

## Stuarts House Care Limited

# The Annex

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 06 September 2017 and was unannounced.

Stuarts House Care Limited provides a supported living service for people who have learning disabilities and autism. We had been made aware that the location address had changed and we wanted to check whether the provider was providing the regulated activity personal care at their head office address. The accommodation includes two bedrooms for people using the service and a third bedroom which doubles as a sleep in room/office for staff who provide 24 hour support for people. At the time of our inspection two people were using the service.

There was a new manager in post who was in the process of becoming registered with CQC. 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.

We found people's safety was compromised in some areas. Relevant recruitment checks were not always conducted before staff started working at Stuarts House Care Limited. The provider did not have an effective system in place to monitor the quality and safety of the service.

Staff sought consent from people before providing care and support. However best interest decisions were not always recorded.

People and their families told us they felt safe and secure when receiving care. Staff received training in safeguarding adults. They completed a wide range of training and told us they felt it supported them in their job role.

Risk assessments were in place which minimised risks to people receiving care. There were plans in place for foreseeable emergencies. There were sufficient numbers of staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. Staff felt supported by the management of the service.

We identified a breach of Regulation 19 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Recruiting practices did not ensure staff were suitable to work in a social care setting.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs.

Staff were trained and assessed as competent to support people with medicines. Risk assessments were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights. However, where people lacked the capacity to make decisions, best interest meetings were not always recorded.

Staff received appropriate training and felt supported in their role. People were supported to access health professionals and treatments.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

### Is the service caring?

**Good** ●

The service was caring.

People felt staff treated them with kindness and compassion. Their dignity and privacy was respected at all times.

People were involved in their care plan and encouraged to remain independent.

### Is the service responsive?

**Good** ●

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. People's care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers.

People had access to a range of activities which they could choose to attend. A complaints procedure was in place.

### **Is the service well-led?**

The service was not always well led.

The provider did not have an effective system in place to monitor the quality and safety of the service.

Regular staff meetings took place and staff understood the visions and values of the service. Staff spoke highly of the management, who were approachable and supportive.

**Requires Improvement** ●

# The Annex

## **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 was planned to check 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 was carried out on the 06 September 2017 by one inspector and was unannounced.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We used this information when planning and undertaking the inspection.

During our inspection we spoke with two people using the service and one relative. We also spoke with the managing director, the manager, and three support staff. We reviewed records relating to the management of the service, such as minutes of staff meetings, and reviewed four staff records. We also reviewed records relating to two people's care, such as their support plans, risk assessments and medicine administration records.

Where people had limited verbal communication, we used other methods to help us understand their experiences, including observation.

# Is the service safe?

## Our findings

We saw that people were smiling and looked relaxed when staff spoke to them. One person who had limited communication said, "Yes" when asked if they felt safe. A family member told us they felt their relative was safe.

Although people and their relatives had no concerns about safety, we found the service did not always follow safe recruitment processes. Staff files we looked at showed checks had been made with the Disclosure and Barring Service (Criminal Records checks) to make sure people were suitable to work with vulnerable adults. However, records we looked at identified that the provider had not met all of the recruitment requirements under Schedule 3 of the Health and Social Care Act 2008. For example, there were no application forms on any of the staff files to evidence their employment history. Records also showed previous employment references had not been requested for staff employed at the service. The managing director informed us they knew the staff in their employ through recommendations and had spoken to previous employers for a reference but had not recorded the conversations. They also told us they would address this to ensure safe recruitment procedures would be in place in future.

This was a breach of Regulation 19 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet the needs of people to keep them safe. We observed that staff were available to support people whenever they needed assistance. The manager kept the staffing levels under review and staffing was adjusted to meet people's needs. There were two people using the service at the time of the inspection, both requiring one to one support whilst living at their home. At night only one member of staff was required to be on duty. Staff told us staffing levels were sufficient for the people they supported.

People were protected against the risks of potential abuse. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.

People were supported to take their medicines safely. Staff had received training and records showed staff had been assessed as competent to administer people's medicines. One person was prompted to take their medicines and staff ensured Medicine Administration Records (MAR) were accurately maintained. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, and administering prescribed medicines. A monthly medicine audit confirmed medicines were safely stored and administered.

Risks of harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for

accessing the community, farm machinery equipment and supporting animals on the farm. For example, the risk assessment for one person accessing the community informed staff to ensure electrical devices for example a smart phone is packed away in a bag before setting off, so the person is not distracted and walk into the road.

People were supported to take informed risks. One staff member told us how they had supported a person to access light farm machinery which was fully supported and assessed by staff. Positive risk taking was an important feature of people's learning and development enabling them to learn new skills. The managing director showed us videos which they used to show staff how to support people to take positive risks to enhance their quality of life and recognise their achievements.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to the service. For example, if there are any difficulties covering calls due to events, such as the adverse weather conditions.

# Is the service effective?

## Our findings

People who used the service appeared happy with the care and support they received. Staff asked people's consent prior to supporting them. They encouraged them to make decisions and supported them to make choices.

Staff followed the principles of the Mental Capacity Act, 2005 (MCA) and its code of practice, although this was not always supported by appropriate records. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

We observed that staff sought verbal consent from people before providing them with care or support. However, during the care planning process, senior staff did not always document decisions, which they had made on behalf of people, in accordance with the legislation. We saw that mental capacity assessments were in place for some people using the service when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity and when they needed support to make decisions. Staff had received MCA training and were able to tell us how they applied this in practice.

