

# Thera Trust

# Stonecroft

## Inspection report

Leywood Close  
Braintree  
Essex  
CM7 3NP

Date of inspection visit:  
10 August 2016  
11 August 2016

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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

This inspection took place on 10 August 2016 and was announced. We spoke to people's relatives on the telephone on 11 August 2016.

The inspection was carried out by one inspector.

Stonecroft is registered to provide accommodation with personal care for up to three people who have a learning disability. It is part of the Thera Trust and provides rolling respite planned care between the hours of 3.30pm to 9.30am Monday to Friday. At the weekends care is provided throughout the day and night. There were two people using the service when we visited.

The service has a registered manager. 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 service is run.

Staff had been trained to recognise signs of potential abuse and how to report them. People felt safe staying at the service. There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service. There were suitable staff employed with the appropriate mix of skills to support people with their needs.

Systems were in place to ensure people were supported to take their medicines safely. If people were able to, they were enabled to self-medicate. Staff were provided with regular training on the safe handling and administration of medicines; and their competencies were assessed on a six monthly basis.

Staff had been provided with induction and ongoing essential training to keep their skills up to date. They were supported with regular supervision and a yearly appraisal from the registered manager.

Staff ensured that people's consent was gained before providing them with support. People were supported to make decisions about their care and support needs; and this was underpinned by the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had been provided with training and were knowledgeable of the guidance and processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink. If needed, people were supported by staff to access healthcare facilities.

Positive and caring relationships had been developed between people and staff. There were processes in place to ensure that people's views were acted on. Staff provided care and support to people in a

meaningful way. Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity was promoted.

People had support plans that were regularly reviewed to ensure that the care provided was still relevant to their identified needs. A complaints procedure had been developed in an appropriate format to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service. The registered manager was transparent and visible. This inspired staff to provide a quality service. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive continuous improvements.

## 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

Arrangements were in place to keep people safe from avoidable harm and abuse.

People had risk management plans in place to protect and promote their safety.

Suitable recruitment processes were in place.

There were systems in place to support people to take their medicines safely.

### Is the service effective?

Good ●

The service was effective

Staff had been provided with appropriate training to carry out their roles and responsibilities.

Staff ensured people's consent to care and support was sought.

People were provided with choices on what they wished to eat and drink and to maintain a balanced diet.

If needed, people were able to access healthcare facilities with support from staff.

### Is the service caring?

Good ●

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people were treated with dignity and respect and their privacy was promoted.

### Is the service responsive?

Good ●

The service was responsive

People's support plans reflected how their identified needs should be met.

Staff supported people to follow their interests.

A complaints procedure was available to people in an appropriate format.

**Is the service well-led?**

**Good** ●

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service was visible which inspired staff to deliver a quality service.

The quality assurance systems in place were effective.

# Stonecroft

## **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.

The inspection took place on 10 August 2016 and was announced. We spoke on the telephone to people's relatives on 11 August 2016.

We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager or someone would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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 checked the information we held about the service, including statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During the inspection we observed how staff interacted with people who used the service.

We spoke with two people who used the service, twelve relatives, two support workers and the registered manager.

We reviewed two people's care records, two staff recruitment files, five medication records and other records relating to the management of the service including quality audit records.

# Is the service safe?

## Our findings

People and their relatives told us that the service was safe. One relative said, "I would not leave [name of person] at Stonecroft if I was not confident she would be safe. She loves staying there and as soon as she returns home she wants to know when she can return." Another relative said, "Yes, Stonecroft is definitely safe. They take care of [name of person] and never let her wander off." Other relatives spoken with made similar comments.

Staff told us they had been provided with safeguarding training. One staff member said, "I have never witnessed abuse here. If I did I won't hesitate to report it to the manager in a 'heartbeat.' If the concern is about the manager I would report it to her manager. You treat people the way you would like to be treated." We found that staff had a good understanding of the different types of abuse and were aware of the process on how they should report safeguarding and whistleblowing incidents. Their knowledge on safeguarding was regularly updated. We saw there was a poster displayed in the service regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and other agencies that abuse can be reported to.

There were risk management plans in place to protect and promote people's safety. Staff told us that risks to people's safety had been assessed. These included risks associated with people's personal care, undertaking household tasks, mobility, nutrition and hydration and self-administration of medicines. One staff member said, "We regularly update the clients' risk assessments. This is done each time they visit, six monthly or sooner if their needs changed." We saw evidence within the support plans we looked at that people's risk assessments were reviewed six monthly or as and when their needs changed. People were involved in the review process. We found that the risk management plans were person centred and included detailed guidance for staff to follow to minimise the risk of harm to individuals. There was a generic risk assessment in place in relation to the environment and in the event of a fire and the premises had to be evacuated. Information included in the Provider Information Report (PIR) indicated that there was a maintenance schedule in place to ensure that equipment was regularly serviced and fit for use.

There were arrangements in place for responding to emergencies or untoward events such as, fire, electrical and gas failure. The registered manager told us that the service had procedures in place to deal with these incidents. We saw that the emergency folder contained the telephone numbers of staff members and the various utility services who could be contacted in the event of an emergency. We saw evidence that the fire panel was checked on a weekly basis and staff were provided with regular fire drills. Monthly checks on the fire appliances and the emergency lighting were carried out. Daily checks on the escape routes were carried out. This was to ensure that there were no obstructions.

There was only one staff on duty to care for three people at any time. Staff told us that there was a policy in place to support their lone working and were aware of the action to take if they required support in an emergency. One staff member said, "There is an on call manager between 5.00pm and 9.00am week days and 24 hours at the week-ends. If we need help there is always someone we can call on." The registered manager told us that all staff had been issued with a copy of the lone working policy and were aware of their

responsibilities. People using Stonecroft did not have complex needs and as a result needed minimum support with their care needs.

Safe recruitment processes were in place. The registered manager told us that face to face interviews took place. People who use the service, if they wished to were invited to be on the interview panel. We found that new staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We were provided with evidence from the service's human resource department which demonstrated that the appropriate documentation had been obtained before new staff commenced employment.

There were systems in place to ensure that people received their medicines safely. One relative said, "The staff always make sure that [name called] gets his medication on time." Other relatives made similar comments. Staff told us they had been trained in the safe handling of medicines and training was regularly updated. One staff member said, "Every six months we have competency assessments to make sure we are proficient." The registered manager confirmed that all staff were provided with medication training and their competencies were reassessed six monthly. Training records seen confirmed this.

We looked at a sample of Medication Administration Record (MAR) sheets and saw that they were fully completed. A specimen signature list of staff who administered medicines was in each person's support plan. This ensured that any discrepancies would be addressed promptly. We saw that medicines were stored appropriately and people who were able to administer their own medicines had the appropriate risk assessment in place to promote their safety and independence. We saw there were lockable boxes provided to people who self-medicated. These were kept in their bedrooms to promote safety.



# Is the service effective?

## Our findings

People and their relatives told us that staff had the right skills and knowledge to carry out their roles and responsibilities. One relative said, "Staff are competent they definitely know what they are doing." Another relative said, "The staff are knowledgeable I often ring them up for help and advice." Staff told us they had been provided with training to enable them to carry out their roles and responsibilities appropriately. One staff member said, "We have regular updated training. All my training is up to date." The staff member showed us their training folder that demonstrated all essential training was up to date.

There were systems in place to support staff to carry out their roles and responsibilities. The registered manager told us that new staff were required to complete induction training on the job; working alongside experienced staff members and familiarising themselves with the provider's policies and procedures, people's support plans and the lay out of the premises. She told us within the first two weeks of being employed staff were expected to complete the mandatory modules of the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). We saw evidence that staff had completed the care certificate within the first six months of being employed.

There was a supervision and appraisal framework in place to motivate staff and to review their practice. One staff member said, "We receive supervision every six to eight weeks and an annual appraisal." Another staff member said, "We have regular supervision but if I feel the need to have supervision earlier I can always request it." We saw written evidence to demonstrate staff were in receipt of regular supervision and appraisal with the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff told us they had attended training and had a good understanding of MCA and DoLS. We saw evidence within people's support plans that mental capacity assessments had been carried out along with best interest meetings when required.

The Provider Information Report (PIR) reflected that one person had a do not attempt pulmonary resuscitation (DNAPR) order in place. We saw evidence that the decision made had been carried out in line with current legislation and best practice. For example, the GP involved health care professionals and family members in the decision making process. This ensured that the person's human and legal rights were respected.

People's consent was gained. Staff told us they always gained people's consent before assisting them with care and support. One staff member said, "When assisting a client with personal care I always seek their permission and explain to them what I am doing and how it is going to be done." During the inspection we observed staff gaining permission from a person before providing them with support.

People were supported to eat and drink and to maintain a balanced diet. One relative said, "My [name of person] likes her food and the staff do their best to give her what she likes. She likes having toast with peanut butter for breakfast and the staff make sure she has it when she is at Stonecroft without fail." Another relative said, "My [name of person] enjoys all types of food and I know for sure he is given choices on what to eat." Staff told us that people were provided with choices on what to eat. One staff member said, "We know in advance the clients who are coming and what they like to eat, so we plan the menu to suit their likes. Sometimes we change around the menu to suit people's preferences. It is not set in stone." We saw the weekly food menu was displayed in the service. Within the support plans we looked at people's food preferences and allergies were recorded. This ensured that people's likes and dislikes were known to the staff team.

