William Blake House Northants

Stone Cottage

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

Stone Cottage is a residential care home providing accommodation and care for up to 5 people. The service provides support to people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 4 people using the service.

The care home accommodates 4 people in one building. People have their own bedrooms and bathrooms and there is a communal lounge and dining room. There is a communal garden and parking for people's cars. The model of care is based on the Rudolf Steiner principles of providing a spiritually oriented community, supporting people with learning disabilities to continually develop, regardless of disability.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found
Right Support:
Risks were assessed and measures in place to mitigate risk were documented for staff guidance, where further information was required this was added promptly to further mitigate risk. Medicines were managed safely. Staff understood the signs of abuse and how to report it to protect people. Accidents and incidents were recorded and monitored for trends and patterns.

Staff were recruited safely and there were enough staff to meet people's holistic needs.

People were protected from the risk of infection, staff had access to personal protective equipment (PPE) and were following the latest government guidance.

People were leading their care and making their own decisions and choices in their day to day care delivery as much as possible, independence was well supported. People were supported by a regular team of staff that knew them well and they were relaxed and comfortable in their company.

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.

Right Care:
Staff received regular training and supervision, they had the skills, knowledge and support to carry out their role effectively.

Initial assessments took place to ensure that the service could meet people's needs. People and their relatives were involved in care planning and care plans provided staff with information and guidance on how to support people as per their preferences, safely and in a person centred way. Information was provided in formats that met people's needs such as, pictorial and easy read. People's records were updated following changes in support needs.

There was evidence of partnership working and seeking guidance from other health care professionals to meet people's needs. The provider and the management and care team had a good understanding of the challenges faced by people with learning disabilities in accessing healthcare services and had measures in place to support people. People were supported to be as independent as possible with eating and drinking, peoples individualised dietary requirements were met.

People's religion and culture was respected, people chose to take part in celebrating religious festivals and were supported to attend religious services as and when they wished.

Right Culture:
Systems and processes were effective in maintaining oversight of the safety and quality of the service. The provider sought regular feedback and there was an open and transparent culture. People their relatives and staff had the opportunity to share ideas and felt listened to. The provider ensured regular updates about changes in the service via newsletters.

People were empowered to play active parts in the operation of the home and enjoy the local community. People were well supported to develop and maintain relationships and friendships. Activities were person centred and focused on peoples interests and preferences.

The provider invested time and resources into staff development and wellbeing to ensure a good quality service and good outcomes for people.

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 outstanding (published 26 January 2018).

Why we inspected
The inspection was prompted in part due to concerns received about restrictions on people using the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stone Cottage on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Stone Cottage

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 1 inspector.

Service and service type
Stone Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stone Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 July 2023 and ended on 27 July 2023. We visited the location's service on 12 and 18 July 2023.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We observed interactions and responses with 2 people who used the service and spoke with 2 relatives of people using the service about their experience of the care provided. We spoke with 3 care workers, the home manager, the registered manager and the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes protected people from the risk of abuse. Staff were trained and had access to a whistle-blowing policy. Staff had a good understanding of the physical, emotional, psychological and financial signs of abuse and knew how and who to report concerns to.

● People were observed to be relaxed and comfortable with staff. Relatives told us they felt that their loved ones were safe. One relative said, "They [staff] like [person] and understand [person], any concerns they let us know."

Assessing risk, safety monitoring and management

● Risks to people were assessed and mitigated and detailed guidance recorded for staff. We found further information was required for people at risk of leaving without supervision to support a speedy and safe return to support. We discussed this with the registered manager who implemented Herbert protocols by the end of the inspection. The Herbert protocol consists of a form that contains vital information about a person at risk that can be passed to the police at the point the person is reported missing.

● Positive risk taking was well supported. For example, where a person was at risk of harm to themselves or others from kitchen appliances, measures were put in place to mitigate the risk as much as possible rather than restricting the persons access to the kitchen.

● The environment was safe and well maintained. Fire safety equipment such as fire doors, emergency lighting and fire extinguishers were checked regularly. People had personal emergency evacuation plans [PEEPs] to support safe emergency evacuation and drills took place regularly.

