JS Care Limited

Stoneybeck

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 5 August 2014.

Stoneybeck provides personal care for up to seven people with a learning disability, including autism. Seven people lived in the home when we visited. Accommodation is provided in two buildings which are opposite each other and share a garden. Five people lived in one building and two in the other. All of the bedrooms are single en suite and there are communal areas in both buildings.

The home had a registered manager. 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.

People were safe as staff knew how to manage people's care needs so that risks were managed in a way which

Summary of findings

ensured people had as much freedom as possible. Ample staffing levels meant people received the support they needed to follow their chosen routines and go out into the community.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and knew procedures to follow when people lacked capacity to make a decision. Staff knew about safeguarding and we saw concerns reported had been dealt with appropriately, which kept people safe.

Robust recruitment processes were followed and staff received the induction and training they required to meet people's specialist needs. People's nutritional needs were met and they received the health care support they required.

Staff had developed good relationships with people and were kind and caring. We saw they encouraged and promoted positive behaviour in the way they praised and encouraged people. People were given choices and their privacy and dignity was respected.

People were supported to be as independent as possible which included leading active lives out in the community. People's views were listened to and acted upon.

Leadership and management of the home was good. Systems were in place to monitor the quality of the service and promote continuous improvement, which included learning from incidents by reviewing what had happened and learning from any mistakes. There was an open culture which encouraged all involved in the home to voice their views and concerns.

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?

Good

The service was safe. People said they felt safe and we saw staff managed risks and behaviours without restricting people's freedom.

There were enough staff to meet people's needs which meant people could follow preferred routines and spend time pursuing activities in the community.

Safe recruitment practices ensured only staff who were suitable and safe to work in the care home were employed.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were protected by trained staff who understood the safeguarding procedures and would not hesitate to use them if they had concerns.

Is the service effective?

Good

The service was effective. Staff were trained and supported which meant they had the skills and knowledge to meet people's needs.

Arrangements were in place for people to access health care services when they needed them which meant their health care needs were met.

People's nutritional needs were met. They had access to food and drinks of their choice in the home and often went out for meals in the community.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and promoted a happy, relaxed atmosphere. Staff knew people well and used praise and encouragement to support people.

Staff listened to people and involved them in decisions about their lives using innovative ways to help people communicate their choices.

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

Is the service responsive?

Good

The service was responsive to people's needs and care records showed care was tailored to meet individual requirements.

People could chose how they spent their days and were involved in a range of activities in the community.

People's views were listened to and acted upon through daily interactions with staff as well as more formally in meetings and surveys. People knew how to raise complaints and we saw evidence these were dealt with appropriately

Summary of findings

Is the service well-led?

Good

The service was well led. The home had a registered manager who provided effective leadership which focussed on improving the quality of service for people.

People's views were sought and robust quality assurance systems ensured improvements were identified and addressed.

Stoneybeck

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

The inspection team consisted of a lead inspector and an expert by experience with expertise in learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the home and contacted the local authority and Healthwatch. The provider completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. Although some people could not communicate their views with us verbally we did not use a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. This was because people's routines meant they were spending time out in the community and when they were at home they tended to move around and spent less time in one place. We also felt the use of SOFI in such a small setting could be intrusive. So we spent time with people in different areas of the home observing daily life including the care and support being delivered.

We spoke with all the people who were living in the home, three support staff, two home managers and the registered manager. Following the inspection we spoke with one relative and a social worker who supported two people in the home.

We looked at two people's care records, one recruitment file and the training matrix as well as records relating to the management of the service. We looked round the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

Good

Is the service safe?

Our findings

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. When we asked people if they felt safe in the home they said yes. The registered manager told us for the majority of people who lived in the home a fixed daily routine was an important part of their care. This ensured people knew what they were doing each day, which reduced anxiety and stress and helped people feel safe. They said the staffing levels were monitored and reviewed daily to ensure this structured support was delivered and maintained. The registered manager told us staffing levels for one person had recently been increased to provide additional support, which meant the person could join in more community based activities.

Staff we spoke with said they felt there were enough staff to meet people's needs and keep them safe. They told us the staffing levels enabled them to support people to lead busy lives out in the community pursuing their own interests safely. This was confirmed by our observations during the inspection. A social worker we spoke with said they were very happy with the level of support provided by staff and felt people were kept safe by staff who were skilled in knowing how to manage different behaviours.

The registered manager told us there were currently four staff vacancies, however two new staff had been recruited and were starting when recruitment checks were completed. We looked at the recruitment record of one staff member who had recently been employed. We found recruitment practices were safe and relevant checks had been completed before the staff member worked unsupervised at the home. We spoke with this staff member who confirmed the recruitment process and said references and a criminal record check had been completed before they started work. This reduced the risk of unsuitable staff being employed.

