

Supreme Home (Essex) Limited

Stafford Court

Inspection report

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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 service was last inspected in October 2016 where the Commission highlighted a number of concerns. This service was rated as 'Requires Improvement' following this inspection.

The provider wrote to us with actions they had taken to improve the service. Improvements had been made since our last inspection, and the service has been rated overall as Good.

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.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards. The service had made improvements to ensure staff delivered support that was effective and caring and this was in a way which promoted people's independence and wellbeing, whilst people's safety was ensured.

Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medicines and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals.

An effective complaints procedure was in place and had been implemented appropriately by the registered manager.

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.

People felt safe using the service, risks were suitably managed to ensure people's safety and wellbeing.

Sufficient numbers of staff were available to meet people's needs.

People were supported with their medicines in a safe way.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

People's consent was sought for their care, treatment and support.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be.

Is the service responsive?

Good 

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs.

People knew how to complain if required and felt the manager would address any issues raised.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support to carry out their roles

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There were systems in place to seek the views of people who used the service and their relatives and this had been used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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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 was a comprehensive inspection. The inspection was completed on 12 and 13 October 2017 and was unannounced. The inspection team consisted of two inspectors on the first day of the inspection and one inspector on the second day.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

Due to their complex needs, we were unable to speak with the majority of people using the service about their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with people's relatives or those acting on their behalf to ascertain their views about the quality of the service provided for their family member.

We spoke with seven people who used the service, four people's relatives, five members of care staff team, the registered manager and a visiting health professional.

We looked at a range of records which included five people's care records, six staff recruitment, training and support records and records in relation to the safe management of the service, such as policies, audits, staff rotas, complaint and compliment records, medicine records and quality assurance records.

Is the service safe?

Our findings

At our last inspection in October 2016 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risks to people with regards to the environment had not always been identified and suitable measures were not in place to mitigate risk or potential risk of harm for people using the service. Improvements were needed to ensure people's safety. The provider was also in breach of Regulation 19. We found that robust recruitment processes had not been followed. The provider sent us an action plan and told us what they were going to do to improve. At this inspection we found that necessary improvements had been made.

We found that risk assessments were in place and information recorded within people's care records identified risks associated with individual's care and support needs. For example, these related to people's manual handling and personal care needs. Staff were aware of people's individual risks and how to help keep them safe whilst ensuring any restriction on people's freedom was minimised. Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and keep people safe.

We saw risks assessments had been completed on the environment and that actions had been taken to ensure people were safe within the service. During the inspection the registered manager informed us that a plan to commence redecoration of the service was in place and that works would be starting in the near future. We looked at the service's maintenance and servicing records. They showed that equipment such as fire safety equipment, electrical appliances and hoists had been regularly checked to make sure they were safe. Records showed that staff had attended fire safety awareness training. Personal emergency evacuation plans (PEEPs) were in place for people living at the service. This provided staff and emergency services with information on people's support needs in the event of an emergency evacuation of the building. Staff also had information and access to emergency contact numbers to respond to an event that could affect the running of the service. The provider employed a general maintenance person for the day to day up keep of the service and for the monitoring of environmental health and safety.

The service had implemented an effective recruitment process, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People we spoke with and their relatives told us that they felt safe living at Stafford Court. One person told us, "Yes, I feel very safe here, the staff are good." A relative told us, "Peace of mind knowing [relative] is here and being cared for safely."

Appropriate arrangements were in place to protect people from the risk of abuse. Staff had received safeguarding training and knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would firstly report to my manager, but I know that I can report to CQC or the Local Authority." The service had a whistle

blowing' policy for staff to follow and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. At our last inspection we found that the registered manager did not have a copy of the latest 'Southend, Thurrock and Essex Safeguarding Adults' guidelines; but at this inspection we found there was a copy of the guidelines available.

Adequate numbers of staff were available to provide the care and support as detailed within people's individual support plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. People and their relatives told us that there were enough staff on each shift. One person said, "They [staff] are always around and you do not wait for anything." A relative told us, "There always seems to be enough staff when I visit the home, I can say that I have never seen anyone waiting for a member of staff to help them." The deployment of staff throughout the inspection showed that people's care and support needs were met and provided for in a timely manner.

People received their medications as prescribed. Care staff who had received training in medicines administration and management dispensed the medication to people. We reviewed medicines records and saw that these were clear and in good order.

Is the service effective?

Our findings

At our previous inspection in October 2016 we found that the arrangements in place were not effective to ensure that staff employed at the service received appropriate training. Training of staff had improved since our last inspection and staff competencies were good. Staff we spoke with told us that they had undergone training courses since the last inspection and felt confident that they could respond to people's needs. One member of staff told us, "We have had lots of training and I do think I have enough training to do my job." We saw training records for four members of staff and found training had been provided to enable staff to carry out their roles safely with the skills and knowledge they required. One person told us, "I think they [staff] are all very good and know what they are doing, so they must be trained well."

Staff received adequate supervision and support. We viewed staff supervision records and found that regular supervisions were being undertaken and staff told us that these supervisions were beneficial to them and it was now a two way process. One member of staff told us, "I feel supported by the manager and manager support officer; I can discuss anything with her." Another staff member said, "Support is very good here, we are all like a family and work as a team to support each other."

People and relatives told us that staff met their needs and that they were happy with the care provided. Comments included, "The staff are very good here. [Relative] is very happy and is always well cared for." We observed staff interactions with people in a kind, caring and sensitive manner. Staff had the skills to meet people's individual needs. They communicated and interacted well with people and provided help and support where needed.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS). 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 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.

