Optimum Specialised Homes Limited

Stoke House

Inspection report

6 Stoke Poges Lane
Slough
Berkshire
SL1 3NT

Tel: 01753674113

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Stoke House is a residential care home providing accommodation and personal care to five adults at the time of the inspection. The service can support up to six people. There were 15 staff employed by the provider.

Stoke House supports people living with a learning disability or autism. The service is owned and operated by a family. The building is adjacent to Bridge House, a care home for children with learning disabilities and registered with Ofsted. The same family own and operate the children's care home. Children who reach adulthood at Bridge House are offered the opportunity to move next door to Stoke House. This provided good continuity in their care and support pathway.

The care home accommodates people across three floors, each of which has separate adapted facilities. There is a communal kitchen, sensory room, lounge room and dining room on the ground floor. Some bedrooms had ensuites, otherwise there were enough communal bathrooms for people to share. There was a large backyard at the rear of the care home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People were protected from abuse, neglect and discrimination. Risk assessments were carried out in a timely manner for people's personal care. The risk assessments were thorough and up-to-date and contained relevant information to ensure risks were mitigated as far as possible. Premises risks were assessed and managed, however a Legionella risk assessment and scheme of control was required. This was completed shortly after the site visit. We are satisfied people were not unduly placed at risk due to the missing risk assessment. There were enough staff deployed. The house was clean and tidy. Medicines were safely managed.

People's likes, preferences and dislikes were considered and used in their everyday care. Staff had a good knowledge of people's needs. People received enough food and drinks to prevent malnutrition and dehydration. People's care was joined up with local and community-based health and social care

professionals. The service is compliant with the Mental Capacity Act 2005 (and associated provisions), including lawfully depriving people of their liberty. There had been recent refurbishment of the property and this was on a continuous basis. Staff had the necessary knowledge, skills and experience to support people who lived at Stoke House.

The service was caring and the staff kind and compassionate. People's rights were respected, and their dignity and privacy was maintained. Where possible, people's independence was maintained and promoted. People and parents or relatives were involved in their care planning and reviews. There was positive feedback on file about the care provided. We received numerous positive testimonials from health and social care professionals who worked with people at the care home.

Support plans were person-centred, detailed and contemporaneous. The daily notes were very good and contained information about people's behaviour and emotional status. The service ensured that information was provided in a way that people could understand it. This included the use of symbols, pictures and words, a 'choices' board and 'now, next, then' process. There was a satisfactory complaints mechanism. The outcomes book was a positive tool to celebrate the successes of care that people experienced with the support they received from staff.

There was a good underlying set of principles about the care provided to people of Stoke House. Staff were happy at the service and there was a positive workplace environment. There was an appropriate series of audits and other quality assurance processes to gauge, monitor and report on the quality and safety of care. Appropriate actions were taken when issues were identified. The registered manager and team leader were knowledgeable, skilled and experienced and able to lead the service well. There was good linked up working within the organisation and local community. The transition of people from children to adults' care was a very positive one. Management and team meetings were used to share lessons learned, knowledge and updates within the organisation.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 9 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Stoke House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One manager cancelled their registration shortly after the inspection.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, fire brigade, environmental health and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. They were able to provide limited answers. In addition, we observed the care and support provided to people. We spoke with five members of staff including the nominated individual, registered manager, team leader and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. One relative visited during the inspection and we spoke with them. We contacted nine relatives and received four replies. Their feedback has been considered as part of our inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff training and supervision documents. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at premises and quality assurance records. We received written feedback from community-based health and social care professionals.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People were protected against abuse, neglect and discrimination.
- A relative told us, "I would just like to say that [the person] has lived at Stoke House for many years now and it is without a doubt her home and a place she loves and feels safe in. The people that work there and the other residents are like family to her. [The registered managers] are like her second mum and dad and truly care for her…it is a huge relief and comfort to know she lives in the very special place. The time she does spend at home with us is wonderful and full of quality, but she is always happy to go back…what more could we ask for."
- There was a safeguarding policy and flow chart which explained to all staff how they could report any allegations of abuse or neglect.
- The registered manager and leam leader had the knowledge about how tomanage any investigations.
- Staff received training in preventing avoidable harm to people. This included during induction and on a regular basis. The local authority training portal was used to refresh staff knowledge about safeguarding.
- There was monitoring of staff knowledge and skills in preventing abuse and neglect. The management team checked to ensure staff training in safeguarding was up to date.
- The management team completed advanced level training in safeguarding people. They met other managers and talked about protection of adults at risk.

