

J S. 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 ●

Summary of findings

Overall summary

About the service

Stoneybeck is registered to provide accommodation and personal care for up to seven people with a learning disability and or autistic spectrum disorder. At the time of our inspection there were seven people using the service. Stoneybeck accommodates people across two separate houses, each of which has separate facilities.

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 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 was appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

People received safe care and the service made sure risks to people's health and safety were managed well. A relative said the service was safe and people received the support they needed. Staff knew their responsibilities in relation to keeping people safe from the risk of abuse. There were enough staff available to meet the diverse and individual needs of people. Staff were recruited safely. Medicines were managed so people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated a commitment to protecting people's rights in relation to equality and diversity. Staff understood the ways people communicated their wishes and preferences. People received a balanced diet and the staff monitored people's nutritional health. Staff received training and support to ensure they had the skills and knowledge to meet people's needs.

People received personalised and responsive care from kind and caring staff. Staff respected people's privacy and dignity and knew how people preferred their care and support. People's independence was promoted and encouraged by the staff team.

People were happy with the range of social activities and events available to them. The service actively encouraged people to enjoy a fulfilled life. People had up to date support plans, which clearly set out how staff should meet their care and support needs. The provider had a complaints procedure and systems in place to deal with complaints effectively.

The service was well led by a registered manager and provider who led by example and had embedded a positive culture. Staff enjoyed their work and felt well managed and supported. Quality assurance systems were effective to identify and address any areas that needed improvement. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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 27 July 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.

Stoneybeck

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

One inspector carried out the inspection.

Service and service type

Stoneybeck 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 a manager 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.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person injures themselves. We contacted relevant agencies such as the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke or spent time with all seven people who used the service. We spoke with four members of staff, the maintenance person, the registered manager, the provider and the area manager.

We reviewed three people's care records, two people's medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records and training records.

After the inspection

We spoke by telephone to one relative to gain their feedback on the service.

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.

Using medicines safely

- People received their medicines safely. Medicine storage was secure, and regular checks made sure practice was safe.
- Staff ensured people received their 'as required' medicines when they needed them. However, some of these medicines did not have protocols in place to guide staff on their use. The registered manager rectified this at the time of the inspection.
- People received their medicines from staff, trained in line with current good practice. This included an initiative called STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). Psychotropic medicines are medicines that affect how the brain works.

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support plans. Staff understood where people required support and how risk was safely managed.
- Staff received training, accredited by the British Institute of Learning Disability, in managing actual and potential aggression (MAPA). Physical intervention was a last resort and fully analysed to ensure safe practice. Staff successfully used de-escalation techniques to reduce and prevent incidents of behaviour that could challenge others.
- The environment and equipment were safe and well maintained. Appropriate checks, such as electrical safety had been carried out.
- Each person had a personal emergency evacuation plan and staff knew what to do in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and procedures in place to protect people from the risk of abuse. Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident the management team dealt with matters appropriately.
- A relative told us they felt their family member was very safe and well supported. They said, "I am absolutely thrilled with changes to [name of person] since moving here. They are incredibly relaxed with staff and there are now minimal behaviours from [name of person]."

Staffing and recruitment

- Appropriate staffing levels were in place to safely support people and meet their needs. Our observations showed staff responded well to people's requests for support.
- Staff worked flexibly according to people's needs and activities. A relative told us they had no concerns about staffing levels and always found plenty of staff available when they visited

- The provider had safe recruitment procedures in place.

Preventing and controlling infection

- The service was clean, and staff worked hard to maintain good standards of hygiene.
- Effective systems were in place to reduce the risk and spread of infection. For example, anti-bacterial gel dispensers were available in the service and staff had access to and wore personal protective equipment when required.

Learning lessons when things go wrong

- The provider had effective systems in place to record and monitor any incidents.
- When accidents or incidents occurred, any learning or trends were identified and shared with staff to prevent re-occurrence.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Mental capacity assessments were undertaken and best interest decision making processes were used to support this. Records to indicate people's consent to CCTV in communal areas had been sought in line with the MCA, needed to be strengthened. The registered manager agreed to review these.
- Staff asked people for their consent to any care and support interventions. They gave full explanations to assist people to make choices.

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

- People had their needs assessed before they moved in to the home to ensure they could be met properly. The service managed this on an individual basis to ensure people were comfortable at the home.
- Care was managed and delivered within lawful guidance and standards. Information about people's preferences and needs was used to develop personalised individual support plans.

Staff support: induction, training, skills and experience

- Staff had received the training and updates they required to successfully carry out their role. Staff confirmed the training they undertook was useful and equipped them well. One member of staff said, "Training is excellent, can't fault it at all."
- Overall, the provider ensured staff received specialist training such as autism. Some staff had not completed this training, but plans were in place to ensure they did.
- New staff completed induction training and the Care Certificate. The Care Certificate is a set of standards for social care and health workers to adhere to.
- Staff received good support from the registered manager. They had regular supervision and appraisal of

their role. One member of staff said, "[Name of registered manager] is 100% in support for us. We have regular supervisions and chance for de-briefs after any incidents."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People accessed a range of healthcare services they needed. These included; GPs, community nurses, psychologists and psychiatrists. A relative told us they were very happy with the support their family received. They said, "[Staff] work well with the health team."
- People's health plans set out how their specific healthcare needs should be met. For example, how to manage seizures and how to ensure adequate dietary intake.
- People visited the dentist regularly and had support plans in place to manage any oral healthcare needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a balanced, healthy and varied diet of their choice. Staff advised people on the benefits of healthy eating. One person told us proudly, of a significant amount of weight they had lost and were working on maintaining this.
- Staff knew people's individual dietary needs and preferences. Snacks and drinks were available at any time for people.
- People prepared their own meals and snacks independently and staff encouraged this.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's individual needs and personalities. One person spoke with pride about how they liked to have their room decorated to reflect their favourite football team.
- People had access to outdoor space. One person had access to raised flower beds to enable them to grow their own fruit and vegetables. The provider's maintenance team assisted them with this and gave advice on planting.

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

- Staff treated people well; with kindness and respect. A relative spoke very highly of the staff and registered manager. They said, "They are all absolutely fantastic, I'm thrilled with them."
- People were relaxed and at ease with staff. It was clear they had developed positive relationships and staff valued the people they supported.
- Staff spoke with fondness and warmth about people. They frequently spoke of people making positive progress such as how they coped with anxiety and distress.
- People's care records contained information about their background and preferences. Staff used this information to assist them in respecting people's diverse needs.
- Staff assisted people to stay in touch with their family and friends. A relative told us they felt very welcome at the service when they visited.

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

- People were supported to express their views throughout our inspection. This included their views and choices about activities and meals. Staff responded quickly to any requests for assistance or support. They had a good understanding of people's needs and preferences. It was clear they knew people well.
- People had good information in their support plans to show how they communicated and how staff should communicate with them. This included non-verbal communication and the use of sign language.
- People accessed advocacy services as needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.
- People's support plans showed evidence of their or their family member's participation in care planning. A relative told us they were involved in all aspects of their family member's care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were mindful of people's dignity and provided care and support in a discreet manner. For example, knocking on people's doors before entering.
- Staff encouraged people to maintain their independence. This included people doing their own laundry and cooking or making drinks.
- Staff spoke with people in a kind and respectful way. They listened to people and showed respect for people's choices. They gave people time to express themselves and included them in conversations and general activity in the service.
- A relative told us they found staff very respectful. They said, "Staff really care. I come away really reassured as they care so much."

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; End of life care and support

- People had detailed support plans in place, which reflected their current needs. The support plans were highly personalised and understood very well by the staff.
- Support plans covered all aspects of people's daily living and support needs. Care interventions referenced to current guidance and good practice, such as positive behaviour support planning.
- Staff completed daily records. These included a log of personal care given, well-being and activities. Some of the records were not always completed in detail. The registered manager had identified this and had plans in place to improve them.
- Staff knew people's needs well. Descriptions of people's needs given to us by staff was very well matched to that described in support plans.
- People and their relatives had the opportunity to discuss their end of life care if they wished.

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.

- People had easy read care plans with photographs, symbols and easy words to enable them a better understanding of them.
- Support plans contained information about how people communicated their needs and preferences. This included anything that would cause them upset or distress and how to reduce this.
- Some information was available to people in easy read formats. This included information on how to raise concerns.

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 participated in a wide range of social and leisure activities to meet their individual needs and interests. This included places of interest, cafes, pubs, restaurants and shops. One person told us how they liked to go the pub each evening for an early drink and meet up with friends in the community. Another person told us how they enjoyed going to new places.
- In line with 'registering the right support' people were part of their community, they used local facilities and accessed community leisure facilities.
- People also enjoyed activities in the service such as arts and crafts and gardening. The whole staff team, including the maintenance team were involved in supporting people with activity.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy. This included information about how to make a complaint and what people could expect to happen if they raised a concern.
- People's relatives knew how to raise concerns and complaints and told us they felt very comfortable doing so.
- Records showed no complaints had been received by the service since our last inspection. A compliments log was in place and showed positive comments had been made. These included, 'The service users in your care are happy and comfortable.'

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had quality assurance systems in place to monitor the quality of the service. These were effective and embedded in to the service to ensure on-going improvement. They included regular checks on the service from the management and senior management team.
- Some of the records of these checks were not always easy to navigate. The registered manager and provider had a plan in place to streamline these through the introduction of a computerised system.
- Overall, well completed records were in place. Some people's daily notes had gaps. They did not always record in full, how people had spent their day. The management team had already identified this and were working with staff to improve them.
- The service kept up to date with best practice and developments. The registered manager had undertaken recognised training in intensive interaction and there were plans in place to develop this further in the service. (Intensive interaction is an approach for encouraging social interaction and communication for people with profound learning disabilities or autism).

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

- A relative told us there was a person-centred culture in the service. They said, "All [staff and registered manager] are very person centred and interested in what [name of family member] likes." They also described the service as well managed. They said communication between them, and the service was good, and they were kept informed on anything that affected their family member's welfare.
- Staff also told us the registered manager and provider encouraged a culture of openness and transparency. One member of staff said, "I feel comfortable to speak up, make suggestions or ask questions."
- Staff and the registered manager spoke with pride of the work they did to support people to live happy and fulfilled lives. They frequently spoke of how much they loved their job and enjoyed working with the people who used the service.
- The provider and registered manager understood their responsibility to uphold the duty of candour. When anything went wrong or there were incidents, the registered manager was open about these and informed people as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems in place to receive feedback about the service, including surveys for people, relatives and staff. Feedback from surveys was positive and showed a high degree of satisfaction with the service. For example, in areas such as staff training, and quality of support people received.
- Regular staff meetings gave staff the opportunity to raise issues and make suggestions. They were also used to inform staff of where any improvements in practice were needed and to give positive feedback.
- Staff and the registered manager spoke of the importance of treating people fairly, without any discrimination.
- The registered manager and staff worked in partnership with people, relatives, advocates, health and social care professionals to seek good outcomes for people. For example, they shared analysis of behavioural incidents with professionals so progress for people could be reviewed.