Staff we spoke with had a good understanding and knowledge of safeguarding. Staff knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. Staff were clear they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. Staff told us they had received safeguarding training and updates, which the training matrix confirmed.

Safeguarding incidents had been recorded and reported to the Local Authority and Care Quality Commission (CQC) as required. We saw investigations had been completed, appropriate action was taken and disciplinary procedures were instigated where necessary.

The registered manager and staff we spoke with all had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw policies and procedures were available for staff in the office. Staff told us they had received training and regular updates in MCA and DoLs which was confirmed by the records we looked at . There were no DoLS currently in place, however the registered manager knew the correct procedures to follow to ensure people's rights were protected. Where people did not have mental capacity to make complex decisions, the registered manager was able to explain the process they followed in ensuring best interest meetings were held involving advocates and other health and social care professionals. We saw evidence of this in one of the care records we reviewed.

There were detailed risk assessments in the care records which showed how staff managed risks to people and kept them safe. For example, one person's risk assessment showed they had a tendency to try to get out of the car when travelling and there were detailed instructions for staff on how to manage this safely. There were risk assessments which identified the triggers which could initiate behaviour that challenges, which detailed how staff should manage these situations to ensure the safety of the individual as well as other people who may be present. Staff we spoke with were able to describe in detail the approaches they used in these situations which reflected the information seen in the risk assessments. The home managers told us staff had a positive attitude to risk taking. They said this allowed people to take risks safely with the knowledge that staff were there to support them if the need arose and we saw this during our inspection. For example, we saw staff supporting one person in making a hot drink, enabling them to complete the task on their own with positive encouragement while at the same time ensuring they were safe.

Good

Is the service safe?

A social worker who visited the home regularly told us she felt the approach of staff in managing behaviours had helped her client. She said since her client had moved into the home she was much calmer and she had had fewer episodes of behaviour that challenges.

Good

Is the service effective?

Our findings

Staff we spoke with told us they received the training and support they required to carry out their roles. They said they received regular supervisions and we saw evidence of this in the records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how those needs should be met.

The registered manager told us new staff completed a week's induction before they started work in the home, followed by a shadowing period. This was confirmed by one new staff member we spoke with who described their induction training as thorough and said the support they received from staff during their shadowing period and since had been 'superb'. The induction training programme we saw was comprehensive. This meant people could be assured that staff had the competencies and skills to meet their needs.

Staff praised the training they received and confirmed they had regular updates. One staff member said, "The training here is very good and it's indepth." Another staff member said, "What I like about the training is they relate it to our service users. When we covered autism we discussed our service users and what it meant for them and it made it real. Even when we do the workbooks we always have a discussion about it." The training matrix we saw confirmed staff had received up-to-date training. Core training had been provided in subjects such as autism awareness, infection control, fire safety, equality and diversity and first aid. We also saw training had been provided to meet the specific needs of the people who used the service, such as Fragile X Syndrome (a specific type of learning disability) and Non-Violent Physical Crisis Intervention (NVCPI), which uses listening skills, limit setting and verbal intervention to reduce the incidence of behavioural incidents. We saw NVCPI techniques were referred to in care records and our discussions with staff showed a good understanding of these techniques.

We saw people's preferences in relation to food and drink were recorded in their care plans, together with any special dietary requirements. Nutritional assessments identified any risks and people's weight was monitored to ensure they were receiving appropriate support to maintain a healthy weight. We saw specialist advice had been sought when required from the dietician and Speech and Language Therapy (SALT) team. Our discussions with staff showed they knew people's dietary needs well and were clear about the support each person required.

There were pictorial menus which showed a choice of foods at each mealtime, however staff told us people often chose different things to eat and this was respected. We saw food and drink was recorded in each person's care records so staff were aware what people had consumed and could ensure they were receiving a balanced diet. We saw people making their own drinks and snacks throughout the day assisted by staff. Staff told us individual choice was paramount and although people were encouraged to participate in living skills this very much depended on what the person preferred to do. For example, one person enjoyed doing her own food shopping, whereas others liked to help prepare the meals or were involved in washing up.

On the day of our visit many people were out in the community where they had their lunch. One person told us when they came back in the afternoon, "I have been out for my dinner." Those that were in the home had their lunch with staff and we saw this was a sociable occasion. We saw people were asked what they would like to eat and were offered a choice. One person preferred to eat alone as they needed one to one support and this was accommodated.

The care records we looked at showed people had been seen by a range of health care professionals including GPs, dentists, district nurses and opticians. The manager told us people were supported to attend the GP surgery. One of the care plans we saw showed the person preferred to have an afternoon appointment and outlined the support the person needed from staff in booking appointments. The social worker we spoke with said the service was good at involving other professionals as and when needed and confirmed this was discussed at people's reviews.

Good

Is the service caring?

Our findings

People told us they felt well cared for and said staff listened to what they had to say. One person said, "I like that staff talk slowly to me. I don't like it when people talk too fast." Another person said, "They listen to me." A further person said, "They're good the staff." The social worker we spoke with said she felt staff were caring, did a 'brilliant' job and knew people's needs well. A relative we spoke with said they were happy with the care their family member received.

Although people were not always able to communicate their views about the staff with us verbally we observed relationships were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example, some people were comforted by touch and we saw staff responded appropriately which calmed and reassured the individual. In comparison, other people wanted their own space and we saw staff respected this while providing support in a caring and compassionate manner. There was a relaxed, happy atmosphere and people were able to walk around freely and spend time in different parts of the home. Staff were patient and calm when communicating with people, explaining things clearly and slowly and giving them time to respond. We saw staff encouraged people and gave positive praise at every opportunity. We saw people were comfortable around staff. For example, one person with non-verbal communication showed when they were happy by touching people's hair and we saw they did this repeatedly with the staff member who was sat with them.

People's care records clearly detailed their preferences and showed how they liked things done. The manager explained this was very important for many people with autism who preferred fixed daily routines. For example, one care plan included phrases staff should use when responding to the person as these were known to reduce the person's anxiety and ensured a consistent approach. Another person's care plan showed how they liked their hair done and when they preferred to have a shower. When we spoke with staff they were fully aware of people's preferences and were able to describe how these were met in practice.

The manager and staff told us they involved people as much as possible in the care planning process and care reviews. We saw people were given choices and involved in decision making in all aspects of their lives, including what times they wanted to get up, where and how they spent their time and what they wanted to eat and drink. This was reflected in the care records we saw and discussions we had with staff. We saw staff used innovative techniques to make sure they had interpreted correctly the choices people made. For example, one person used a pin to confirm the decision they had made. Removing the pin or leaving it in place clarified any verbal agreement that the person made. The home manager said this process worked for this person as it reduced their anxiety and gave them time to consider their decision. Another person was very sensitive to noise which they found distressing. The service had installed reinforced glass in this person's bedroom windows to reduce noise levels and had also provided them with noise cancelling headphones, which had helped to manage their sensory sensitivity.

Our discussions with staff showed they knew how to maintain people's privacy and dignity and we saw this was put into practice. People had their own rooms, which could be locked, and had been decorated and furnished to reflect their choices. Throughout our visit we saw and heard staff respected people's privacy and dignity. We saw staff knocked, announced who they were, asked if they could come in and waited for a response before entering anyone's room. We saw staff were discreet when people required assistance with personal care and ensured this was conducted in private.

People looked well cared for. People were wearing clean clothing and were well groomed. This showed staff had taken time to support people with their personal appearance.

We saw people were supported to maintain contact with family and friends. For example, one care plan showed staff needed to remind the person to have their phone charged as their relative rang at a certain time each week. Another person's record showed systems were in place for the person to visit their relative if they wanted to. The manager told us relatives and friends were welcome to visit at any time and this was confirmed by the relative we spoke with.

Good

Is the service responsive?

Our findings

We saw people received personalised care that was tailored to meet their individual needs. Staff we spoke with had a good understanding of autism and how this affected people in different ways. They talked about how they used 'positive behaviour support' to manage and reduce behaviour that challenges and we saw evidence of this in the practices and interactions we observed. Staff knew people's needs well and were able to describe the different routines people followed, which mirrored what we found in the care records we reviewed. The care records provided detailed information about the structured routines people preferred and how they liked things done. The plans promoted independence by focussing on what the person could do for themselves as well as identifying the support required from staff. For example, one care plan gave step by step instructions on the routines to follow when supporting the person to have a daily shower. Another care plan showed the person liked to do their own washing and ironing and detailed when they liked to do this and the support they required from staff. We saw care plans were regularly reviewed and updated.

People we spoke with were not able to tell us of their involvement in the care planning process. However, the staff explained how they consulted with people and we saw some evidence of this in the care records we reviewed. The social worker we spoke with also confirmed people were involved in the care plan reviews. Although some of the care documentation was provided in a pictorial format, other records were not, which meant they were not easily accessible to people. The National Autistic Society recognises that many people with autism are 'visual learners' and presenting information in a visual way can help with communication and understanding. We discussed this with the manager who acknowledged that the care documentation could be made more accessible to people and said this was an area they had identified for improvement.

We saw examples which showed people's diversity was understood and accommodated. One person's care records provided detailed information about their faith and cultural needs and showed how they were met. This included separate washing facilities, their preferred gender of staff, provision of a specialist diet and regular cultural support visits from their community.

The home managers told us people were encouraged and supported to lead fulfilling and active lives both in the home and the local community. One staff member said, "People here lead busy lives and get out a lot. It makes such a difference to them." Another staff member said, "People here have the freedom to do what they want and our job is to support them so they can have as good a life as possible." We saw evidence of this during our visit as many people were out and about enjoying different activities.

We saw some people when they returned in the afternoon. One person said they liked going to the bank and another person told us they enjoyed going to Wakefield. One person told us they had been to the seaside the previous day. The staff member who was with this person said, "We go out as much as we can, [the person] likes to go swimming and going to the seaside." Another staff member told us one person liked to spend time with their family and regularly went to stay in Bridlington for the weekend as their family had a caravan there. We saw another person liked to have their nails done and regularly went to a nail salon. Each person had an activity log which showed the activities they had done and these showed a variety of events including meals out, day trips, shopping, picnics and films. The relative we spoke with told us their family member was going on holiday shortly.

The Provider Information Return stated the home had recently bought a clothes shop in the local community and were planning to use this to offer people some work experience. The home manager told us it was early days with this venture but said one person had helped out in the shop and enjoyed the experience.

When we asked people about making complaints most could not tell us verbally how they would do this. One person said, "If I wasn't happy I would tell a senior member of staff." The relative we spoke with said they knew how to raise concerns and would have no hesitation in doing so if they felt things were not right. They said they often visited at short notice and could tell from their family member's body language if there was anything wrong. They had no concerns at the moment and said they were quite happy with the care. The relative said when there had been problems the home had listened to them and addressed the issues. We observed although some people had limited verbal communication they could express their

Good

Is the service responsive?

opinions and staff had a good understanding of what was being communicated. For example, one staff member told us how one person would use simple words such as 'head hurts' to communicate when they were upset.

We saw the home had a complaints procedure, however this was not in a format accessible to people. Following our visit the home manager sent us a copy of a pictorial version they had put in place for people who live in the home. We saw records of a recent complaint, which showed the issues had been fully investigated and responded to appropriately. The home manager told us minor concerns were dealt with and recorded in people's individual files. We discussed keeping a central record of these concerns as this could help identify any trends or patterns.

Good

Is the service well-led?

Our findings

The home had a registered manager who is also the registered provider. The registered manager told us they divided their time between Stoneybeck and another registered service they own close by. The home had two other managers who work in the home on a day-to-day basis, both are qualified trainers and provide much of the training delivered to staff. We observed both of these managers were good role models who led by example and worked alongside staff providing support and guidance.

Staff we spoke with were positive about the leadership and management of the home. They told us they were encouraged to share their views about the service and how it could be improved. They said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. Records we saw confirmed this.

Staff had a good understanding of whistleblowing procedures and felt they could raise any concerns they had with managers and were confident they would be addressed. We saw evidence that showed concerns raised by staff about poor practice had been fully investigated, reported to correct the authorities and disciplinary procedures instigated.

The records showed lessons learnt from these incidents had been shared with staff to improve practice and prevent re-occurrences. For example, a safeguarding incident occurred last year which involved some staff using inappropriate restraint techniques on one person. Correct procedures had been followed which resulted in disciplinary action against the staff concerned. Following this incident all staff were retrained in NVCPI techniques and all care plans were reviewed. The issues raised were discussed with staff individually at supervision sessions and collectively at staff meetings. The family of the person who was the subject of the safeguarding requested closed circuit television (CCTV) cameras were installed in communal areas. This was done following consultation with people who lived in the home, their relatives, social workers and staff. We saw a protocol was in place for the use of the cameras. The relative we spoke with was pleased the CCTV had been put in place as they felt this gave extra protection to the people who lived in the home who may not be able to communicate when things were going wrong. Staff we spoke with were also supportive of the use of the cameras. One staff member said, “Initially I wasn’t sure about them (CCTV) but now I think they’re a good thing. We’ve used them to look at our own practice and see where we could do things differently and make improvements.”

We saw satisfaction surveys which had been distributed to people who lived in the home, which the home manager told us staff had supported people to complete. The feedback was mainly positive, however there were two questions where people had shown they were sometimes not satisfied. Although the manager told us they had discussed this with the people concerned and taken action to address the issues there was no record made. We also discussed with the registered manager using visual aids which would make the surveys more accessible to people.

We saw systems were in place to monitor and review the quality of service being delivered. The registered manager carried out monthly audits which encompassed all aspects of the service and we saw the last report dated June 2014 was comprehensive. This included an update on progress made with actions identified at the previous audit in May 2014 as well as further actions identified for improvement. The managers who worked in the home on a daily basis completed weekly audits which were submitted to the registered manager. These provided updates on areas such as complaints, accidents & incidents and safeguarding. We reviewed accident and incident reports and found these were well recorded.

The registered manager told us they had previously held communal meetings for people who lived in the home but found these were not beneficial for everyone. As a result they now met with people individually each month and found this worked better. We saw records of these meetings in the care records we reviewed.