

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 

Overall summary

Stibbs House provides accommodation for up to 10 people who require personal care. The service provides short breaks for people with learning disabilities. This was an unannounced inspection, which meant that the staff and provider did not know we were visiting.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Formal staff support systems were in place. There were team meetings where support and staff supervision part of the agenda. We also saw nurses were supporting staff while they were assisting people. However individual supervision meetings had not been taking place as regularly as the provider's policy said they should for all staff. This meant staff may not always get enough formal guidance to do their job effectively.

Summary of findings

Care and support was provided by staff with an attentive approach, they were caring and supportive. People staying at the service and their relatives said they were happy with their care and support.

There was animated communication between people and the staff. Staff engaged people in games, household tasks and conversations.

People were included and consulted about what mattered to them in their daily life and were encouraged to maintain important relationships.

People were supported by enough suitably qualified, skilled and experienced staff to provide them with effective care. They were also protected by robust recruitment and staff selection procedures.

People were provided with a choice of healthy food and drink during their stay. This ensured their nutritional needs were met.

People's physical health was monitored and they were supported to stay healthy. Where people had health conditions or symptoms referrals to the relevant health professionals were made.

Staff were suitably trained and knew how to provide effective care. The staff team had been provided with a comprehensive induction when they began employment. Staff knew in detail what their roles and responsibilities were. The staff also understood the values and philosophy of the organisation they worked for.

The registered manager and the provider used a range of methods to assess and monitored the quality of care and service people received. Feedback from people and their families was encouraged. This information was used to improve and develop the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service were supported by staff who understood how to keep them safe from harm. The staff knew what the signs of potential abuse could be. They were also aware of what the correct procedures were if they suspected someone was at risk of abuse.

Staff followed detailed risk assessments these showed how to ensure people were looked after safely and provided staff with guidance.

Staff understood how to assist people with their needs safely. There were enough staff on duty at any time who were suitably trained and knew how to safely support people during their stay.

Medicines were looked after safely for people and were given to them at the times they needed during their stay at the service.

People benefited because the registered manager had a system to ensure there was enough staff to care and support them.

Good



Is the service effective?

The service was effective.

People were involved in planning the type of care and support they wanted to receive. People's needs were met by staff who were trained to support them effectively.

Peoples legal rights and freedoms were upheld because the requirements of the Deprivation of Liberty Safeguards were properly followed at the service. Staff were trained on the subject of Deprivation of Liberty Safeguards. Staff also attended training about the Mental Capacity Act 2005 and the impact for people who cannot give consent.

People were supported by care planning systems which helped identify any changes in their needs. While people used the service they were able to receive suitable social and medical support. There was a procedure in place to ensure people received effective support and treatment in the event of an emergency

People's nutritional needs were effectively met. Suitable guidance was in place to ensure people were properly supported. However we found that not all staff were being provided with one to one support meetings .The system in place to provide staff with this support was not kept up to date. This meant the effectiveness of their work and the overall quality of it was not properly monitored.

Requires Improvement



Is the service caring?

The service was caring.

Good



Summary of findings

Staff had a kind and caring approach towards the people they supported and their families. People were treated by the staff in a way that showed them respect and maintained their dignity.

People were supported to continue to take part in activities they normally enjoyed at home while they used the service. This included a number of people who were supported to continue their college attendance.

Families were encouraged to visit people and staff had built up close relationship with the families of people who used the service.

People were able to use the support of an advocate if they wanted to during their stay. Advocates can represent the views and wishes of people who may not be able to directly make them known to others.

Is the service responsive?

The service was responsive.

While people used the service they were supported to continue take part in activities and interests they enjoyed.

Staff were able to communicate with people who were not able to verbally express their views. We saw staff responded promptly and were attentive to people's needs.

Care plans included detailed information about how to provide people with the care and support they needed. Where people were able to express their views this was written in their care records. When people were not able to give consent action was taken to ensure decisions were made in their best interest.

Good



Is the service well-led?

The service was well-led.

Staff felt supported by the registered manager and the deputy manager. We observed there was an open and accessible management culture. Staff and people staying at the service interacted with the registered manager in a relaxed manner. People who stayed at service were involved in decisions made about the way the service was run. Their views were actively taken into account. Where people were not able to make their views known their relatives and friends were consulted on their behalf.

Families were encouraged to visit people and staff had built up close relationship with the families of people who used the service.

Incidents were used as opportunities to learn from and to improve the service. Where risks were identified, action was taken by staff to ensure rights and freedoms were upheld. There were quality checking measures in place to ensure the service people received was safe and suitable for their needs.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The last inspection of Stibbs House was completed in December 2013. At the inspection the service was compliant with the Regulations.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The

notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the deputy manager, three of the five people who were using the service, three visitors, nine staff members, and a senior manager.

