and support to help them do their job well. Staff told us they completed training in subjects such as safeguarding, health and safety, food hygiene, fire prevention and moving and handling. One care worker said, "We are always going on training, but it is useful and informative." Another care worker said, "Training is regular and I really enjoy it."

We looked at records in relation to training and found they reflected what staff had told us. Training certificates were available in staff files we looked at. The provider also had a training matrix which was used to record training completed and to alert the management team when training was required. The training matrix evidenced that appropriate training had taken place in line with the provider's policy and procedure.

Staff we spoke with told us they felt supported by the management team and received supervision sessions on a regular basis. Supervision sessions were one to one sessions with their line manager to discuss work related issues. We looked at records which showed supervision sessions took place as well as annual appraisals of staff performance.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the provider was meeting the requirements of the MCA and DoLS. We saw support plans in place identified where people lacked capacity and what support they required with various decision making. Best interest decisions had been made where required and involved relevant people.

People were supported to eat and drink enough to maintain a healthy and balanced diet. People were involved in deciding what they would like to eat and assisted staff in shopping for food and in food preparation where possible.

We saw support plans were in place which explained people's dietary requirements and what assistance they required with food and nutrition. For example, one person's support plan said they required a healthy diet and required verbal prompts in the kitchen to ensure they made wise food choices. People were also assisted to make sandwiches and snacks in order to develop life skills.

People we spoke with indicated that they enjoyed their meals and snacks. Some people who used the service were involved in growing their own fruit and vegetables. This also encouraged healthy eating as they

wanted to taste what they had grown.

People who used the service were registered with the local doctor, dentist and optician. People were supported to maintain health care appointments to ensure they received the support they required from healthcare professionals.

Is the service caring?

Our findings

We spoke with people who used the service and they told us they were happy living at the service. People had a good relationship with staff and felt supported. One person said, "It's nice here and I like the staff."

People knew staff by name and knew who their key worker was. A keyworker was a member of staff who ensured the person had all they required and built up a relationship with the person and their family and friends. One care worker said, "As a keyworker I work with people to ensure their goals are met, their notes and support plans are up to date and ensure they have the essentials that they require."

We saw that people were respected and their privacy and dignity was maintained. One care worker said, "When I am assisting someone in the shower I think about how I would like to be treated and close curtains, doors and explain what is happening."

We observed staff interacting with people who used the service and found they were caring, kind and compassionate. There was lots of friendly banter between people and staff and there was a sense of a very homely atmosphere, where people who used the service were at the heart of their home. We observed staff offering choices and respecting people's decisions.

Support plans we looked at contained information about people's preferences and likes and dislikes. They also gave information regarding people who were important such as family members and friends. This helped staff support people in the way they preferred. For example, some people responded well to staff praising them and we saw this was done in a calm and friendly manner. Other people preferred to spend time alone and this was also respected. People appeared comfortable in the presence of staff and evidently liked spending time with them.

We completed a tour of the service with the house manager and saw that people's bedrooms were personalised to their own tastes. People had photos, pictures and items which they had chosen. People had been involved in choosing décor and soft furnishings for their room so their space was how they wanted it to be.

Is the service responsive?

Our findings

We observed staff interacting with people and found they received personalised care which took into consideration their needs and preferences. Staff we spoke with were knowledgeable about people's needs and could explain the support each person required. Staff were passionate about people receiving personalised care which met their individual needs. Staff had signed the support plans to indicate that they understood the plan.

Support plans were in place and detailed the assistance people required. Interactions we observed were in line with people's support plans. For example, one person could display behaviour which could challenge others. Their support plan stated that staff should be aware of what could cause anxiety and to offer positive praise when things were going well. We saw staff engaged in this way and the person remained calm and showed they were happy by smiling.

Support plans we looked at were reviewed on a regular basis to ensure they were current and met the needs of people. People's keyworkers took an active role in ensuring the plans were appropriate.

People were involved in a range of social activities both in and out of the service. Each person had a plan in place of what they had chosen to take part in each day and what support they required to achieve this. On the day of our inspection one person was at collage and another person visited the local water park. Some people preferred to stay at the service as they were involved in family visits later in the day. Others enjoyed spending time in the garden and in the home.

People were also encouraged and supported to maintain friendships that were important to them. For example, visits to see family and friends were arranged and encouraged.

The provider had a system in place to ensure complaints were managed in a timely way. The complaints procedure was available in an easy to read format and concerns were responded to within 28 days. Any concerns raised were placed in a quality assurance file and used to ensure lessons were learned and to develop the service.

People we spoke with told us that they felt comfortable speaking with their key worker if they had a worry about anything. We saw evidence that the management team responded well to concerns and encouraged people to talk about any concerns.

Is the service well-led?

Our findings

The home had a registered manager in post and a house manager. The house manager was responsible for the day to day running of the home and kept in touch with the registered manager. The rest of the management team was made up of senior support workers. There was a clear leadership system in place and staff knew when to involve senior staff and senior staff knew when management needed to be informed. We saw that all the staff worked together well as a team and understood their roles and responsibilities.

People who used the service knew the members of the management team and knew them by name. The management team interacted well with people and led staff by example.

Staff spoke highly of the management team and felt supported by them. One care worker said, "The managers are the best I have ever worked for." Another care worker said, "The manager supports us 100%. They are happy to encourage us to develop and progress if we want to." We saw that team meetings took place and staff we spoke with found them valuable.

The provider had an audit system in place to ensure policies and procedures were being adhered to and that people received a high quality of care and support. Audits were in place for things such as, accident analysis, medication, staff recruitment, safety checks, and complaints. Where audits had identified areas to develop, an action plan was put in place to assist the management team in developing the service.

There was evidence that changes were made to improve the service. For example, following a recent incident a seating area had been provided adjacent to the conservatory. This was to help people feel more comfortable and gave staff an area where they could offer appropriate support.

People's views and opinions about the service were sought and acted upon. People who used the staff, relatives and staff were routinely asked for their opinions about the service.

The service had close circuit television (CCTV) in communal areas of the service. This had been done following consultation with people who used the service, their relatives and staff. The provider had a protocol in place for the use of cameras. We spoke with the management team who informed us that this was used to look at how situations were handled and to look at better ways of working. Staff told us they had found the use of CCTV useful and had helped them to reflect on their own practice.