The registered manager was aware of the legal requirements relating to the MCA and records showed that people had had their capacity to make decisions assessed and, where appropriate, applications had been made to the local authority for a DoLS authorisation. Staff told us and records confirmed that they always sought people's consent to their care, treatment and support and helped people to make choices on a day to day basis. During our inspection we observed staff asking people how they would like to spend their time and helping them to make choices. This told us people's rights were protected.

We found people were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, GP and nurse practitioners. People told us that staff would call the GP if they did not feel well. A relative told us, "The staff are very good at getting the doctor in if they feel that [relative] is unwell." We saw records that clearly showed when people had received interventions

from healthcare professionals and advice given was being followed.

Our observations of the lunchtime meal showed that the dining experience for people was positive and sociable. People chose where they wanted to sit and eat their meals. People were offered a choice of meals and drinks. One person told us, "The food is always nice." A relative told us, "The food always looks very appetising and my [relative] is always happy with the food."

Is the service caring?

Our findings

People told us that they were happy living at the service. One person said, "I really do like it here, they [staff] are so very caring." Another person said, "They [staff] all care for me very well." Relatives were also complimentary of the service. "All the staff are friendly and caring towards everyone here."

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. We saw many occasions when staff engaged with people by talking to them face on and at their level. Staff were friendly and relaxed during their interactions with people and were unhurried when reassuring and assisting them.

Staff knew people well including their preferences for care and their personal histories. The service had documentation in people's notes which told the story of their life and described what was important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example, staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities, for example when they liked to go to bed and when they liked to get up.

People and their relatives were actively involved in making decisions about their care. One relative told us, "I am always kept up to date with any changes in [relative's] care." Another relative said, "The staff will always let me know if things change and ask me my opinion on different things about [relative's] care." Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. A relative told us, "All the care is individualised and [relative] respected for her preferences. The staff encouraged her independence all the time."

We saw the registered manager had information displayed regarding advocacy service, if people required this service. People were supported to maintain relationships. Staff told us that people's relatives and friends were welcome at all times. One relative told us, "I am here very often and always welcomed by the staff."

Is the service responsive?

Our findings

At our last inspection in October 2016 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. We found that people's social and wellbeing needs were not being met. People had limited opportunity to engage in activities and pastimes that interested them. At this inspection we found that necessary improvements had been made.

At this inspection we found that activities had improved for people and people told us they had a choice to join in with activities. One person told us, "We have singing and music come to visit us, which I really like." A relative also told us, "I think there is enough things to do for people here, staff are good at keeping people entertained and they also have people from the community to come and entertain them too." The registered manager and manager support officer told us that research into dementia friendly activities had been sought and equipment was being purchased to assist with activities. The registered manager also informed us that an activities organiser has recently been employed and would be starting at the service in the near future as this would ensure appropriate and meaningful activities for people will be offered regularly.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager or manager support officer to address the issue. We saw evidence that a complaint had been received and investigated appropriately.

At our last inspection we found that improvements were required with regards to record keeping and people's care plan documents. We found some inconsistencies in the accuracy of information contained in people's care records. Inaccurate or incomplete information in care records places people at risk of not receiving the care they need. At this inspection we found that improvements had been made and all documentation we looked at for people had been completed accurately and reflected people's care needs appropriately. This meant that people receiving the care they required.

At our last inspection we found that some care plans also contained limited information on people's personal history and information about the life the person had led and what was important to them. At this inspection we found that each person had an individualised care plan that reflected their personal history wherever possible. This meant that staff had a clear understanding of people's life experiences, preferences and hobbies. People's care plans were evaluated monthly and reviewed every six months or sooner if their needs changed. Staff told us, and records confirmed, that other people were invited to be involved in the care review process for example healthcare professionals and families. People's needs were discussed at daily handover meetings and recorded on the person's daily notes. This told us that staff were kept updated of any changes to people's individual care and support needs.

Is the service well-led?

Our findings

At the last inspection in October 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to accurately assess and monitor the service and there was a lack of oversight of the service. We also found that many of the registered provider's policies and procedures did not refer to current legislation. Improvements had been made which has been effective and enabled the provider to assess and monitor the service.

At our inspection in October 2016 we found quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective or established. At this inspection we found improvements had been made as the registered manager had implemented a number of monitoring systems which were continually reviewed to ensure they were effective in highlighting issues that had previously been missed. The manager support officer and administration officer had carried out regular audits such as health and safety, medicine administration, falls, care plans, risk assessments and staff recruitment. Actions arising from the audits were detailed in the report and were then checked at the next monthly audit. This showed us that the registered manager had an insight into the day to day running of the service.

The registered manager was visible within the service regularly and also the manager support officer was available daily. People and relatives informed us that they were very approachable and could speak to them at any time. The registered manager had a very good knowledge of the service and the people that used it. People and their relatives felt at ease discussing any issues with the registered manager and the staff.

Whilst speaking to the registered manager they were able to demonstrate their understanding and knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager support officer and also the administration officer also had a good understanding of the Regulations.

Regular staff meetings were held which gave an update on people living at the service, training and on the day to day running of the service. The registered manager held meetings at different times to enable all the staff team to attend. The registered manager also held 'resident and relatives' meetings but these were not always well attended. The registered manager told us that views of people and their relatives were gained mainly through one to one conversations with staff. We saw that surveys had been sent to relatives and other professionals. Feedback from the surveys showed that people and their families were positive about the service and the staff.