

Milestones Trust

Stibbs House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Stibbs House provides short break accommodation and personal care for up to ten people with learning disabilities. At the time of our inspection there were seven people staying at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

Staffing levels were safe to meet people's needs and were adapted to meet the changing amount of people staying at the service. Medicines were stored and administered safely. Risk assessments were in place to support people safely whilst promoting independence.

Staff had effective induction, training and supervision. People's health needs were met and people had benefited from input from health and social care professionals. People were supported with their nutrition and hydration. Staff were skilled in how assist people in this area of care.

Staff were kind and caring. The staff team were well established and had developed good relationships with people. Staff knew people well.

Care plans were person centred, accessible to people and gave clear guidance to staff of how people preferred to be supported.

Systems were in place to monitor and improve the quality of the service. The service was well run and managed. Staff worked effectively as a team and were supported by a senior staff member and the registered manager.

People's capacity had been considered and documented in care records. However, best interest decisions were not always completed where appropriate. We made a recommendation in regards to working in accordance with the Mental Capacity Act Code of Practice.

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 remained Good.

Is the service effective?

Requires Improvement ●

The service remained Requires Improvement.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Stibbs House

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.

This comprehensive inspection was carried out on 9 February 2017. The inspection was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

Some people at the service were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with four people living at the home and four members of staff. After the inspection we spoke to three relatives and received feedback from one health and social care professional. We looked at seven people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Is the service safe?

Our findings

The service was safe. People said they felt safe and happy at Stibbs House.

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding vulnerable adults and were knowledgeable about the correct action to take if they had any concerns. One member of staff said, "I would report and record anything of concern." We saw a senior staff member had reported to concerns to the Commission and Local Safeguarding Authority as appropriate.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as nutrition and hydration, personal care and mobility. Risk assessments promoted independence by detailing what people could do for themselves and where support was required

The service followed appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Staff were clear on their responsibilities for reporting and recording any accident or incidents. We reviewed incident and accident records and saw a description of what had occurred, any injuries and the immediate action taken. We saw changes were made where necessary to reduce the likelihood of reoccurrence.

Staff told us that staffing levels were safe and responsive to people's needs. We saw that rota's were regularly reviewed to ensure that staffing levels met the daily changing number of people using the service.

We reviewed records which showed that regular checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. Staff had competency assessments undertaken to ensure they could use equipment safely. Individual emergency evacuation plans were in place to guide staff on how to support people safely in an emergency situation.

Medicines were stored and administered safely. Clear information was recorded in regards to, 'As needed' medicines. Guidance was detailed for staff on how people preferred to take their medicines. Staff had an annual competency assessment to ensure their skills and knowledge were at the expected standard and to identify any further training needs.

Is the service effective?

Our findings

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.

Care records showed that people's capacity had been considered. We saw that capacity assessments had been completed. These clearly showed the steps taken within the process. However, we found that capacity assessments had not been regularly reviewed. Also, that when the assessment indicated that a person lacked the capacity in a particular area of care the associated best interest decision was not always completed in line with guidance or fully recorded. For example, in regards to people's medicines.

We recommend the service refers to guidance in the Mental Capacity Act Code of Practice in reference to reviewing mental capacity assessments and recording best interest decisions.

The service had met the responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. A senior staff member had made appropriate applications for people staying at the service and these were currently being processed by the local authority. Two people had an authorised DoLS in place. There were no conditions attached to these authorisations

New employees received an induction aligned with the Care Certificate. All staff we spoke with confirmed they had received an induction. Staff were supported through regular supervisions. Supervision is where staff meet one to one with their line manager. We saw that staff's well-being, training and development were discussed. We saw that extra support was offered where necessary. One staff member said, "Supervision is useful, I can talk through anything and ask any questions."

Staff said they received regular training and this was supported by the records we reviewed. One staff member described training as, "Pretty good," overall. Staff received mandatory training in areas such as fire safety, safeguarding vulnerable adults and infection control. Training specific to the needs of the people using the service was provided. For example, in epilepsy awareness.

People's nutrition and hydration needs were monitored. Care records described any support people required with eating and drinking. We observed staff supporting people as directed in their care records during a mealtime. One person said, "The meals are nice."

Information about people's health conditions was clearly described in care records. This gave guidance to staff on the action that should be taken under certain circumstances to safely manage people's health conditions. We saw that the service liaised and worked closely with other health and social care

professionals where appropriate.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person said, "Staff are nice." A relative said, "The staff are really nice and are very helpful."