Assessing risk, safety monitoring and management
- Risks to people, staff and others were assessed, recorded and mitigated to ensure people's safety.
- Risks from the premises were assessed. This included fire safety. We saw that appropriate checks were completed to ensure the systems and processes for fire safety were in place. People had "personalised emergency evacuation plans" in place. Staff were trained in fire safety.
- There was no Legionella risk assessment or scheme of control in place at the time of the inspection. The registered manager assured us they would act promptly to address this. We received evidence shortly after the inspection that a risk assessment and water samples were completed. We were satisfied people were not placed at risk of harm and the risk was mitigated.
- Each person had a series of risk assessments in place. These were personalised. For example, one person was at risk from hot items in the kitchen. The risk assessment explained how to prevent any harm to the person, such as locking the kitchen door, supervision of the person in the kitchen and ensuring objects that may cause harm were not within easy reach.
- Other risks assessed included going out into the community, risks pertaining to eating and drinking. Risk assessments were reviewed every six to twelve months or where new risks were identified.
- Behaviours that challenge were assessed separately and strategies to prevent and manage these

behaviours were listed and followed by staff.

Staffing and recruitment
● Sufficient staff were deployed to safely to ensure people's support and care was safe.
● All available posts were filled and all shifts on the rota were covered. Managers were on call and worked on weekends alongside care workers. The provider was planning to move to an increased and flexible workforce across their three care homes, to ensure continuity.
● Staffing was based on people's dependency levels. The service worked with the local authorities to ensure the correct funding and commissioning for people's needs.
● Staff supported people out into the community; people went to social events, shopping, college and to visit others. There were enough staff to support people into the local community on a regular basis.
● Recruitment checks were undertaken to ensure that only fit and proper persons supported people who lived at the service.

Using medicines safely
● Medicines were safely managed.
● All care workers were trained in the administration of medicines. The management team checked the competency of staff to ensure they followed safe processes. Medicines management and safety was discussed individually with staff and as part of team meetings.
● People had medicines profiles which listed out side effects, people's medicines, protocols for medicines to be taken 'as and when required'.
● Support workers checked each other's administration records to ensure that all medicine was given as prescribed and signed for.
● Medicines chart audits were completed monthly to check the safety elements of medicines management. These showed the staff checked documentation requirements, that the medicines were stored correctly, that stock levels were maintained and that changes to medicines regimes were reflected in the charts.

Preventing and controlling infection
● The care was clean and tidy. There was a schedule for cleaning tasks, and these were documented.
● People who used the service were encouraged to participate in cleaning. For example, one person liked to sweep the kitchen floor and there was a sign and photo showing that they liked to do this. Staff were able to show the person their photo and this would prompt them to help with the sweeping.

Learning lessons when things go wrong
● There was a system in place for recording accidents and incidents.
● At the time of the inspection, there were no recent reported accidents or incidents.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's likes, dislikes and preferences were recorded and used in their support.
- People had social routines documented so that they could have a daily understanding of what they were going to do. For example, there was a poster in the kitchen for a person showing what days they had to prepare their packed lunches.
- People's food, clothing and personal hygiene preferences were documented. We saw one person's care documentation showed a person liked to use technology such as a computer and tablet, they liked certain foods like peanut butter on toast and they liked to watch movies.
- Triggers for behaviour that challenged were clearly documented. This ensured staff knew the correct way to support a person to prevent any behaviours, lower anxieties and help people with their routines.
- There was a staff photo board that was used to demonstrate which care worker was working on shift. This had been designed by a person who used the service, as they often asked questions about which staff would be working.
- There was a communication book for one person that could be used to share pertinent information between different parties, such as when the person went home to their family or went to social events.
- People's cultural and linguistic diversity was respected. One person was supported to visit their place of faith. Another person was encouraged to celebrate faith-based celebrations and events. This included decoration, activities and different food. People were supported to attend local faith and cultural events, in accordance with their preferences.

