

# Thera East Stonecroft

## 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

About the service: Stonecroft provides accommodation and personal care for people with a learning disability. The service provides short breaks and support to people during the day, supporting up to a maximum of three people at any one time. There are currently 12 people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

People felt safe using the service. Staff had good understanding of safeguarding procedures and how to report concerns. Risks to people were assessed and managed, without restricting their freedom. The registered manager had good systems in place to manage medicines and prevent spread of infection. Where things had gone wrong, systems were in place to learn from such incidents and improve the service.

Staff were aware of people's specific health needs, and people were being supported to live healthier lives. People's relatives were confident there was sufficient staff who had the skills and knowledge about how to support their relative during their stay. People were supported to have access to food and drink of their choice.

Relatives were confident their family member was well cared for, by staff that knew them well. Relatives were involved in making decisions about the care their family member received, and were confident that any changes were noted and responded to. People's privacy, dignity and independence was promoted and respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice.

People and their relatives were clear about who they should contact if they had any queries or concerns and were confident these would be dealt with.

Staff were aware of the vision and values of the company and applied these in their day to day roles ensuring people received person centred care when using the service. Systems were in place to assess the quality of the service, and ensure risks and regulatory requirements were being understood and managed.

The service had been developed and designed in line with the values that underpin the CQC Registering the Right Support policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection: This is the first inspection of the service since it was registered with the Care Quality

Commission (CQC) on 12 March 2018.

Why we inspected: This was a planned inspection to rate the service.

Follow up: We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

## 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 effective?

Good ●

The service was effective

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our Safe findings below.

# Stonecroft

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection took place on 5 March 2019 and was announced. The inspection was carried out by one inspector.

**Service and service type:** Stonecroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the registered manager one days' notice of the inspection visit because it is a small respite service. We notified the registered manager as we needed to be sure that people were using the service when we visited.

#### What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by

law, like a death or a serious injury.

We spoke with two people using the service and their relatives during the inspection. We spoke with a further two relatives by telephone, the following day. We spoke with two support workers, and the registered manager. We looked at two people's care records, recruitment records for three staff and reviewed records relating to the management of medicines. We also looked at records in relation to complaints, staff training, maintenance of the premises and equipment and how the registered person monitored the quality of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One relative told us, "If [Person] is happy, then we are happy. Love and attention, they defiantly get that here. I am confident they are safe, and this gives us peace of mind."
- The registered manager and staff had a good understanding of processes to keep people safe and how to report concerns.
- Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns. One member of staff told us, "We know people so well here, and how to keep them safe. Most people who use the service are friends, who have been through the school system and go to same clubs, but we tend not to book people in together if they do not get on." This was confirmed in conversation with a relative who commented, "All the staff are very amiable and helpful. I do feel [Person] is safe. I have never had any problems, the staff know them well, they never come home and say they don't like any of the staff."

Assessing risk, safety monitoring and management

- Risks to people were anticipated and managed well to keep them safe. A full hazard check had been completed for each person, including the risks of financial abuse, scalds when using bathing facilities, access to the kitchen and accessing activities in the community.
- People were involved in fire drills so they knew what to do in the event of a fire. Each person had an individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- Systems were in place to ensure that equipment, such as a reclining bath, was safe to use.

Staffing and recruitment

- People, and their relatives told us there were enough staff to meet their needs during their stay. One relative commented, "[Person] can be the only one on respite at times, and they love this as they get one to one attention."
- The service had three staff and a registered manager in post. Two staff were part time, the third was a relief member of staff. The staff rota was planned around people's individual stay and the activities they attended.
- Staff told us, one member of staff was rostered to support up to a maximum of three people at any one time, including a sleep-in at night. They confirmed one member of staff was sufficient to meet people's needs, but if people's needs changed or they required additional staff to access the community safely, more staff were facilitated. One member of staff commented, "It is very busy when there are three people here, but it's manageable."
- The recruitment and selection process was managed centrally by the registered providers Human

Resources (HR) department. Because records were not available for us to review, the registered manager contacted HR, who provided details of recruitment records we requested by email. The information provided reflected staff recruited had the right skills and experience.