We observed that staff had good relationships with people and knew people well. Staff spoke and interacted with people in kind and respectful ways. Staff spent time with people engaging them in different ways. For example, speaking about what they had enjoyed about their day, supporting a person in a sensory experience and taking time to look at things such as books and pictures that interested people.

People's privacy was respected. One staff member said, "I always knock on people's door before entering." We observed people chose where they wished to spend their time, in their room or communal areas of the home. For example, one person enjoyed spending time alone in the quiet lounge where as other people enjoyed sitting together in the lounge or dining area.

We observed a staff member assist someone with their meal. They talked with the person about what the food was, describing the flavours and aromas. They asked the person, "Would you like to try some? Are you ready?" They gave the person positive encouragement, "That's it, well done." They ensured the person took their time, was not rushed and enjoyed a positive experience.

Staff described the service as having a positive, cheerful and relaxed atmosphere. One staff member said, "Clients are happy." A health and social care professional commented, "All staff are friendly, caring and willing to help. Service users at the home, appear happy and well cared for."

The service had received 12 positive compliments about the care and support provided since January 2016. One compliment read, "Thank-you so much for all you have done over the past year." Another compliment said, "Thank-you for all your kindness and extra things you do for us."

Family and friends could visit whenever they wished. Due to the nature of the service, visitors usually accompanied people as they viewed and settled into the service.

Is the service responsive?

Our findings

Care and support was responsive to people's needs. One person said, "We enjoy it here." One relative said, "He loves it there, he doesn't want to come home!"

A pre-admission procedure took place to ensure the service could meet people's needs and that people wished to have a short break at the service. This was responsive to the needs of the person as some people needed more time to settle to an unfamiliar environment.

Care records were person centred and accessible to people. Care records gave clear guidance to staff of how people wished to be supported. Pictures were used to involve people in their care plan. Photographs showed staff how certain areas of care and support should be done effectively. For example, how someone is positioned for rest. Care records highlighted risks and important information in different font colours and detailed how staff should manage particular areas of care. People's preferred methods of communication were clearly described.

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated.

Rooms within the service were all decorated in different themes. For example, the beach, safari or flowers. People had a photograph and their name displayed so they could locate the room they were occupying for their short break. A second communal lounge had recently been refurbished to provide a quieter space for people. A sensory room was available and staff told us people enjoyed using this space.

People were supported to engage in activities of their choice both within the service and in the community. Staff told us this was flexible depending on the time of year and the people at the service at the time. Activities included bowling, the cinema, cookery and trips to local places of interest.

The service had received four complaints in the last 12 months. We reviewed how complaints had been investigated and responded to. All complaints had been investigated and actions taken. We found that in some instances the outcome and response needed clearer recording. The registered manager and senior staff member said this would be addressed. The complaints procedure was available to people in an accessible format and people had been supported with this process where necessary. Relatives said they would feel comfortable to raise any issue or concerns.

A member of staff was the champion for positive behaviour management. Guidance was available for staff around people's behaviours that may be viewed as challenging and described effective management strategies and techniques. Staff commented to on the positive impact these strategies had for people.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 home is run.

The registered manager spent their time between Stibbs House and another service they managed within the organisation. A senior staff member undertook the day to day running of the service.

Staff and relatives commented spoke positively about how the service was run and managed. Staff said they were well supported. One staff member described a senior staff member as, "Approachable and hand on." Staff said they worked well together as a team. One staff member said, "Staff have been here a long time, it says it all."

Information was communicated effectively to staff through a variety of systems. For example, through a verbal handover at the beginning of each shift and a diary. A daily list of allocated tasks ensured that staff maintained and checked different areas of the service. Regular team meetings were held and staff spoke positively about these.

A survey had been conducted in April 2016 to gain feedback from the service from people, relatives and relevant others. The information gathered showed many positive comments. One relative said, "No difficulty describing Stibbs House, totally satisfied." Communication had been highlighted as an area needing improvement, this had also been commented on by a health and social care professional. The service had made improvements by completing a journal so families could see what their relative had been doing during their stay at the service. A newsletter had been produced to aid communication.

Systems in place to regularly monitor the quality of the service. This included audits of health and safety, care records, medicines and accidents and incidents.

Senior staff understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.