Staffing and recruitment

● Staff were recruited safely. The provider ensured only suitable staff were employed, this included a good interview process, previous employer reference checks and an induction program. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

● Enough staff were deployed across the service to ensure people's needs were met. Staff told us there were enough of them to keep people safe and people always received their 1:1 or 2:1 support. There was a system in place to support staffing numbers for sickness and holidays, this included the use of a regular team of agency staff that knew people well or support from experienced staff from the providers other services.

Using medicines safely

● Medicines were managed, stored and disposed of safely. There was an effective stock control and disposal system in place and fridge and room temperatures were checked regularly to ensure safe storage.

● Protocols were in place for staff guidance where people were prescribed as and when required medicines [PRN]. Guidance included the signs of pain, discomfort or distress for people who had communication difficulties. There was a system in place to monitor the safe use of PRN medicines which required staff to contact a duty on call manager for approval prior to administration. This meant the risk of overuse of PRN medicines was mitigated.

Preventing and controlling infection
● The provider ensured the risk of legionella was well managed by ensuring regular testing and descaling of water outlets.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the home to be clean and odour free.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider followed government COVID-19 guidance on care home visiting. People were able to receive visitors into the home, there was no restrictions in place and feedback from relatives was positive and confirmed this.

Learning lessons when things go wrong
● There was a system in place for reporting and recording incidents and accidents. The registered manager monitored for trends and patterns and ensured measures were in place to reduce risks to people. For example, where one person had repeatedly expressed a physical reaction, this had been identified and mitigated as much as possible via a clear risk assessment and care plan for staff guidance.
● Accidents and incidents were discussed at regular management meetings and lessons learned were shared across the providers homes.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- An assessment of people's holistic needs was completed before people moved into the service. This was to ensure the provider was confident people's needs could be met and staff had the appropriate skills and training to support.
- People and their relatives had the opportunity to visit the home to see if they would like it before they moved in.

Staff support: induction, training, skills and experience

- Staff received regular training and were part of an induction program when they joined the service. One staff member told us that it was easy to keep up to date with training as an electronic portal prompted staff when training was due. Another staff member told us that both the online and classroom training was effective in ensuring they had the skills needed to meet people's needs.
- The management team were mindful that some people may not develop good relationships with all staff. To support this people were introduced gradually to new staff and staff were given time to get to know people and learn their individual needs.
- Staff received regular supervision and appraisal and told us they felt well supported. One staff member told us, "We can raise concerns and make suggestions". Another staff member told us that supervisions were a good opportunity to speak openly.

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

- People were well supported with food and drink. There were regular meals of people's choice and people could access drinks and snacks when they wanted. Staff completed food charts to monitor and ensure people were eating well and this helped the registered manager maintain oversight of people's nutritional needs.
- Peoples likes and dislikes were recorded and where people had food allergies these were managed safely. Staff ensured people did not miss out on treats due to allergies. We saw a staff member was baking a cake to specifically meet a person's allergy requirements.

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

- People had hospital passports in place to support them with a smooth transition into emergency care. We found these would benefit from more detailed information which was completed by the end of the site visit.
- The registered manager had a good understanding of the challenges faced by people with learning disabilities in accessing emergency treatment. Staff were available to support and advocate for people at all

times during any hospital admissions.
● There was evidence of partnership working and regular appointments for people with healthcare professionals such as, GP's, psychiatrist and community learning disability teams.
● Where people had phobias or fears of healthcare interventions and monitoring procedures the staff and management team had worked with people on gradual exposure. This meant when these interventions were required it was less distressing and people received timely help and access to healthcare. One person had been gradually exposed to a piece of health monitoring equipment in the home and another person had regularly visited a dentist surgery to prepare them for checks ups or any dental work should it be required.

Adapting service, design, decoration to meet people's needs
● The building and environment had been adapted to meet people's needs. One person could become overwhelmed with high volumes of noise and activity, a quieter room had been developed for them to use as and when needed. This was sectioned by glass which meant the person could still feel part of the social group but in a way that worked better for them.
● Where there was a risk of people harming themselves in their bedrooms with standard furniture, the provider had commissioned robust bespoke bedroom furniture which reduced the risk without restricting peoples access to their personal belongings.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were supported in the least restrictive way possible and in their best interest. Individualised mental capacity assessments were in place to reflect the decisions that people could not make for themselves, with evidence of family and professionals' involvement.
● Staff and management understood mental capacity and how to support people well. There was evidence on files of best interest meetings including relatives, independent advocates and health care professionals for best interest decisions on if some medical interventions were necessary and in the person's best interest. This meant the person was not subjected to unnecessary distress.
● DOLs had been applied for where required and the registered manager maintained good oversight of this process and ensured they were re applied for when needed.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People were well treated and supported by a regular staff team that understood their needs well. We observed that people felt comfortable and enjoyed spending time with staff, there was exchanges of smiles, laughing and gentle banter. One person had a preference of a film genre and we heard staff singing the music from the films while supporting the person.
- Care planning included religion, culture and preferences. Where people wanted to be involved in religious celebrations this was well supported and we saw evidence of people taking part. One person's care plan includes the quote, "Christmas is my favourite holiday". Where people chose not to take part this was respected and their preference at that time recorded in their notes. For example, not everyone wanted to attend the local church or take part in blessing meals.

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

- We observed that people were supported to make their own decisions as much as possible. For example, people were choosing which activities they would take part in, where they would spend their time in the home, what they would wear and how to decorate or organise their rooms.
- Staff were receptive to prompts and signs from people which demonstrated their decisions. For example, one person would do a particular action if they did not want to be supported by a staff member, staff knew to change staff members to support that decision.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity was well supported. We observed staff to knock doors before entering people's rooms and ask to enter. Where people wanted time alone without staff this was well recorded for staff guidance and managed to ensure people's safety while respecting their need for privacy.
- Where people were known to damage plumbing works when given privacy for the bathroom, this was managed by ensuring that items that may cause damage were provided in minimal amounts. This meant the person was not denied items or privacy in the bathroom, therefore ensuring their dignity and avoiding damage.
- People were supported to be independent, this included taking care of themselves as much as possible. For example, cleaning their rooms, doing their laundry and taking part in kitchen activities such as cooking, laying the table and washing up with staff support as and when required. One person's care plan included the quote, "I like to do some jobs at home, like helping with the Laundry and doing my own washing."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection this key question has been rated good. 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

● Care plans were person centred and gave staff good guidance on people's holistic needs. Where people were able, they were involved in writing their own care plan, some care plans included direct quotes of choices and decisions for staff guidance. Notes reflected that people's choices were being supported.

● For some people, family and advocates were involved in making decisions about their care on their behalf. A relative told us they felt listened to, they were invited to check and feedback on changes to care plans.

● Care was delivered in a person-centred manner by a regular team of staff who knew people well. Staffing was planned so that regular staff worked with people. This meant good continuity of care and people were able to build positive relationships with staff. Staff told care planning was a live process, subject to change as people's needs change. One staff member said, "We record information as it happens such as accidents and incidents or changes in behaviours so that we can monitor and change care approach and records if needed"

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were assessed and planned into care. Care records were produced in pictorial and easy read format and staff had person centred guidance on how to ensure people understood questions and information.

● Communication aids such as now and next picture charts, calendars to countdown to future events and communication passports were used to support communication. One person used some Makaton signs to aid communication, staff were trained to recognise and respond to the person accordingly and there was guidance in the persons care plan to support this.

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 were well supported with person centred activities. We observed that although an element of pre planning for activities took place, staff ensured this was fluid for people to change their mind and choose something else should they wish. For example, we saw that one person would enjoy attending a pre church coffee gathering with friends from the providers other services but would not always wish to attend church.

● Records evidenced people enjoyed a number of group and individualized activities such as, art therapy, horse riding, swimming and trampolining. The provider funded a local day spa membership for all people and staff using the service where people could access spa treatments, a gym and a swimming pool.
● Family and personal relationships were well supported. People were in regular contact with family via home visits, video and phone calls and letter writing. One relative told us how they had recently enjoyed an online celebration with their loved one. People had developed and maintained friendships inside and outside of their own home, there was guidance for staff in people's care plans on how to support this to ensure good outcomes for people. One relative told us they had observed their relative enjoy the company of a new friend.
● Where people had expressed an interest in developing romantic relationships the provider had ensured training sessions were completed for staff. This meant staff would have the skills and knowledge to recognise risk and support people to enjoy positive and healthy relationships.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure and relatives told us they would be confident to make a complaint should they need to. One relative described the management team as, "Good communicators and problem solvers".
● There was a system in place for recording complaints and monitoring for trends and patterns. Where one relative told us of a concern around a communication aid we observed on inspection this had been actioned promptly.

End of life care and support
● The provider did not offer a specific end of life service. However, people could be supported to remain in their home for end of life care should they wish. Care plans had been developed with the input of families and advocates, to ensure peoples end of life wishes could be met.

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 our last inspection we rated this key question outstanding. At this inspection this key question has been rated good. 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

- Care planning and delivery was person-centred. People received care from staff that knew them well and were committed to ensuring as much independence and choice as possible. For example, 1 person was supported with choosing which staff they wanted to work with, by staff observing the specific action the person took when they did not wish to be supported by a staff member. This meant the person had choice and was prevented potential distress.
- Staff told us there was a positive culture within the home and it was a good place to work. One staff member told us, "I have recommended working here to someone else".

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

- The provider had a good understanding of the duty of candour. We saw that incidents and accidents were shared with family members with an explanation of what had happened and what preventative measures had been put in place.

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

- Systems and processes ensured effective managerial oversight of the service. The registered manager and management team completed regular audits of all aspects of the service, including risks to people, their health and care needs, health and safety of the building and environment. Action plans were created and completed to drive improvement. Where we found some area for improvement such as, hospital passports and risks around absconding these were actioned promptly.
- The provider had a regular presence in the home to maintain oversight and support the registered manager. The provider received monthly reports with results from whole home audits and had regular meetings with the registered manager and management team. Staff told us the provider was friendly and approachable.
- The registered manager had a good understanding of regulatory requirements and notified CQC of significant events appropriately. Staff had been supported to understand regulatory requirements which involved a supervision and quiz to gauge their knowledge and support where needed.
- A contingency plan was in place to ensure the service could operate effectively in the event of staff shortages, adverse weather, and infection outbreak.

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

● People, relatives and staff received regular newsletters from the provider to keep them updated with any changes. Feedback was sought via surveys, this was positive with one relative commenting, "[Person] is cared for, appreciated and respected, appreciate everything you all do and very well led." The provider was in the process of improving the pictorial format surveys to include a section for written comments for people able to add more detail.

● Where possible people were included in interviewing new staff. One person had written their own candidate questions, attended staff interviews and had the opportunity to share their thoughts with the management team.

● People were encouraged and supported to take an active role in the running of the home. For example, one person with a keen interest in cars helped complete regular vehicle safety checks, they were also supporting with health and safety checks around the home. We observed people were engaged and interested in helping around the home, this supported equality and helped build positive relationships with staff.

● People were active members of the community, they were enjoying the local area by walking and making use of local facilities such as the village hall. People attended local events such as coffee mornings and church services.

Continuous learning and improving care

● The provider saw staff wellbeing as important and understood how this could impact on people using services. The provider ensured regular wellbeing checks on staff from the time of recruitment and throughout supervision. They were in the process of developing a wellbeing strategy to include dedicated time out for wellbeing activities such as, discussions groups and time with the providers therapy team.

● The provider invested in the continuous development of staff to ensure a good standard of care. For example, the registered manager had completed a program of study in diversity, equality and belonging. A change in people's support needs had prompted the provider to ensure additional training for staff in supporting people with learning disabilities around sexuality, sex and relationships. This meant staff could support people well in these areas of care.

Working in partnership with others

● The provider and management team worked in partnership with the local authority who gave positive feedback on improvements in the service, including improvements in health and safety auditing and overall quality assurance.

● The provider and management team worked in partnership with health care professionals such as GP's, psychiatrist, community learning disability teams and dentists to ensure good health care support.