#### Using medicines safely

- People using the service for short breaks brought their own medicines with them. Staff followed robust processes to ensure people's medicines were stored and administered safely in accordance with relevant best practice guidance. People's relatives told us, "We have to supply the right amount of medicines for [Person's] stay, the staff are vigilant and noticed we had not provided enough, and they were on the phone straight away." Another relative commented, "[Person] can have seizures, but staff manage their medicines well. I have never had any trouble; all the medication is recorded. I forgot to pack their medicines for a stay recently, but the staff were on the phone straight away."
- People received their medicines as prescribed by their GP. A Medication Administration Record (MAR) was completed by staff for each person's visit and contained the correct information. People's relatives, told us, "Staff manage medicines brilliantly." One relative told us, "There have been no problems with [Person's] medicines, none at all."
- People's care plans contained information describing their preferred method of how they wanted or needed to take their medicines. This included where people could manage their own medicines. One person's relative told us, "[Person] manages their own medication, and just need staff to prompt them."

#### Preventing and controlling infection

- The service was clean and tidy. Cleaning products were stored safely, and were being used appropriately to ensure the risk of spreading infection was minimised.

#### Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Systems were in place to ensure lessons were learned and improvements made when things went wrong. Incidents were monitored by the registered manager, to ensure oversight of health and safety in the service. The registered manager told us following review of incident forms, they had highlighted two medication errors. They had investigated how the errors occurred, and put measures in place to prevent this happening again. Although, people had not suffered any side effects, the registered manager carried out a medicines competency assessment on the staff involved to ensure the correct processes were being followed.
- The registered manager kept a register of incidents that occurred and produced an end of month report, which was sent to Thera head office. All incidents had been well managed and investigated. Learning from such incidents was shared with staff at supervision, face to face training sessions and monthly team meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans contained information on how their physical and mental health needs were being assessed and met. Where people had specific health needs, such as wearing a mask at night to manage sleep apnoea, advice had been sought and provided by the person's relative.
- Staff had received training to ensure they had the skills and experience to support people with specific health conditions, such as managing epilepsy.
- People's relatives confirmed they had had input into care assessments each time their [Person] used the service, to ensure the details about their needs were up to date. Relatives told us any changes were noted and discussed with staff on admission. One relative commented, "I do discuss [Person's] care needs, but the staff know them very well, and are good at identifying any changes, which they discuss with me."

Staff support: induction, training, skills and experience

- Staff told us they had access to the training they needed that gave them skills and knowledge to carry out their roles. Training included positive behaviour support, epilepsy, safeguarding people, and administration of medicine.
- One relative told us, "Staff definitely have the skills and experience, I don't think there is any staff there that don't." Another relative commented, "My [Person] has displaced mood, and has 'yes' / 'no' days. 'Yes' days they will answer 'yes' to anything, but staff know they need to explain choices to them and ensure they have understood. The staff know Makaton, and use this well to effectively communicate with [Person]."
- Staff told us they when they first started working at the service they had had an induction. This included the care certificate. The Care Certificate was developed jointly by the Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers.
- One member of staff commented, "I had a meet and greet with everyone, and was shown around the service. I also shadowed experienced staff, before commencing shifts as a permanent member of staff."
- Staff told us and records confirmed they received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a healthy balanced diet. People told us they had access to food and drink when they wanted. One relative commented, "My [Person] is on a low-fat diet, the staff do steer them to eat healthily, which I am happy about." Another relative told us, "[Person] always has a good choice, staff take them shopping and they always have things they like in stock for when they use the service. Staff are good at catering for people's likes."

- People, chose what they wanted to eat and where. The two-people using the service, told us they had gone to a local restaurant for lunch.
- People had access to the kitchen and could help themselves to snacks, as well as being encouraged to prepare their own meals. One person told us, "I make my own breakfast and lunch."
- One relative told us, "Staff encourage [Person] to be more independent, for example, they have got them helping to prepare their meals, and they are now good at making sandwiches. They definitely have enough to eat, they never look like they are fading away when they come home."

Staff working with other agencies to provide consistent, effective, timely care.

- Records showed and relatives confirmed the service worked well liaising with other teams and services to ensure people received the support they needed.

Adapting service, design, decoration to meet people's needs

- Stonecroft provides a safe and comfortable environment for people to stay. Rooms were bright, clean and tidy. One relative told us, "It is a little service, but I would describe Stonecroft as one big happy family. When I have taken [Person] there to drop them off for respite, it is always homely, with two to three people there, it's like being in their own home."
- People had access to communal areas, including an open plan lounge, dining area and kitchen. People's rooms were clean and spacious. Two people using the service had brought their own possessions, such as DVDs and had been supported to personalise their room during their stay.

Supporting people to live healthier lives, access healthcare services and support.

- As the service only provides respite care the registered manager told us they are not directly involved in arranging people's health appointments, but dealt with people's health needs during their stay, as and when needed, for example, managing diabetes and epilepsy.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- We checked and found the service was working within the principles of the MCA. Systems were in place to support people in the least restrictive way and ensuring their rights were protected. Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, the relevant people had been involved.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. One member of staff commented, "Where they can, we encourage people to do things for themselves, such as put their clothes away in their room."
- People's relatives told us they were very satisfied with the service provided. One relative told us, "I am very happy with the service. [Person] is happy to go, and the staff ensure when they stay, people they know and get on well with are there for respite at the same time. When they arrive at Stonecroft, the staff are really good at greeting them."

Supporting people to express their views and be involved in making decisions about their care

- We saw people being able to make decisions about how they spent their day and what they had to eat.
- One relative told us, "Staff know people's communication needs well. My [Person] has difficulty getting their words out, but staff sit and chat with them, which is good, in fact when they come home, I can't shut [Person] up."
- Two people using the service had speech difficulties. To help them understand what people told them, staff used a variety of communication methods, including Makaton and Widgeo symbols. Widgeo symbols are used to support text, making information clearer and easier for people with learning disability to understand.
- One member of staff told us, "The best time to talk with people is when we sit and have a cup of tea, or go walking to the pub or park. This is when people open up, and it doesn't matter if it takes time. We want people to be able feel they can talk, and confide in us. One person will spell out the word, or write it down, which helps us to support them to make decisions and choices."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and kindness.
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection.
- Staff told us they treated people the same way as they would want to be treated. One member of staff told us, "We always respect people's privacy however, some of the people who use the service, would be quite happy to get undressed with the door open, so we do have to prompt them to close the door and curtains."

# Is the service responsive?

## Our findings

Responsive means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People using the service received care and support personalised specifically for them. One relative told us, "The service meets mine and [Person's] needs. It gives them and me a break. [Person] likes spending time with their friends. If I ask if they enjoyed them self, I always get the same response, yes, go again."
- Care plans contained good information for staff on how meet people's individual needs. The plans were person centred, referring to people's preferences on how they wished for their care to be provided. These include how they communicated, and made decisions during their stay. One member of staff told us, "The information in the care plans means we provide consistent support to people, which makes them feel safe and secure."
- People's care and support were discussed and agreed with family members. People's relatives confirmed they were asked if there had been any changes in their persons care and support needs, each time they used the service.
- The registered manager told us people were supported by advocacy services where this was needed.
- Both people told us, they liked using the service as they could link up with friends. They told us they had been out for lunch together and then to Drama club, and were going to the cinema in the evening.
- People were supported to access scheduled activities and work placements. Two people using the service told us they attend Gateway and Mencap day care services regularly. One person told us, "I work at a garden centre and café four days a week, as a waiter and in the kitchen." Their relative told us, "[Person] goes there to take part in work based training, in a safe environment for adults with learning disabilities. This has helped them to gain new skills and opportunities."

