

Community Homes of Intensive Care and Education Limited

Stokewood

Inspection report

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Date of inspection visit:
28 March 2018

Date of publication:
24 July 2018

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

Stokewood is a registered care home that provides care and support for up to nine people who may have mental health needs, a learning difficulty or physical support needs. At the time of our inspection there were six people using the service.

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 and associated Regulations about how the service is run.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained.

Checks were also undertaken to ensure new staff were safe to work within the care sector. Risks associated with the environment and equipment had been identified and managed.

Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and palliative care (end of life).

Staff had received both supervision meetings with their manager and formal personal development plans such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible.

People's end of life care was discussed and planned and their wishes had been respected.

People chose how to spend their day and they took part in activities.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed.

People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good 

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises and equipment.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. People's end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and that their concerns or complaints were acted upon.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Staff had a good understanding of equality, diversity and human rights. Forums were in place to gain feedback from staff and people.

Stokewood

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 the first inspection of the service since they registered in October 2016.

This inspection took place on 28 March 2018 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with two team leaders, the assistant regional director, an activities coordinator, two support workers and four people. The registered manager was not present during our visit but we did speak with them at the end of the inspection on the telephone. After the inspection we obtained feedback from two healthcare professionals.

We pathway tracked three people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files and feedback questionnaires from relatives.

Is the service safe?

Our findings

Staff and people provided positive feedback about the safety of care provided. A member of staff said, "Once a week we have a thorough clean of the house. Night staff have a cleaning rota, we have colour coded chopping boards and we help people to keep their rooms and home clean and tidy". One person said, "I have never seen any abuse happen, the staff are nice people".

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff deployed and our own observations supported this. Documentation in staff files helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. The provider used a staffing dependency tool to assess and monitor staffing levels. One person said, "There is always someone here if I need them".

Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before staff commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Some people were prescribed medicines to be given 'as PRN'. These were to be administered when people needed them. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. There had not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Records confirmed all staff had received safeguarding training as part of their essential training and this had been refreshed regularly. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff could describe the different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if abuse was witnessed or suspected was displayed around the service for staff and people. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Staff were proud of their personal development and told us they had learned lessons after one person's health care needs increased. A member of staff said, "We are not allowed to give nursing care because we are not a nursing home but after [person] became unwell their needs changed and we had to learn new skills" When we asked the person concerned if they were happy with the care they received they smiled and said "yes".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

People were cared for in a clean and hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. The service had an infection control policy and other related policies in place. People told us that they felt the service was clean and well maintained. One person told us, "I have help to keep my place clean and the staff also clean".

Staff told us that protective personal equipment (PPE) such as aprons and gloves was readily available. We observed staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed in the service that encouraged hand washing and the correct technique to be used. Infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak.

People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP). There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risks. We saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Is the service effective?

Our findings

Staff told us they received effective training and people said they had good access to healthcare support. One member of staff said, "We have a lot of training, things like safeguarding, infection control, nutrition and moving and handling". Another member of staff said, "We follow best practice guidance because we have a team of professionals who give us advice". One person said, "If I start getting unwell I can go to the doctors and I can ask a member of staff to come with me".

The home had been adapted to support people's needs. We saw that the communal gardens had been adapted to provide a quiet area where people could sit and reflect. The home had a pet which was able to move around the home freely. One person said, "I love the cat, it makes me feel better when I am low and it really helps me". Equipment used for moving and handling was regularly maintained and fit for purpose.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was no one in the home who was being deprived of their liberty unlawfully.

Staff had been trained in the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that all people in the home had the capacity to consent to their care and support, and staff told us that they always asked for people's consent before care was provided.

Staff received appropriate training and induction. The assistant regional director said, "new staff are inducted into the Care Certificate, this is always used as part of their probation. Once they have done the paper side a manager has to do observations. It can be medicines, supporting people on an activity and making sure support plans are being followed" and "our positive behavioural support team do the training for the staff". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Records showed training was monitored and updated when needed. The provider commented, "Three staff have also become hoist trainers for the company via the train the trainer scheme and are able to not only train staff at Stokewood but also train other staff within the company" and "Staff not only are able to attend regular training but Stokewood staff have completed the company's Advanced Management Development and Foundation

Management Development programmes, getting them ready for promotion within the company or developing them at their current roles".

Staff told us and records confirmed that they worked closely with a range of health and social care professionals to ensure people received effective care and support. For example, we saw that a referral had been made to a person's psychiatrist when they displayed behaviour that challenged the service. We saw that advice had been sought and staff were aware of the advice that had been provided. Health and social care professionals told us that staff would always get in touch if they had any concerns and had confidence that the staff team would be able to meet people's needs. We saw correspondence for another person that their consultant psychiatrist felt their mental health had improved considerably since living at Stokewood.

People's dietary needs and preferences were documented and known by staff. Support workers knew what food people liked and which foods people needed to meet their nutritional needs. For example, staff recorded the daily food intake of one person who was at high risk of malnutrition and dehydration. A member of staff said, "We made a referral to the SALT and we have a dietician who gives us advice".

Is the service caring?

Our findings

People and healthcare professionals were complimentary about the care provided at Stokewood. A healthcare professional said, "Stokewood had a very homely and friendly feeling when I attended and the staff were very polite and friendly". One person said, "The girls (staff) are like my mates". A member of staff said, "I have helped organise home holidays and individual holidays. We took [person] to see Billy Elliot, we had lunch first and we go to fright night every year, I organise it"

Staff were passionate about their job and often went the extra mile to help support people achieve positive outcomes. For example, two staff members described how they had supported two people with their driving theory test. A member of staff said, "We have helped two people pass their driving test. We used to sit up with them going over the Highway Code and learning the signs". Another member of staff told us about one person who was active and mobile until they had a serious trauma in their life which left them requiring 24 hour care. They said, "We moved her downstairs and we worked really hard to make sure we had everything in place. We had hoist training and we got her a hospital bed". A healthcare professional who was involved in the person's care said, "Staff were keen that she returned to her home and made the necessary changes to be able to accommodate her. (Person) appeared to be happy and settled in her home environment and responded well to staff" and "I was happy that her care and support needs are being well met by Stokewood".

Staff were caring in their nature, promoted independence and helped people to achieve positive outcomes. Achievements included helping someone to cook sausage and mash with gravy and vegetables. A staff member said, "We had to give her support and she did it no problem". Another person was supported to attend a childcare course at college. A member of staff said, "(Person) did a Maths and English course and we helped her with her homework. Another member of staff explained how they supported someone to attend their prom. The staff member assisted the person in their own time to find a prom dress, helped them arrange to have their hair and make-up done for the event and supported them to get to the venue. The staff member said, "I came in on my night off to pick her up and brought her home, she had a lovely time". We saw pictures of the event which confirmed this. One person said, "The staff really do care about us and they worry about us. It's like they are family and they are there for you when you need it".

People were consistently treated with dignity and respect. Everyone we spoke with and all our observations confirmed this. One person told us staff always knocked on their door and asked for permission to enter. One person said, "We can always come in and speak to the manager or the staff in the office and if someone else comes in we can change the subject if it is private".

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. Staff had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

We saw sensitive personal information was stored securely. People confirmed their permission was sought

before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Is the service responsive?

Our findings

People were active, supported to participate within the local community and were encouraged to be involved where possible. A member of staff said, "Every year we take part in the company gardening competition at the New Forest show which people here are involved in". Another person said, "We have stuff we can be involved in like having our nails done but we don't have to if we don't want to". One person was supported to access employment.

People took part in a wide range of activities. These included bingo, card making, pampering sessions, karaoke, dance games, watching films and eating popcorn, bowling and swimming. Other activities included going to the cinema, nail art, baking and celebrating important events such as birthdays, Easter, Valentine's day and Christmas. A member of staff said, "We did a (dining competition) with five other homes. Service users (people) done the cooking and staff helped. One did the starter, another did the main, and then another did the dessert. We done (entertainment) after and then scored it. We won the voucher and everyone done so well and they really enjoyed it". Pictures and comments from people confirmed this took place.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time.

Care plans provided information which enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated, which ensured staff remained up to date with people's care needs and choices. People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around the peoples' individual communication methods. For example, by using symbols and pictures to support the person to express their views and any concerns they may have.

Each person's physical, medical and social needs had been assessed before they moved into the home. Assessment of needs included obtaining information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

At the time of the inspection, nobody was receiving end of life care. Staff had worked sensitively with people to offer support to plan for future events taking into account people's wishes.

Is the service well-led?

Our findings

Staff, people and healthcare professionals were complimentary about the registered manager. One staff member said, "She [registered manager] is really caring and gets on great with the girls [people]". A healthcare professional said, "I have confidence in all the staff at the home and I feel the manager has everything under control there".

The provider was able to demonstrate to us their vision for the service, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service. One person said, "I am free to come and go as I want but I have the girls (staff) here for advice if I need it". Another person said, "This is a great place to live, I have lived here before and I chose to come back because it's a very good home".

Staff worked proactively in raising awareness about local and national charities. Pictures from scrap books and written feedback from various organisations confirmed this. Stokewood held events such as a Macmillan coffee morning which included cakes stalls and "soak the manager" to raise money for cancer research. A member of staff said, "We organised a football game with another home for charity". Correspondence confirmed they raised money for mental health services. The activities coordinator said, "I spoke with the groundsman and told him what it was all about. We turned up on the day and he had made a really good effort for us. He cut the grass and made lines in the pitch, we had nets and lines were painted on the grass, it was such a good day" and "We played a home and away game and we got a trophy done". Pictures of the event confirmed this had taken place. Other correspondence showed the home had also put on a fete where the money raised went to a local charity.

People we spoke with told us they had appropriate opportunities to provide feedback about the service to the manager or through their keyworkers. People said the registered manager was always available and had an open door policy. People felt empowered because the provider and staff worked with them to ensure their daily lives reflected their choices on how they wanted to live. This showed that the culture within the home was both inclusive and empowering which in turn provided people with positive outcomes, which meant that they were able to lead relatively active and independent lives. One person said, "If you look at that board up there you can see I pick what I want to do and we get it written up there so I remember and so I have some structure" and "It helps me because it shows you I get one to one support with different things like doing my room and stuff".

The service worked in partnership with other agencies such as the local authority, local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of the person receiving support. One person said, "I see me GP, I have been to the dentist and I have meetings". The provider commented, "Service Users (people) from Stokewood assist with local Hampshire police training to promote mental awareness to the police so they have some understanding when they need to deal with any incidents involving someone with mental health needs".

The provider had effective systems to assess and monitor the quality of the service. The registered manager

completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The registered manager worked with people and staff to ensure the service was improving and working to meet people's needs. We saw that people were encouraged to maintain links with neighbouring homes. The provider told us they rewarded their staff and commented, "The home has an employee of the month scheme where each month one member of staff is recognised for an outstanding achievement or service to the home. This is put through to the Assistant Regional Director who then chooses a winner from her homes, the winner is then awarded a certificate and gift card".

Team meetings took place regularly and staff were encouraged to share their views. Staff found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. One staff member said, "Anytime I have suggested something it's been taken on board" and "I raised a staffing issue once and it got sorted out".