

Stallcombe House

Stallcombe House

Inspection report

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Date of inspection visit:

03 October 2016

04 October 2016

Date of publication:

24 October 2016

Ratings

Overall rating for this service	Good ●
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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 unannounced inspection took place on 3 October 2016. We returned on 4 October 2016 to complete the inspection. At our last inspection in February 2014 we found the service was meeting the regulations of the Health and Social Care Act (2008) we inspected.

Stallcombe House provides accommodation for up to 33 people. The service is situated in the village of Woodbury near Exeter in Devon. The service consists of the main Stallcombe House which looks after 27 people with a learning disability, within four 'zones' within the house. The Willows is a separate unit which looks after six people with severe autistic spectrum disorder. At the time of our inspection there were 33 people living at Stallcombe House.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. People engaged in wide variety of activities on site and spent time in the local community going to specific places of interest.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of effective methods were used to assess the quality and safety of the service people received and make 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.

People were safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they

liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good ●

The service was responsive.

Care was personalised and care files reflected personal preferences.

Activities formed an important part of people's lives.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Stallcombe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This unannounced inspection took place on 3 October 2016. We returned on 4 October 2016 to complete the inspection.

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

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 16 people receiving a service and 15 members of staff, which included the registered manager. We also spent time observing the interactions between people and staff. After our visit we spoke with two relatives.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We did not receive any feedback from professionals.

Is the service safe?

Our findings

People confirmed that they felt safe and supported by staff at Stallcombe House and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: "Yes, I feel safe living here"; "I have no concerns" and "I would speak to staff if I was worried about anything."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff comments included: "If I identified any abuse I would report it to the manager" and "Yes I have had safeguarding training and it is up to date." Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, epilepsy and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. Comments included: "I think staffing levels are good. Any concerns are discussed openly at staff meetings and agreement reached on how to manage any staffing issues" and "Agency staff have often worked with us before and overtime is also used as a way of dealing with any staffing issues in the short term." We observed people's needs were met promptly during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both on site and the local community.

The registered manager explained that during the daytime there were six or seven staff in Stallcombe House and people received one to one support in The Willows. Staffing levels increased dependent on what activities people had planned. In addition, between 9am and 5pm there were approximately another 30 staff on duty. These staff worked across the site on the farm, gardens and the weavery and provided support to people in a variety of activities. At night there were two waking night staff in Stallcombe House and two waking night staff in The Willows. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that permanent staff and regular staff from local

agencies would fill in to cover the shortfall. This was so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a either a weekly or monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines recording records were appropriately signed by staff when administering a person's medicines. Checks were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

People felt staff were well trained. One person commented: "The staff are well trained in the autistic spectrum and understand me."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), autism awareness, communication tools, epilepsy and rescue medicines and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. Staff commented: "The training and support is very good" and "Fabulous support from management. Couldn't wish to work at a better place."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team when it came to their professional development. In addition, external counselling was available for staff if they needed additional support.

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs, psychiatrists and social workers. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. Staff commented: "Yes I have received Mental Capacity Act training" and "I've been trained in Mental Capacity Act, Deprivation of Liberty and safeguarding." The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. 28 people had DoLS authorisations in place at the time of our inspection and others were awaiting assessment from the local authority. Staff adopted least restrictive options. For example, people were encouraged to access the local community to engage in particular activities of their choice.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for behaviour management and dental work needed.

People were supported to maintain a balanced diet. One person commented: "My favourite food is beef, sausages and mash and cheese. We help choose the menu." Stallcombe House promoted a healthy whole-food diet. This meant that wherever possible, fresh local and organic produce was obtained and was supplemented by organic vegetables and fruit from their garden. People were also actively involved in helping with meal preparation. One person told us about how they had helped in the kitchen on the morning of our first day of inspection. The chef told us how meals were varied to cater for everyone's tastes and alternatives were always available. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being.

Is the service caring?

Our findings

Interactions between people and staff were good humoured and caring. The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. People commented: "I love it here, it is brilliant"; "The staff are very kind"; "I get on very well with my support worker" and "I'm perfectly happy here."