Staff support; induction, training, skills and experience

- Staff had the necessary training, knowledge and skills to effectively support people.
- Staff completed regular training in various topics. Management maintained a training register and reminded staff to complete any training that was due or overdue. Staff were trained in medicines management, fire safety, autism, learning disabilities, safeguarding and health and safety. Specialist training was provided for more complex healthcare conditions, such as people living with epilepsy.
- Staff had regular supervision sessions with the management team. During the supervision sessions, staff could speak about professional and personal issues, team working, any issues and aims and objectives the staff wanted to set for their development.
- Staff were encouraged to complete diplomas in adult social care. Most of the staff had already successfully completed the advanced training and two staff were currently studying towards their qualifications.
- The team leader had planned to undertake a management qualification in adult social care. The team

leader would then have advanced knowledge and skills to assist the nominated individual and registered manager.

Supporting people to eat and drink enough to maintain a balanced diet
● People had enough food and drinks provided to ensure they were not at risk of malnutrition or dehydration,
● There was access to fresh fruit and vegetables and these were incorporated into the menu. People could indicate what food and drinks they liked, and staff could cater to any special or different requests.
● There was a signage system that people could use to choose pictures of food that they wanted to have.
● Cultural and faith-based foods were offered and prepared to ensure that people's preferences were catered to.
● We met a relative and a person who were going out for lunch. The relative stated the person liked pizza and a staff member was accompanying them to have pizza out in the community.
● There was access to community-based dietitians and speech and language therapists as needed. People's weights were measured and recorded regularly to monitor for any weight loss or gain.

Staff working with other agencies to provide consistent, effective and timely care
● The service had joined up working to ensure the best care for people.
● There was good partnership working with commissioning teams, social workers and healthcare professionals. This ensured the best possible outcomes for people's health.

Supporting people to live healthier lives, access healthcare services and support
● People were encouraged to lead healthy lifestyles.
● People could access their GP surgery which was located nearby to the care home. The GP surgery had specialist knowledge of people living with learning disabilities and autism. The registered manager stated that they completed presentations with the GP surgery staff to explain the best way to engage with people, what their fears were and different strategies to use in assisting people.
● There were people who had genuine anxiety about blood tests. The service had worked with the GP surgery in a joined-up way to ensure that people had their blood tests taken.
● People's oral hygiene was maintained and encouraged. There were signs up about oral health processes, which was an aid for both people and staff.
● Other healthcare professionals included community-based dentists, opticians, psychologists, psychiatrists and specialist nurses.

Adapting service, design, decoration to meet people's needs
● The service had a homely environment and was well-presented.
● There was a capital expenditure programme in place. The kitchen and bathrooms were regularly reviewed and decorated or renovated.
● People's bedrooms were decorated and furnished with their preferences in mind.
● There were nicely furnished communal spaces including a backyard with a swing. The lower floor was wheelchair accessible.
● Bedrooms were progressively refurbished with new windows, flooring and cupboards

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

possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Restraint was not used in the care home. Instead, the service used a "circle of friends" system, where a person who needed safe support with behaviours that challenge were surrounded by staff and encouraged to sit down and remain calm.
- People's consent was sought where possible. If people could not make decisions, staff anticipated and made suggestions.
- People's rights to move into the community were respected.
- Mental capacity assessments were in place for people. The service made applications to the local authority to restrict people of their liberty. The registered manager had good record keeping related to DoLS, renewals and authorisations.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people received kind and compassionate care at Stoke House. We observed many meaningful interactions between staff and people who used the service.
- A relative we spoke with at the care home provided very positive feedback about the support provided. He stated that his daughter had progressed so much with the love of the care workers, and that her goals had been met and exceeded.
- There was multiple evidence of positive feedback received from relatives and others. Examples of comments included, "Thank you all for everything you have done for [the person] and our family! You make a massive positive difference to all of us!", "Thank you for all you do! You are all amazing", "Many thanks for your care and hard work in looking after [the person] and keeping him happy" and "Thank you for all you have done for us and [the person]. So glad she will be with you in the years to come."
- One relative wrote to us, "We feel that our daughter receives the best of care at Stoke House. Our observations are that [the person] feels supported, very well looked after and is able to be supported to make her own decisions. We have noticed that this also applies to the other young adults supported at Stoke House. We, as a family are welcomed by the staff when we visit [the person]. We would not have any hesitation to recommend Stoke House as a suitable location for someone with the same needs…."

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

- People and relatives were actively involved in the planning and review of care.

A relative said, "We are kept up to date with [the person's] activities by means of feedback via phone, in-person or by email/text. The feedback will also include pictures of [the person] during her activities and show that [she] is inclusive within the community both inside and outside of Stoke House. When we have taken [the person] out she is always happy to return back to Stoke House.

- Information from resident's meetings was used to help formulate care plans. The 'choices board' was used to help inform the care planning. There was the use of trial and error to determine what worked best for people.
- There was strong links and communication with parents. This was face-to-face, by phone and by e-mail. Parents would often make suggestions to the care workers and management team about ways of supporting people to achieve their life goals.
- Information from outside sources was also used to inform care planning. For example, day centre and colleges that people attended helped provide information that was relevant about people's lifestyle.
- Care plans and documentation were provided to people in pictorial format and these were used to explain to people their plan of care.

● Good communication with the external agencies ensured that there was continuity of care for people. This ensured that all places a person visited treated the person and supported them in a similar method.

Respecting and promoting people's privacy, dignity and independence

● People were able to learn home skills such as cooking, cleaning, changing bedding and with prompting by staff where required. Another person was able to help with their own laundry.

● A relative told us, "The staff are very approachable, friendly and are inclusive when supporting [the person]. [She] feels settled at Stoke House and enjoys the company of both staff and other service users. [She] has complex needs and is treated with dignity and respect by the staff supporting her."

● Staff encouraged people with positive reinforcement to be an active part of their own care and support. For example, one person was encouraged to clear their dishes from the table to the kitchen. Another person was able to help handle ingredients in the kitchen and peel potatoes for everyone in the care home.

● People were assisted to learn new skills. The registered manager explained how one person was taught how to select items from the supermarket, scan the items at a checkout and pay for their items.

● People had their own snack boxes in the home, and they were able to go to the supermarket and select the items they liked and put them in their snack boxes. They could then ask staff for a snack from the box by opening and holding onto the box and taking the items out.

● People attended local colleges. They were learning further life skills and another person was studying animal care.

● One person was assisted to complete voluntary work. The person was engaged in completing work with a forestry service and linked up with helping maintain a local public park. The registered manager explained that the person assisted with promoting a karate class they attended. They distributed leaflets to people and were able to earn money to spend from their work.

● People's daily notes recorded how independent they were with the activities of daily living. For example, one person's notes stated, "She was supported with her personal care [but] she got dressed herself and then she helped prepare her breakfast."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was person-centred and individualised to their life goals and objectives.
- A relative stated, "I am very happy with the care provided at Stoke House. [The person] was offered a move to somewhere more independent last year but chose to remain living at Stoke House for the time being. Staff manage his needs in a proactive way, and he has a robust relationship with [the registered managers] who are nurturing, creative and caring in their support."
- People were encouraged to be part of a 'family' rather than being a person living in the care home. For example, one person helped do the grocery shopping and putting around the groceries when they arrived. The registered manager explained this had been incorporated into the person's care because the person particularly liked shopping and organising home tasks.
- Another person helped with maintenance and management of the home. The person went out to hardware stores and cash and carry to help buy supplies for the service.
- Care plans were formulated which captured all the information about a person's preferences. For example, one person liked to go to the cinema at 10am and then lunch. The staff recognised this was important to the person and ensured this was an integral part of their life. These contained specific guidance for staff to follow in supporting people to maintain and build on their everyday routines. Staff we spoke with were knowledge about people's care needs and the information provided matched the care records.
- People had allocated staff appointed as their key workers. They also had a backup named key worker. Key workers were responsible for ensuring care plans remained up to date and reflected people's choices, needs and goals. They were also responsible for ensuring they had in-depth knowledge of the person, ensured that facets of their everyday life were facilitated and were a reference point for other staff if there were questions.
- People's behavioural needs were well assessed and documented so that staff knew how to support them effectively. For example, a person's care plan stated, "[She] can show challenging behaviour even when she seems to be happy playing and smiling." The care plan went on to set out the types of behaviours that might be displayed, such as scratching or kicking. The documentation provided clear guidance to staff about how to effectively handle behavioural challenges and what steps, such as positive reinforcement or distraction, could be used to diffuse a situation.
- The registered manager showed us a behavioural analysis. This was used to log triggers for behaviour that challenged. The report could be taken to social and healthcare appointments so that care reviews were well informed about the person's behaviour. The formation was used to determine what might change the person's behaviour. The information was also useful to explain people's psychological and emotional state to parents, or others, who might enquire about the welfare of someone.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Care plans provided information about people's sensory impairments and communication required. These were very detailed and easy for staff to follow.
● A social worker said, "I have also noted a positive development of communication skills in [three people] whilst living at Stoke House. They both communicate more readily and fluently, appear relaxed and settled and are more engaged. I have known all three individuals for a number of years and see the benefits of living in a nurturing environment on their self-esteem, confidence, social skills and communication. I would not hesitate in using the service in the future."
● For example, one person's care plan stated, "He does understand Makaton symbols. [The person's] communication is getting much better and his vocabulary is increasing. For example, [the person can say] iPad, charger, TV, watch, biscuit." Another person's care plan recorded, "[The person] has limited verbal communication. Verbal prompts are important. [She] will follow simple instructions and will also be able to express what she is happy with or not, by her eye contact and behaviour."
● People were assisted with technology or adaptations to assist with understanding of information and communicating with others. For example, although one person could express themselves verbally, they also used a computer and iPad to communicate their wishes and preferences with staff.
● Pictures were provided on documents and within the premises, to assist people who may no longer comprehend words. Signage included large text and symbols or photos to help people communicate with staff. There was a mood board where people could put 'smiley faces' on the board to indicate how they felt that day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People had an active social life. This included going to the cinema and karate, Kew Gardens, and Trafalgar Square visits.
● There was detailed information about people's social lives, including their preferences for community involvement. For example, one person's care documentation stated, "[The person] enjoys walking in the park, having cake and tea after walking…[she] likes going bowling and playing on the amusement machines.
● People were encouraged into the community. There was evidence they were involved and accepted into their local area. The registered manager explained people's social inclusion; this included attending day centres, college, volunteering and sports. One person we met walked to their karate lesson and told the staff he was on his way out and his expected time back.
● For people who did not like going into the community, their lives were also enriched with in house activities and programmes. One person liked drawing, and we observed the staff members encouraging and sitting with the person while they were doing this. Later, the person wanted to do online shopping and the staff member helped the person by asking questions, such as "What do you want to buy today?" We observed another person in a wheelchair having a hand massage with moisturising cream and how much they enjoyed the stimulation by the staff member.
● Information about people's social lives was clearly recorded in the daily notes. We saw entries were detailed and person-centred. For example, one stated, "[The person] spent time enjoying lots of indoor activities. Then she helped in the kitchen. [She] then relaxed in the lounge, viewing some video clips on her iPad."

Improving care quality in response to complaints or concerns

● The service had a complaints procedure for people to follow if they wanted to make a formal complaint. There was easy-read signage, pictures and symbols on display to help people understand how they could raise a concern.

● People and relatives, we spoke with expressed no concerns or complaints about the service.

● Records showed that any concerns were responded to in line with the service's policy. The registered managers preferred to take actions about any concerns raised and attempted to prevent dissatisfaction leading to formal complaints.

● Signage was displayed within the building explaining how to make a complaint.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a very positive culture for people, relatives, visitors and staff at Stoke House. We observed during the inspection that people and staff were happy enjoying living and working at the service.
- Staff confirmed the positive workplace culture. Many of the staff had worked for the care home for several years. They told us they were satisfied, the registered manager was "approachable", "patient" and "understanding".
- There was clear evidence that people were empowered. Various documentation showed how inclusive the service was of both people and staff. Regular feedback was sought from them to ensure that the service could make any necessary changes.
- People had very good care outcomes. Many had moved from the children's care home next door, and their transition to an adult service was made smoothly and considerate of their needs. It was clear that their life was enriched by the provider and the service's staff, and the support provided.
- The management team were receptive to feedback and took all matters raised by professionals and the Care Quality Commission into consideration. The registered manager explained their plans to expand and build upon their existing service and enable people to enjoy their adulthood at the care home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear statement of purpose which set out the service's aims and objectives.
- The registered manager sent us notifications when required by applicable regulations. A notification is information about certain events which occur, that the Care Quality Commission must be informed about. This helped us to effectively monitor the service.
- There were no incidents where the duty of candour requirement required to be used. We checked the registered manager's understanding of candour and they demonstrated a good knowledge of the ability to apply the principles, if required.
- The staff and management team were transparent and honest. We noted conversations with staff and telephone calls with relatives where the registered manager explained matters clearly and provided a candid response.