We recommend the provider reviews their process of recording decisions on behalf of people who may lack the capacity to make decisions for themselves.

The provider supported staff by working alongside them frequently. There was no formal system in place, such as supervision meetings, to allow staff to discuss areas for their development with the provider or for the provider to raise any concerns. However, staff told us they felt supported and spoke to management daily about any concerns. Staff had recently received appraisals from management and discussed and planned future goals and the support needed to achieve these. The managing director told us, "We are only a very small organisation and I work with staff all the time and discuss any concerns." They also informed us that they had recruited a registered manager who would manage and supervise the staff team with their guidance and support.

Staff had received appropriate training to deliver the care and support to people using the service. Staff told us that their training included safeguarding, health and safety, medicines administration, infection control, food hygiene and nutrition and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver effective care. They also confirmed that the provider was currently supporting them to achieve a recognised qualification in Health and Social Care. Staff also received training in Applied Behavioural Analysis (ABA) which the managing director was very passionate about. ABA is a teaching method used to help people with autism learn to their full potential and reduce behaviours which may harm themselves or others.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. However, we noted that not everyone had a 'hospital passport'. A hospital passport is a document providing important information about a person including their health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person and ensure continuity of care. The managing director told us they were in the process of completing hospital passports for everyone.

People were supported at mealtimes to access food and drink of their choice. Staff were all aware of people's dietary needs and preferences which were clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. Staff informed us they had all the information they needed and were aware of people's individual needs. People were also involved in the preparation and cooking of evening meals. Staff promoted independence at breakfast and lunch time and people were able to prepare their own meals. Menus displayed on the notice board in the kitchen demonstrated that people were eating a healthy diet.

## Is the service caring?

### Our findings

People were cared for with kindness and compassion. People told us they were happy with the care and liked the staff and thought they were caring. A family member told us that staff were friendly and supportive. They said, "Overall [person's name] is much happier than at his previous supported living arrangement, which I am very relieved about."

Staff had built positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. One staff member told us, "We get to work with them on the farm and the home so we get to know them very well." Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. We saw that people were dressed appropriately and looked smart. The atmosphere at the service was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Staff told us that privacy and dignity was always respected. If support was required for personal care this was provided from a distance with staff promoting people's independence and using task boards to remind them to carry out their personal care.

When people moved to the service, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Staff used this information contained in people's care plans to ensure they were aware of people's needs.

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

## Is the service responsive?

### Our findings

People experienced care and support from staff who were knowledgeable about their needs. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours.

Staff were responsive to people's needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. As part of the care plan there was a detailed 'all about me' document. This included details on people's preferred daily routine and how they wished to receive care and support. For example, one person liked to have a 'visual timetable in place.'

People were involved in their care planning and care plans were reviewed regularly by their keyworker. All the people using the service had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. As well as meeting with their keyworker, people and their families could leave feedback on the provider's website.

The staff supported people during the day on a farm, owned by the provider. We observed a staff member working with one person on their task board for the farm about what they would like to do. Then a visual task board was created which the person could refer to throughout the day. The managing director told us all the tasks were broken down over time using applied behaviour analysis (ABA). ABA is a teaching method used to help people with autism learn to their full potential. For example one person had access to light machinery which was fully supported and risk assessed to mow the lawn at the farm. We were shown a video on how the person was supported and each task broken down into smaller achievable tasks. Staff told us the outcome was the person being able to maintain the lawn at the supported living house with staff supervision.

The managing director informed us the idea of the farm was for people to look after animals and horse management, as horses can have a calming effect on people with autism. People were involved in a horse management course which was broken down into stages and people achieved a certificate through each stage. One staff member told us, "I look after the horses and get the young men to help me with grooming and I am in the middle of teaching the boys about mucking out". The service had recently started showing a pony at local events and people were involved in the preparation to show the pony. One staff member told us the goal was for each person to be in charge of their own pony and then show the pony at local events, which they were excited about.

As well as the farm, there was a range of other activities people could be involved in. One family member told us a staff member took their relative to Beaulieu motor museum for the day which they really enjoyed. Other activities included going to the gym, swimming, bike rides and days out to theme parks. Staff told us people chose where they wanted to go and liked to collect leaflets of places of interest and were looking

forward to a local country show at the weekend.

The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been one complaint about the service over the last year which had been investigated and responded to.

## Is the service well-led?

### Our findings

The management team promoted a positive culture and had an 'open door' policy. Staff said the managing director and manager were approachable and they always felt listened to and supported. One staff member told us, "Management are supportive, happy to help and happy to hear what you have to say." Another staff member said, "If I felt unsure [staff members name] always available to ask for help."

The service had a new manager who was in the process of applying to be registered with CQC at the time of our inspection. The new manager was aware of their responsibilities and were looking forward to their new role.

The provider did not have systems and processes in place to effectively assess, monitor and improve the quality and safety of the service provided. The provider and manager did not carry out any audits, apart from medicines. The managing director told us they had not set up any formal audits yet, as they were waiting for a new registered manager to be in place. Following our inspection the provider told us they were going to introduce a quality audit to identify if any improvements could be made to the service and agreed to look into their auditing systems and processes and make necessary updates.

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. One staff member told us, "Staff meetings are held every couple of weeks. We speak about people's needs, goals and the day to day running of the service." Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas.

The managing director and manager kept up to date by attending training and were in the process of completing a level 5 diploma in Health and Social Care qualification. They told us they also kept updated by reading publications on line.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way if people had an accident.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure that they recruited staff that were suitable to work with the people they supported.