

Achieve Together Limited

Starboard House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Starboard House is a residential care home providing accommodation and personal care to up to 10 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 6 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our inspection of key areas safe and well-led, we found:

Right Support:

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. 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.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

Rating at last inspection

The last rating for this service was good (published 8 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Starboard House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand the service's ability to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team

One inspector carried out this inspection.

Starboard House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Starboard House is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 April 2023 and ended on 15 May 2023. We visited the location on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the home. We spoke with 3 people who used the service, the registered manager, a regional manager and 3 members of staff. We reviewed records including care and support records for 2 people and recruitment records for 3 staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do this.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. This included where people might cause a danger to themselves, staff or others. Risks assessed and managed included those associated with financial abuse, mobility, eating and drinking, the environment inside and outside the home, and diagnosed conditions, such as epilepsy. Assessments included information about triggers and signs, and guidance for staff to avoid and manage the risks. People had as much freedom, choice and control over their lives as possible.
- Staff managed the safety of the living environment and equipment in it through checks and actions to minimise risk. These included assessments for fire, legionella and other health and safety risks. Where audits identified actions to improve safety, these were followed up and signed off. People had individual evacuation plans in the case of emergencies.

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 MCA 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service worked within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions identified in DoLS authorisations were reflected in people's care and support plans.

Staffing and recruitment

- The service had enough staff to support people safely and according to their needs and preferences. We saw staff were able to support people in a calm, professional manner, including when they responded to

unexpected events. The numbers and skills of staff matched the needs of people using the service. Staff knew how to take into account people's individual needs and wishes.

- Staff recruitment and induction training promoted safe care and support. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service took steps to ensure people's behaviour was not controlled by excessive or inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. The provider made sure people's prescriptions were reviewed regularly. Staff used medicines to reduce anxiety only when other strategies had been tried.

- Staff followed effective processes to store medicines safely and to support people to take their medicines safely and in line with their preferences. This included assessing risks associated with people's medicines, including when people needed to have their medicines administered in food without their knowledge, or if people had medicines prescribed to be taken as required. Staff had the necessary training and competency checks. There were regular checks on medicines stored in the home. People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements to keep premises clean and hygienic.

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was supporting people living at the service to minimise the spread of infection.

- We were assured the provider was admitting people safely to the service.

- We were assured the provider was using personal protective equipment (PPE) effectively and safely.

- We were assured the provider was responding effectively to risks and signs of infection.

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers reviewed incidents online, investigated and shared lessons to be learned from them.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in people, and what families, staff and other professionals had to say. Senior management visited the home regularly and were accessible to staff. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of everything they did, and achieved good outcomes. The provider worked hard to instil a culture of care in which staff teams truly valued and promoted people's individuality, protected their rights and enabled them to develop and improve their life skills.

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 the duty of candour. They had open communications with people's families and other advocates who were interested in their care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the experience, skills and knowledge to perform their role. They had a clear understanding of people's needs and oversight of the service. They communicated the provider's values to staff who knew how to apply them in their day to day work. Staff were clear about their roles and how to deliver a high quality service through effective team working.
- Management understood and demonstrated compliance with regulatory and other legislative requirements. There were internal audit systems to verify the service met the fundamental standards required by regulation. There were daily, weekly and monthly audits with the purpose of driving up quality. The registered manager notified us as required when certain events occurred in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and senior staff worked closely with people so they could observe how people responded to their care and support. Staff had understood people's preferences through observation of how they responded to different options and choices. People had nominated key workers who reviewed their care and support regularly, taking account of their communication and other needs.
- The provider engaged with staff through regular supervisions and yearly appraisals. There was a system of

surveys to engage with staff, people, their families and visiting professionals.

Continuous learning and improving care

- A 2019 internal audit had identified areas for improvement and actions to meet the fundamental standards. The next audit in 2021 showed these improvements had been made. The quality systems were effective in driving up quality and sustaining improvements.

Working in partnership with others

- The service worked in partnership with other health and social care professionals. These included speech and language therapy, physiotherapists, local authority teams, GPs, and day services. Partnership working helped improve people's wellbeing.