We looked at six care records, mealtime guidance, audits covering different aspects of the way the service was run, a range of policies and procedures, an overall staff training record, four staff supervision records, and staff duty rotas. Further records we looked at included, staff meetings minutes, a record of complaints, maintenance records and a fire safety evacuation plan for the service.

We reviewed the Provider Information Return (PIR). The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and of good practice. We asked for feedback from external professionals who have regular contact with the service. We did not receive any feedback from them.

Is the service safe?

Our findings

The people we spoke with were not able to directly tell us whether they felt safe with the staff who supported them. However we were able to observe people being supported by staff in a safe and suitable way. For example people were spoken to in a respectful and courteous way. When staff needed to assist people using equipment such as the hoist this was done safely by following correct procedures.

The staff cared for people safely. For example staff sat with one person who needed extra support with their dietary needs. Staff were also observed using wheelchairs and slings in a safe way when they assisted people with their mobility.

There were informative procedures for ensuring allegations of concern about people's safety were properly reported. Every member of staff was able to tell us how they would respond to an allegation of abuse. People were supported by staff who knew what actions to take to safeguard them from abuse.

Staff were aware of where to find the safeguarding policies and procedures if they needed them. The staff team had signed to confirm they had read and understood the policies and procedures. These were to help to guide them to respond to any issues of concern or allegations of abuse.

Risks were properly managed and individual risk assessments were in place for each person during their stay at the service. The staff told us they were provided with this information from the manager or the deputy manager. This was to ensure they knew how to manage risks people may face effectively. For example one person we met was being supported to be able to gain more independence by going into Bristol and doing activities that mattered to them.

Changes to the care and support people received were implemented where needed. The incident and accident records we saw showed the registered manager and the staff were reviewing significant incidents and occurrences involving people at the home. There was a record of the actions that had been taken after an incident or accident had happened. We saw in the care plans how this information was used to update them. This was to ensure they reflected any changes to people's care after an

incident or occurrence. The staff told us they were made aware of this information at team meetings. We saw team meeting minutes which showed how learning and changes were shared with the team.

People's medicines were managed safely. We saw there was suitable secure storage available for medicines. A medicines fridge was used for safe storage of certain medicines. The staff were checking the temperature of the medicines fridge to ensure medicines were stored at the correct temperature and were safe to use. We met a senior manager who was visiting the service to carry out a regular medicines quality checking audit. The manager shared with us the findings of the audit. The audit finds showed that there was a safe system in place for ensuring medicines were received, stored and disposed of safely. Medication recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times.

The environment was safely maintained and the temperature in the building was comfortable for people. Checks were carried out by external contractors on the electrics and water systems to make sure they were safe to be used. On the day we visited a contractor was cleaning carpets to ensure they were hygienic.

People living at the home were protected by safe recruitment processes. Checks were undertaken prior to staff starting work to ensure only suitable people were employed. A completed disclosure and barring service (DBS) check was carried out for all staff. The DBS helps employers make safer recruitment decisions aimed to prevent unsuitable people from working with vulnerable adults. This was to help ensure staff were safe to be able to work with people. We saw two references, a completed application form, a health declaration and evidence of their qualifications. This was to help ensure staff were safe to be able to work with people.

We viewed the staff duty rotas and the registered manager told us how staff were allocated on each shift. They told us staff numbers were calculated based on the number of people who were staying for a short break and how much support each person required. The rotas showed there were sufficient staff who were suitably qualified on duty at all times. All of the visitors told us they thought their relatives

Is the service safe?

were really well supported by the staff team. We saw staff responded to people when they wanted to speak to them, or when they needed help with their care in a prompt and unhurried way.

Is the service effective?

Our findings

People's personal choices and decisions about their care and support were recorded in their care records. Staff we spoke with were able to tell us how they respected people's choices. For example, staff offered people choices about how they wanted to spend their day, what they wanted to eat and drink and where they wanted to go out.

Relatives of people staying at the service spoke highly of the staff and the support people received. They told us, "staff are fantastic", "I can't praise them enough" and "they are all so kind".

We observed during our visit there were enough staff with the right experience or training to meet the needs of the people staying at the service. The staff we spoke with told us they had been on training courses relevant to the needs of the people who used the service. Courses staff told us they had attended included understanding different learning disabilities. Other courses the staff had attended included safeguarding vulnerable adults, infection control, food hygiene, safe moving and handling training and health and safety. Staff also told us they had been provided with a comprehensive induction when they began employment. This was to ensure they were properly supported to provide people with effective care.

Staff were able to explain how they knew individuals needs and how to effectively support them. For example they told us they knew when one person was unhappy and wanted to be somewhere quiet. They said they read the person facial expressions and body language to understand them.

People's nutritional needs were met. Care plans clearly showed how to effectively support people at meal times. Dietary guidance was available and kept in the kitchen to assist people to receive effective support. Where needed there were risk assessments in relation to people's dietary and hydration needs. When people needed a special diet due to being at risk of choking this was clearly set out in their risk assessment record.

Staff were familiar with people's nutritional requirements and an allocated member of the team had a lead role in this area. This member of staff told us about how they worked closely with people and their families to ensure they were provided with a suitable and varied diet during their short break at the service. We saw menus which showed varied and special diets were provided.

Staff understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had attended training and understood them. The staff had also read the providers policies and knew where to locate them if needed. Staff understood when people had the mental capacity to make their own decisions, this was respected. They told us some examples of how they did this. They said they always offered and promoted people's rights to make choices in their daily life. For example how they spent their day, whether they wanted to go out from the home, and who they wanted to socialise with.

People's legal rights were protected because the manager understood how to meet the legal requirements of the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager about whether the service was applying for Deprivation of Liberty safeguards (DoLS) correctly. These are a safeguard to protect peoples' rights. They aim to ensure if there are restrictions on people's freedoms are needed they are done lawfully and with the least restriction. The registered manager and senior staff were able to explain when an application should be made, and how to do this. The manager had made one DoLS in the last 12 months. When we visited there was no person at the service for whom a DoLS authorisation was required.

The staff were able to explain how they supported people who were not able to verbally give consent. They told us they peoples likes and dislikes in relation to their care were written in detail in their care records. The staff also told us they always spoke with people explained exactly what type of support they would like to offer. They said they did this to show they still involved the person even if they could not fully respond. We saw picture boards were used to assist people to make choices. There was a menu for people in this format. When people were not able to communicate verbally they were supported to make choices in everyday matters. These included deciding what to wear, eat, or do for the day. We observed staff offer people choices in this way.

People were effectively supported with their physical health care needs. The manager told us while people were staying at the service they were temporarily registered with a GP surgery nearby. We read information showing staff monitored people's health and wellbeing and supported them to see their doctor if needed. One person had specific health needs due to being diabetic. We read informative guidance explaining how to support them to stay healthy

Is the service effective?

People were assigned a named keyworker whose role included support with healthcare needs during their stay to ensure these were met. A health action plan was written for each person. Health action plans set out how a person can stay healthy and what help is available. These were based on what each person's individual health care needs were. Health action plans included information about the medicines people were prescribed, their health checks and their weight and blood pressure.

They told us when people could not give verbal consent they would discuss with person's relatives or friend what they felt were their preferences. Staff were observed speaking with relatives who came to the home. We heard staff ask visitors how they felt their relatives at the home wanted to be cared for.

Staff were effectively supported in their work. The staff told us team meetings were held regularly and their support needs and supervision requirements were always discussed. We observed nurses supported staff who were assisting people. However the manager told us individual supervision meetings had not been taking place as regularly as the provider's policy said they should for all staff. This was also confirmed by the staff we spoke to and their records we viewed. This meant staff may not always get enough formal guidance to do their job effectively. It also meant the quality of care and service people received was not being properly monitored. There was a risk people may not be receiving effective assistance with their needs.

Is the service caring?

Our findings

We saw people were treated with kindness and that staff were attentive when supported them with their needs. The atmosphere in the home was calm and relaxed. This was evident by warm and good humoured conversations and communication between people staying at the service and the staff on duty.

People told us staff treated them well and they said their privacy was respected. One person told us; “it is a very good service”. Another person staying at the service told us they felt; “comfortable” and they “liked” the staff who supported them.

We saw positive caring relationships between people staying at the home and staff who supported them. Staff did puzzles with one person who enjoyed them. A member of staff gave a lift to one person who went out for lunch to meet friends. We also observed staff ate their meals with people who were staying at the home. This showed staff wanted to create a relaxed informal atmosphere at mealtimes.

Staff were observed supporting people with needs in a way that was respectful and maintained their dignity. This was shown by staff using a polite and courteous tone of voice when they spoke with people. Staff were also heard asking people what they wanted to eat for breakfast and encouraging them. One person told us how they were going out to spend time with some friends. We also met another person who went out with staff support for lunch.

The staff we spoke with explained to us what privacy and dignity meant when they assisted people with their care. They told us some examples of how they did this. They said notices were always used and doors secured, when they helped people with personal care. They also told us they made sure they communicated clearly with people even if they were not able to directly verbally respond. Staff engaged people in conversation and used positive body

language and gentle humour to communicate with people who could not directly make their views known. The manager responded with a positive approach when people came to the office to speak with them.

The content of the care plans we viewed were personalised. This meant the information in them had put the person at the centre of everything in their life. The care plans also took account of each person’s individual wishes and needs.

Each person was allocated a key worker during their stay at Stibbs House this was to offer additional support during their stay. The keyworkers’ roles included getting to know people well and finding out what their likes and dislikes were and what mattered to them. When people were not able to express their views directly, key workers got to know people’s families well to find out more about what was important to them.

Relatives of people who used the service told us they were involved in their care through regular contact with the key workers and were free to visit the home any time. We saw staff were welcoming and engaging with visitors when they came to the home.

Relatives told us a number of positive comments about the service. One relative said when describing the care, “his needs are met well”. Another comment from a relative was “the service is marvellous”.

People stayed in single rooms and keys were available for rooms to be locked by the person occupying the room. This helped to maintain privacy.

If needed people were able to use advocacy services to support them in making their views known. We saw a poster for one advocacy service prominently displayed in the home. The manager told us this service had been used previously. However at the time of our visit none of the people staying at the home were using advocates.

Is the service responsive?

Our findings

People who used the service were supported to continue to take part in the social activities they enjoyed. We saw people leaving the service throughout the day to attend day centres, college, or go to lunch.

People received support which was responsive to their changing needs. For example one person was being supported to manage their diabetes by understanding how to eat suitable diet to maintain good health. The staff reported that the person had made real progress in managing their condition. We also observed one person changed their mind about what they wanted to eat for lunch. The staff assisted the person to have the meal they preferred.

The staff were able to tell us about the different needs of people they assisted with their care and support needs. For example they told us how they assisted people with their physical care needs, their dietary needs and their mobility. They said they also supported people who needed social support to build their confidence in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how they impacted on their life.

The care records we viewed contained detailed guidance to enable staff to support people to meet their needs. We also saw records included pictures to make the records more accessible to the people who they were written about. The

care plans showed people and their families or friends were involved in deciding what care and support they wanted to be provided with at Stibbs House. The care plans contained information that showed staff what actions to take to assist the person with their needs. The care plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate. The staff told us some people who stayed at the home asked to view their records and were able to do so at anytime.

People told us that if they were not happy or had something they needed to discuss with staff they could speak to any of the staff. Relatives of people told us they would speak to the registered manager or the deputy manager if they had a concern or a complaint. We saw relatives approach the registered manager to speak with them. They made time for people whenever they wanted to see them.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We checked the complaints records to see what response had been taken when people made a complaint. There had been two complaints about the actions of other people who also used the service. We saw these complaints were taken seriously and were responded to with sensitivity. The complaints procedure included a timescale and a course of action the provider would take. It was also available in a picture format to make it easier to use.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our visit. They demonstrated they were familiar with the needs of people staying at the service and the strengths and development needs of the staff team.

There was a poster on display which set out the values of the organisation. These included being respectful to people and the importance of teamwork. The staff were aware of the values. They were able to tell us how they took them into account in the way they supported people at the service. They told us an important value was ensuring people were treated with respect at all times.

The staff we spoke with said they felt the registered manager and deputy were supportive in their approach. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. We observed communications between the registered manager and staff were positive and respectful.

The manager told us one way they kept up to date with best practice was by their attendance at regular meetings also attended by other professionals who support people with learning disabilities. They said they shared information and learning from these meetings with the staff at team meetings. The manager also went on training courses about different learning disabilities to keep themselves up to date about best practice.

The provider's chief executive visited the home regularly to meet people and find out their views of the service. The manager told us people who used the home got on well with the chief executive although no one we met on the day of our visit had met them. A report of the chief executive's findings was then sent to the home after the visit.

Team meetings took place every month which staff told us were an opportunity to make their views known about the way the home was run. We saw the minutes for the last meeting held in September 2014. We saw topics discussed at the meeting included the needs of people who were staying at the service, health and safety matters, and staffing. We saw where required, actions resulting from these were assigned to a named member of the team to follow up. On the day of our visit a staff meeting was held. We sat in on part of the meeting and observed how this was used for providing feedback to the team. Staff were able to communicate openly and were given ample time to talk about matters on the agenda.

Additional staff meetings for support workers had recently been introduced. The registered manager told us this was to give them a chance to discuss matters without the nurses and managers present. This was felt to be a way for staff to feel confident and to take matters forward to management.

The provider had a system in place to ensure there was effective monitoring of the quality of the service people received. A senior manager came to the home during our visit. They carried out an in-depth review of the system for the safe handling of people's medicines at the service. They told us they undertook audits on a regular basis to check on the overall experiences of people staying at the home. They also checked on the training support and management of the staff team. Reports were written after each audit, if actions were needed to address any shortfalls these were clearly set out. For example we saw how care records had been updated after an audit had found some care records were not up to date.