People were supported to maintain good health and to access health care facilities. Staff and the registered manager told us that people's relatives were responsible for monitoring their health and wellbeing; however, if a person displayed signs of being unwell whilst in their care they would ensure that they obtained the required medical attention. The registered manager told us that recently they had to obtain medical treatment for a particular person whilst being in the care of staff at Stonecroft. We saw evidence within the support plans that the details of people's GPs had been recorded.

## Is the service caring?

### Our findings

People had developed positive and caring relationships with staff. One relative said, "The staff are caring my [name of person] treats Stonecroft as home from home. I would give it 10 out of 10 for caring." Another relative said, "The staff are kind and compassionate as soon as [name of person] returns home they ask how soon they can return. That says a lot." Other relatives made similar comments. During the inspection we observed a staff member treating a person who used the service with patience and compassion. For example, their body language was positive and they kept appropriate eye contact when speaking to the person.

People's diverse needs were understood and met by the staff team. One staff member said, "We know all the clients really well. For example, some people like to sleep with their doors open; others like the lights to be on and the curtains open. We respect their wishes." We saw evidence in the support plans we looked at that people's likes and dislikes, including their preferences and personal histories were recorded. This ensured that people's differences were known to the staff team.

People were made to feel that they mattered. One relative said, "The staff make my [name of person] feel special. She is due to have respite at the weekend and [name of staff member] telephoned her today to find out what activities she would like to participate in whilst at Stonecroft. They are ever so thoughtful, they always make sure that they book her in the same time as her friend as they share the same interests." Other relatives spoken with made similar comments. Staff told us that they knew people really well and therefore matched them with other people who shared the same interests. One staff member said, "The care we provide is tailored to the clients' needs and this makes them feel valued and special." We observed during our visit that staff provided people with respect and kindness. For example, staff empowered a person who was using the service to take us on a tour of the premises during our inspection. This made the person feel valued.

People were involved in planning their care. One relative said, "The staff at Stonecroft are very good. They sat down with [name of person] at the day centre to find out how she would like to be cared for and wrote everything down. For example, they know that she likes watching DVD's and likes to have a plug in candle light and her dressing gown at the end of the bed. If she becomes tearful they know exactly how to deal with her." Other relatives made similar comments and felt that their loved ones' care needs were being met according to their needs and wishes. Staff told us that they always consulted with people to find out how they wished to be cared for. A staff member said, "Parents provide a list with how the clients wish to be supported but we always consult with individuals as well to make sure how they like things to be done." The support plans we looked at showed that people were involved in decision making processes and their care was reviewed regularly.

Access to advocacy services was available. The registered manager told us if people required the services of an advocate they would be supported to obtain one with the help and support from a social worker. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives).

People's privacy and dignity was promoted. Staff were able to describe how they ensured that people's privacy and dignity was promoted. One staff member said, "We always address the clients by their preferred names and make sure that their private space is not invaded unnecessarily." Another staff member said, "We always make sure that people are appropriately dressed as some clients need help with co-ordinating their clothes."

We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy, which was discussed with staff as part of their induction. Staff were expected to sign the policy when they had read it. This was to confirm they had understood the policy and would adhere to it. We observed people's support plans were kept in a locked room and the computer was password protected.

People were given the privacy they needed. All bedrooms were single occupancy. This ensured people could retire to their bedrooms if they wished to be alone. We found that the service had a conservatory and a large garden where people could go for some quiet time if they did not wish to go to their bedroom. This showed that people could have private and quiet times alone if they wished.

People were supported to be independent as they want to be. One relative said, "The staff are able to encourage [name of person] to be independent. They support him to wash up and Hoover his bedroom when he is there. He never volunteers to do these things when he is at home." Other relatives made similar comments. Staff told us that people were encouraged to maintain their independence and often volunteered to assist with meal preparation and washing and drying up dishes after meals.

## Is the service responsive?

### Our findings

People received care that met their needs. One relative said, "The staff are very considerate and are aware of [name of person] needs and preferences. Staff told us that people's support plans were discussed with them each time they came to stay at Stonecroft. We saw evidence that people and their relatives had been involved in the development of their support plans to make sure that the care provided was personalised.

The registered manager told us that a needs assessment was carried out before people were offered a service. People were encouraged to visit the service and spend some time socialising with other people using the service. Information gathered at the assessment process was used to inform the support plan. We saw that people's support plans were personalised and included information on who was important to them, their likes and dislikes, hobbies and interests. Each person had a communication passport, which included information in a pictorial format about their needs, wishes, and aspirations and how they wished to be cared for to ensure their independence was maintained during their stay at Stonecroft.