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

- There were two registered managers at the time of the site visit. One registered manager told us that the

other would deregister and focus on the overall quality management of the care home, rather than day-to-day operational management. We received an application from the second registered manager and their registration was subsequently cancelled.

● A relative commented, "I only have the highest praise for the management and staff at Stoke House. They are professional, reliable, sensitive to need and extremely caring. When problems arise, they are quick to respond in a positive manner…which is greatly appreciated."

● Regular management team meetings were held to discuss operational matters and review the quality and safety of support provided to people. Meeting minutes showed that transition plans were discussed for two people and incentives were being introduced for the recruitment of new staff.

● A schedule of checks, inspections and audits were used to measure the governance of the service and the quality of care offered to people. These were completed by care workers, the team leader and the registered manager. Checks included the building and premises, environmental hazards, kitchen hygiene, infection control and care documentation.

● Staff were appointed as 'champions' for certain aspects of the care home's operation. For example, there was a health and safety champion and infection control champion. There were posters in the reception area which showed individual staff member responsibilities. They were designated as the overall lead for these areas, conducted audits and produced the results to the registered manager. Where improvements were needed, they reported these for action.

● The provider also ensured that staff welfare, health and safety were maintained. They checked the quality of night workers' health via questionnaires, to ensure staff remained safe, and helped as necessary.

● Team leaders were required to check people's care documentation was an accurate reflection of their care, up to date and whether any changes were required.

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

● People, relatives and staff were involved in the everyday operation of the service.

● Regular surveys were conducted to gather feedback about the performance of the care home and opinions about how it was governed. Feedback form the last survey showed that there was very positive feedback about people's needs being met, that there was a wide range of activities, independence was encouraged, health needs were met.

● Survey comments included, "We are extremely happy with the care and support given to our daughter. Our daughter is settled and happy in Stoke House. [She] is very positive with staff and they have shown [her] numerous social skills which [have] helped her to bring under control some of her unsocial traits."

● There were regular staff meetings held to discuss matters related to people's care and the management of the service. Minutes showed people who used the service were also welcome to attend. Topics discussed included people's needs and changes, how key workers were involved in care, training, refurbishment to the building and encouragement of eating and drinking.

Continuous learning and improving care

● The service had developed a consultation review document. This was used when a person was being reviewed by community-based health and social care professionals. It captured important information that was useful for the review, such as a person's 'pen portrait, what was going well and what required improvement in the person's life, health observations and medicines and education or social life. The registered manager explained a copy of the document was given to the attendees at the review so that they had up-to-date, comprehensive information about the person available to help support the person.

● Feedback forms and evidence-based communication about people's lives and improvements was provided to parents and relatives every three months. We saw this included a list of information about the person's activities, life skills, behavioural log, and healthcare. The communication also included

photographs of the person's life, so that parents had evidence that complimented the report of the care.
● An outcomes book was used to record accomplishments at the care home and for people. For example, one entry recorded, "[The person] was accompanied for her hospital appointment for bloods and medical review. She showed patience throughout. She sat quietly on the couch and had bloods taken without any problems." This was a unique and innovative way to record good successes about care the service, and for staff to read and learn about people's positive support outcomes.

Working in partnership with others
● The service worked with other professionals to ensure good care for people at Stoke House.
● The service worked with a psychologist to reduce the use of antipsychotic, sedative medicines and antidepressants. This ensured people were not unnecessarily sedated or put at risk from medicines they did not require.
● One local authority stated, "The team is happy with the level of care and support provided to our clients who are placed at Stoke House. We have placed some challenging service users (people) during the transition period from children's to adults (care) and their challenging behaviours have reduced. For example, from having 2-1 support in the community, they only require 1-1 support now with a familiar member of staff."
● A social worker told us, "I manage one client at Stoke House. She settled well from having respite there to permanent living. She has made excellent progress in terms of developing her practical living skills and also with her communication skills. The staff have an excellent insight into her needs and wishes and do their best to help her achieve them. She has a varied program of activities that she enjoys. The managers…have created a homely atmosphere and they contact the relevant parties if there are any issues. They have frequent contact with my client's parents which is greatly appreciated by them. They send me and the family a monthly pen picture of what my client has been doing and she looks generally well, happy and engaged."