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints. Information, such as how to make a complaint had been produced using an easy read format. A review of the complaints and compliments book showed there had been no complaints raised about the service.
- There were a lot of thank you cards complimenting the staff for the support provided to people during their stay. For example, "Thank you very much for caring for [Person] whilst they have been at Stonecroft, they loved all the time they spent with you all. The staff are always caring and [Person] always wants to know when they are going back there," and "[Person] has been going to Stonecroft for many years now and still looks forward to coming. The staff are lovely and very helpful. It helps us to have a well needed break. Thank you for all the good work, we would not know what we would do without you."

End of life care and support

- As this is a respite service, EOL care is not a planned care need, however staff were aware of people's needs including those who had a DNAR in place, should an emergency arise.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were aware of the core principles set by the provider, to provide high quality person centred care to people. One member of staff told us, "Yes, it's about respect and dignity. Thera's vision is that services are, 'Run by people with a learning disability, for people with disabilities'."
- People, their relatives and staff described the culture in service as 'homely and friendly.' Relatives described the registered manager as, "Very approachable".
- Staff told us they would be happy for a family member to use this service. One member of staff told us, "Yes, because I know they would be safe, looked after, offered lots of choice, and be at the centre of the care they are offered. It's got to be about the person, always person-centred care."
- The registered manager told us the short break service, focused on supporting people, and their families. They told us, "It's relatives respite from their caring role, and we work really hard getting to know people, so we can provide the right support. This gives their relatives peace of mind."

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- The registered manger told us the ethos of the service was to enable people, to be as independent as possible. They told us, their greatest achievement had been supporting three people who had used the service for a long time to successfully move into their own homes.
- The registered manager had a good oversight of what was happening in the service. They were in the service daily and knew the people using the service, their relatives and staff extremely well. They praised the staff team, commenting, "They are a good team, who work together well."
- Staff told us they had the support they needed to carry out their roles and received regular supervision. One member of staff told us, "I am one hundred percent supported by the manager."
- The registered manager and staff had developed a good culture where they were able to challenge each other in a positive way to improve standards and ensure people received good quality care. One member of staff told us, "We have regular staff meetings, which are helpful, it's a good opportunity to catch up, as we don't see each other, often for couple weeks, as we are lone workers. These meetings are an opportunity to bounce ideas off each other and discuss any changes in people's or the service."
- The service had clear and effective systems in place, including regular audits of processes, such as medicines, finances and health and safety to identify and manage risks to the service, and drive improvement.

- Thera employs their own quality assessors. The assessors are people who have a learning disability and used services themselves. The registered manager told us, the quality assessors carry out an annual visit at Stonecroft using their experiences to judge how well we are meeting people's needs. Their findings are used to improve the service.

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

- Thera send annual questionnaires to people using the service. The registered manager told us they receive a summary of feedback, if there were any concerns, they would discuss these with the individual, however they commented they had not received any negative feedback.
- Before each person used the service, a confirmation letter was sent to them which had a foot note on how to contact the service to share any ideas to make their stay better or if they have any concerns.
- Thera has their own 'Being heard' group to engage with people who use their services, so that they can get involved in making decisions about the service they receive.
- People's feedback is also obtained through the review process. Each person using the service has a six-monthly review to ensure they are receiving the care and support they need, and identify if changes are needed.

Continuous learning and improving care

- The registered manager told us they were directly managed by the managing director of Thera. They had regular monthly meetings to discuss training, staff induction and identify any learning needs. They told us they felt supported by the company.
- The registered manager told us they attended regular meetings with Thera's operations manager and quality and compliance teams to share ideas and best practice, discuss services and issues in media.

Working in partnership with others

- The registered manager had good links with the local authority. Essex County Council own the property and contract with Thera to provide the care.
- Relatives told us the registered manager had been open and transparent with them about potential changes to the provision of the service moving forward, more than the local authority had. Relatives shared their concerns if the service was to close, comments included, "The service is lovely. I am happy for [Person] to continue using the service, as long as it remains open. If it closes they will miss this place very much, as would I," and "This place is a valuable asset to us," and "We are worried about the service winding up in October, although there is another service [Person] could attend, the quality of the care is not the same."