People were supported to follow their interests. One relative said, "The staff always take [name of person] on outings. They went to the Marina recently." Another relative said, "The staff always provide activities inside and outside the home they often go to the pub." One staff member said, "The clients have their own activity plans that detail the activities they like to do when they are here." We saw activity plans within the support plans we looked at. We saw evidence that staff supported people on outings such as shopping trips, bowling, to the cinema, pub and for meals out. During the inspection we observed the registered manager having a discussion with a person who used the service to find out what their preferences were for the evening activity. The individual was provided with several options to choose from.

People were supported by staff to maintain relationships that mattered to them to avoid social isolation. Staff told us that people regularly visited Stonecroft at the same time their friends were visiting. This enabled people to socialise with their friends and to participate in the activities that they and their friends enjoyed doing together. Staff also told us that people enjoyed visiting the local pub and were known to local residents in the neighbourhood. Relatives spoken with confirmed this.

The service had a complaints procedure. One person said, "If I want to raise a complaint I would tell the staff but there is nothing to complain about." Relatives made similar comments and confirmed that they were aware of the service's complaints procedure but had not had the need to complain as they were satisfied with the care their loved ones were receiving. The registered manager told us that any complaints made would be used as an opportunity for learning and to improve on the quality of the care provided.

We saw the service's complaints procedure was displayed in the service in an easy read format. The procedure outlined the process in place for recording and dealing with complaints. We found there had not been any formal complaints recorded; however, we saw that there were four compliments recorded. People's relatives commented how invaluable the service meant to them. The following compliments were noted: " Stonecroft means a lot to people and we don't know what we would do without it." "Stonecroft means to us peace of mind and we are happy when [name of person] is there as she is in familiar

surroundings." This showed that people and their relatives had confidence in the quality of the care provided.

There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly undertaken and analysed to ensure areas identified as requiring attention were addressed.

# Is the service well-led?

## Our findings

There was a positive, open and inclusive culture at the service. One relative said, "[Name of manager] is approachable and proactive. I can talk to her anytime. She makes herself available." Another relative said, "I get on well with the manager and staff. They are so reassuring." Other relatives made similar comments.

The registered manager was open to suggestions. Staff told us that the registered manager listened to suggestions made. One staff member said, "We have meetings and we are able to make suggestions on how the home is run and contribute to the agenda. The manager is good she listens to us. We suggested having a Christmas party last year and invited family members. It went so well we decided to have a barbecue in the summer which was a success as well." Another staff member said, "The manager is approachable her door is always open to us and the clients and family members as well."

Processes were in place to enable staff to be accountable. Staff told us they were clear about their roles and responsibilities and that they enjoyed working with the people who used the service. They also said that they felt valued by the registered manager. One staff member said, "She tells us we are doing a good job. This makes us feel valued". The registered manager said, "We are a small team the staff are very good and supportive to each other and the people we support." This demonstrated there was mutual respect amongst the staff team.

Staff told us that they were encouraged to discuss any areas of concern or their developmental needs during supervision. One staff member said, "I requested to undertake training in dementia awareness and the manager was able to source the training for me. This has helped me in my role as some of the clients we look after have been diagnosed with early onset dementia." Staff told us that the registered manager provided them with feedback about their performance in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

Good leadership and management were demonstrated at the service. One staff member said, "The manager leads by example and provides hands on care as well." Staff told us they were aware of the service's values and vision, which were to enable people to become more independent, to learn new skills and to improve on the quality of their lives. We saw evidence that the manager worked shifts and was included on the staff rota.

The registered manager was fully aware of her responsibilities and felt supported by her staff team and line manager to deliver a quality service. She said, "I attend regular Local Action Group (LAG) meetings in the area and network with other agencies. Information obtained is filtered down to the staff team." We saw evidence that the service was going through changes and the registered manager was working with the local council, relatives and other action groups on its future development. We saw evidence that regular staff meetings were held; and operational issues on how best to improve on the quality of the care provided to people who used the service were discussed.

The registered manager told us that she was aware of her responsibilities to ensure that legally notifiable

incidents were reported to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely manner. We saw that the service had a system in place to ensure that accidents and incidents were recorded and analysed. There had not been any accidents or incidents reported for some time; however, the registered manager told us that if there were any trends identified, measures would be put in place to minimise the risk of occurrence.

There were quality assurance systems in place which were used to monitor the quality of the care provided and to improve on the care provided. Audits relating to health and safety, safe handling of medicines and record keeping were carried out on a regular basis. Where areas had been identified as requiring improvements action plans had been put in place detailing how they would be addressed.