A member of staff commented: "The most important thing here is our residents, other stuff can wait." Relatives commented: "Fantastic service. Amazing. The staff are brilliant. The staff pick up on the needs of people and tailor their care and support. The staff know how people are feeling. Very intuitive and sensitive" and "I can't speak highly enough of the staff."

Staff treated people with dignity and respect when helping them with daily living tasks. People were keen to show us their bedrooms. These gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as DVD's, various ornaments and pictures. People commented: "I enjoy living here"; "I feel like this is my permanent home, staff give me privacy"; "No I don't share a room, I have my own room which I like" and "I have a lovely bedroom." Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection. A person commented: "I am given encouragement to live my life."

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care and support. For example, one member of staff said, "It's about what people want to do. Choice and independence." Another said "It's about people building life skills. Encouraging people to flourish."

Staff gave information to people, such as when activities were due to take place. They communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. They were motivated and inspired to offer care that was kind and compassionate. For example, how they were observant to people's changing moods and responded appropriately. For instance, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing.

Staff showed a commitment to working in partnership with people. They spoke about the importance of

involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. Staff gave us examples of how people had been empowered to develop new skills. For example, one person now drove the tractor and another person who had frequent seizures when they arrived at Stallcombe House had started working on the farm. This had given them a sense of value and meaningful distraction. They now had no seizures and had recently been taken off their epilepsy medication.

Staff were able to speak confidently about the people living at Stallcombe House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. One person commented: "My support worker agrees my care plan with me." A member of staff commented: "We are all involved in care planning; changes often need to be tried out." Other people used 'total communication' in order to plan their care and support. 'Total communication' simply means communicating with people in the best ways that are accessible to them. It means not just talking but other ways too. For example using signs and symbols.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. A staff member commented: "Stallcombe is a way of life, not a job. It about supporting people to realise their potential."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. A relative commented: "They (staff) do their homework. Find out about people before they move in." Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking.

Activities formed an important part of people's lives. People engaged in wide variety of activities on site and spent time in the local community going to specific places of interest. For example, collecting eggs and grading them, gardening, animal husbandry, shopping, swimming, sailing, arts and crafts in the weavery, social clubs and selling goods at local markets.

People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. People's comments included: "I do gardening most of the time. Yes I like doing it"; "I go shopping for my magazine once a week and we go to bingo and we have a disco"; "My family come to see me on open day, annually, and we sometimes email each other"; "This year we planned and went on a different holiday. We have always gone to Butlins in the past, this time we went to a holiday park"; "They (staff) have helped me come a long way and develop my interests in stock car racing, football and the gym"; "My family do visit although they live some distance from here"; "Since living here I have achieved a long-term goal of commentating at a race meeting"; "I do some solitary work with cat rescue"; "I like running every day and my support worker comes running with me"; "Darts tonight. Went to the pub yesterday to watch the football"; "I go swimming, sailing. I enjoy living here, been here for years" and "I like it here, working on the farm looking after the animals. I look after and clean the eggs, stamp the date on and I haven't broken any."

There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. At resident meetings people were always given the opportunity to raise any concerns. In addition, the registered manager ensured they spent time with people individually to make sure they were happy. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority, ombudsman and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff said, "We work as a team"; "You can always go to the registered manager about anything, however small. They encourage us to be open about anything which is bothering us"; "If I had any concerns I would talk to (manager) or raise them at our weekly meetings, we work as a team"; "I feel comfortable about raising any concerns, our meetings are open for us to discuss any issues that may affect people" and "I have always experienced management being positive and supportive."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues. The registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. A person commented: "I go to the residents' meetings and tell them what I have been doing and that I'm happy to be here." The service also produced a newsletter which was shared with people living at Stallcombe House, their family members, trustees, professionals and staff. This set out the events and activities which had taken place over the previous months. In addition, surveys had been completed by relatives. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service had received several compliments. These included: 'We were struck by the lovely atmosphere at Stallcombe House, the caring staff and the obvious belief the staff have in what they do'; 'Thank you for your expertise, consistency and care' and 'Just want to say I think your whole approach to supporting people at Stallcombe is exemplary and such quality of care is a rarity these days.'

The service's vision and values centred around the people they supported. One staff member commented: "The ethos is positive; an example of this is a person growing from being reserved and closed in to open and confident". The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in Stallcombe House.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed.