The Regard Partnership Limited

Starboard House

Inspection report

105 Obelisk Road,
Woolston,
Southampton
SO19 9DN
Tel: 023 8043 4317
Website: www.regard.co.uk

Date of inspection visit: 11 August 2015
Date of publication: 19/11/2015

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

Overall summary

We carried out this inspection on 11 August 2015 and it was unannounced.

Starboard House is a registered home that provides support and accommodation to seven individuals with mild to moderate learning disabilities who require 24 hour support. The property comprises a large detached Georgian house with an open plan detached bungalow to the rear. There were seven people living at the home at the time of our visit.

There was a registered manager in the home. 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 said they felt safe living at Starboard House. The provider had appropriate policies and procedures in place concerning safeguarding of adults. Staff had received training in safeguarding and knew how to protect people and report concerns.

Summary of findings

People's needs were identified from an assessment which was regularly updated. Where risks were identified in delivery of care a risk assessment was undertaken which identified steps the provider could take to minimise the risk of harm to the individual. There were also systems in place to identify and minimise risks within the environment of the home. These were regularly reviewed and updated.

People told us there were enough staff to support them. The provider identified how many hours of staff support each person required and arranged for this to be delivered by a roster of staff. Staff were recruited safely in accordance with good employment practice and had sufficient knowledge, skills and experience to support people.

Medicines were managed safely in accordance with the directions of the prescribing doctor. Systems were in place to monitor the administration, storage and disposal of medicines. Staff received appropriate training and competency based assessments to administer medicines safely.

Staff received suitable training to give them the skills to deliver care appropriately to people's needs. They were aware of their role and the philosophy of the service on delivering personalised care.

People gave their consent for personal care and support. People were contributed to their care planning and were supported to identify changes to their care needs.

People were able to choose their own meals and received support to prepare their meals. The food was nutritious and people were encouraged to eat well balanced diet. They were able to access healthcare and were encouraged to identify when they were unwell and assisted to make their own appointments with the GP.

Interaction between staff and people was friendly and supportive. Staff treated people with kindness, dignity and respect, telling us that they were guests in the person's home. People told us their opinions were sought and they knew they could change aspects of the service if they wished to.

People's care was personalised and the care planning process enabled people to tell staff about their likes, dislikes and preferences. Staff were aware of each person's needs and how they liked to be supported. Feedback from people was used to improve the environment and activities of care they received.

People, staff and healthcare professionals told us the service was well led. Care plans were reviewed regularly and updated where necessary. The provider had effective systems in place to monitor the quality of the service and improve it if required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had systems in place to recognise and respond to allegations of abuse or incidents. Risk of harm to people was regularly assessed and actions were in place to minimise those risks.

There were sufficient suitable staff available to ensure the needs of people could be met. The provider had safe recruitment practices in place.

Medicines were stored and managed safely. People received their medicines when they needed them.

Good

Is the service effective?
The service was effective.

Staff received training to ensure they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People were supported to maintain a balanced diet and chose their own meals. They were able to access local health care services and were encouraged to identify when they were unwell.

Good

Is the service caring?
The service was caring.

Staff knew people well and communicated with them in a kind and relaxed manner. There were good supportive relationships between people and staff.

People could express their views in a 'service users' meeting and in individual meetings with their keyworker. Changes were made to people's care plans with their involvement and consent where possible.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed to identify their care needs. These were regularly reviewed and updated to ensure they remained current and up to date.

People and their relatives were aware of how to raise a complaint or a concern. The provider had effective systems in place to manage complaints and learn from accidents and incidents.

Good

Is the service well-led?
The service was well led.

People, their relatives and healthcare professionals felt there was an open, welcoming and approachable culture within the home.

Good

Summary of findings

Staff felt valued and supported by the registered manager and the provider organisation.

The provider regularly sought the views of people living in the home, their relatives, staff and visiting professionals to improve the service.

Starboard 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 inspection took place on 11 August 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, senior support worker, three people and two members of staff. After the inspection we spoke with two relatives, a healthcare professional and a social care professional.

We pathway tracked one person. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about how people receive care or treatment. We looked at staff duty rosters, three staff recruitment files, three people's care records, the service policies, feedback from people, their relatives and health and social care professionals. We also looked at quality assurance records, medicine records and staff supervision records.

We last inspected the home on 17 July 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People and staff told us the service was safe. One person said, "I do feel safe and the staff make sure I make right decisions about going out." Another person said, "If I feel I am being treated badly I would tell a member of staff." Another person said, "If I needed help during the night, I would pull my call bell cord and staff would be there to support me."

Staff had undertaken training in safeguarding adults and received annual updates. They described the different types of abuse that could occur in relation to people and the actions they would take to report any suspected or actual abuse they observed. The provider's policy on safeguarding made reference to the local authority policy. There were posters in the home giving people advice on what to do if they thought they were being abused. This was available in a format that people could easily understand. One person said, "If I saw someone being treated badly, I would tell the manager and they would make it stop."

Assessments of risks were carried out as part of the care planning system used by the provider. Where a care need was identified there was a risk assessment of the risks associated with that activity of care. Where risks were identified, appropriate management plans were in place to minimise the risk of harm and to ensure the safety of people and others. For example one person had highlighted they required staff support with their finances. There were clear guidelines within the risk assessment on how staff should support the person at the bank and checking their bank balance. The person said, "I want staff to support me at the cash point as I don't want to get mugged."

People told us there were sufficient staff to support their needs. One person said, "There are always enough staff around and they always have time to talk to me and help me." A number of people were attending a range of activities away from the home. Staff supported one person to go out shopping and other staff remained to assist people to prepare their lunch. Staff hours were arranged based on the needs of support for all people in the home. Where possible this was provided at the times that people required the most support. This included at night where people were able to request support from staff if required.

Recruitment procedures were in place to make sure appropriate checks were carried out before new staff started working with people. These included checks on staff member's right to work in the UK, references from previous employers, qualifications, fitness to work and proof of identity. Disclosure and Barring service (DBS) checks were undertaken for all new staff. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Staff recruitment records contained copies of the above checks and the completed interview and application forms. All staff had completed an induction programme based on the Skills for Care nationally recognised common induction standards. This made sure staff were assessed and supervised before being able to work on their own with people.

Appropriate arrangements were in place for people to receive their medicines which had been prescribed. Each person's medicines were held in their own secure cabinet and keys for these cabinets were held securely. People had been assessed to see if they could manage their own medicines but all people required staff support to do this. Two staff administered medicines which was standard practice within the home to ensure people received their medicines correctly. We saw people were informed about the medicines they were prescribed and gave their consent before being given their medicine. Staff used a Medicine Administration Record (MAR) to check the required medicine, when it was due and the quantity required. Once the person had taken the medicine this was recorded on the MAR by staff signing the appropriate box. The registered manager carried out a daily check of MARs to ensure they had been completed with no errors. There were systems in place to return unused medicines to the pharmacy and to maintain stock quantities.

People's care records contained information on the medicines they took and what support they needed, such as the type of drink they liked to help them swallow the medicines. Where a medicine was to be given only as required (PRN), there were clear guidelines for staff to follow to ensure people received their medicine as prescribed.

Good

Is the service effective?

Our findings

People told us staff were suitably trained to deliver effective care and support. One person said, "I know staff go on training as sometimes they tell us why they were not in." Another person said, "I really like the food here as I can choose what I like to eat. Staff help me to cook it." One person said, "Staff look after me well and if I need to go to the Doctor they take me there."

Staff received an effective induction to the home and people living there. One member of staff said. "My induction was really thorough and I got to know people well. I shadowed another member of staff before I could work on my own." The Induction was a Skills for Care Common Induction Standards (CIS) programme. CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Senior staff conducted competency checks to ensure staff were suitably skilled to meet people's needs, for example with medicine administration. Staff received a wide range of training in both standard and specific subjects. Standard training included safeguarding, first aid, infection control, mental capacity act and food hygiene. Specific training was to meet the needs of individuals such as learning disability, dementia, epilepsy and managing people's behaviours.

Staff had regular supervisions and appraisals. These are processes which offer support, assurances and learning to help staff development. A member of staff said, "I feel really supported through my supervisions and observations by my manager. It keeps me focused on how I work with people." Staff were able to obtain relevant professional qualifications and were supported to do this. One member of staff said, "I found the course really helpful as I learned a lot. That gave me a better understanding of how to support people with their independence."

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity and maximise their ability to make decisions or participate in decision making. Staff were aware of people's capacity to make decisions and provide reassurance and encouragement around choices. For example one person was able to choose to go to the football stadium rather than to go into town to get a football shirt based on their mobility needs. Staff told us what the MCA meant and how it applied to the people they supported. There were capacity assessments in people's care records for particular incidents where people did not have capacity to make a decision. We saw a best interest decision for one person concerning their need to have a flu jab.

The registered manager was aware of their responsibility under DoLS. These safeguards protect the rights of people using services by ensuring that if there were any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Where people relied on staff to keep them safe when accessing the community, applications had been made to the local authority. Where people required support with their behaviour, policies and training for staff ensured support given was non-invasive and no restraint was used.

People told us they enjoyed a varied and healthy diet. One person said, "I have my favourite foods, but I am happy with what other people have chosen for the main meal." As most people were engaged in activities throughout the day and evening, meals were prepared as people required them. This meant people made their own choice of meal. Where people required meals suitable for their individual health needs, this was recorded in the kitchen and the menu planner. Some people contributed to choosing meals for the weekly menu and this was discussed in the regular service users meetings. People were referred to appropriate health care specialists if there were concerns around their eating. One person was aware they needed to eat more healthily and told us, "I just love my food, but I am glad I am so active. Staff keep an eye on my weight."

People were able to access local health care services. They were encouraged to make their own appointments and were offered the support of staff to attend appointments and clinics. Some health care professionals also visited people in the home if required. All these visits were recorded in people's care records. People's health care needs were known to staff and care plans and risk assessments were in place for these. For example, one person was identified as being prone to urinary tract infections. The risk assessment process highlighted how the person showed signs of this condition. This included physical, emotional and behavioural signs that staff had recognised previously. By noticing these signs earlier the person was able to access early treatment which improved their wellbeing.

Good

Is the service effective?

People were supported to organise and attend medical appointments when required. Staff helped people to understand their health needs. For example one person's care plan identified concerns over a skin condition they had. There were clear guidelines for staff on how to recognise signs and symptoms and when to seek medical advice. Staff were working with the person in helping them to look after their skin by drying themselves properly after a shower. They also reminded the person to use the creams prescribed. This had resulted in an increase in the person's wellbeing and fewer visits to their GP.

Good

Is the service caring?

Our findings

One person told us, “I don’t have any worries with the staff. They are all very good and helpful to me.” Another person said, “The staff are very caring, they make sure I have everything I want and help me to look after myself.” A relative said, “My relative is very happy at Starboard House thanks to the caring staff we have at the home.” Another relative said, “I think [relative’s name] is very well looked after and they are very happy and settled there.”

People were supported by staff who understood them and their needs. We saw staff speaking with people in a quiet, friendly and understanding manner. For example we heard a member of staff asking a person what they wanted to do that afternoon. They gave the person time and listened attentively to what the person was saying. When the person had made their decision, the staff member clarified what they had said and got the person’s agreement that the activity was what they would like to do.

Staff told us how they treated people with respect and dignity. One said, “I call [person’s name] as this is what they have told us they prefer to be called.” Another member of staff said, “I always knock on people’s doors before going into their rooms and ask them if it is alright to come in.” We saw a member of staff returning from an activity with a person who was in high spirits. The member of staff remarked on how much the person had enjoyed the activity and how proud they were that the person had made a purchase independently. People were comfortable with the staff that supported them.

Staff knew people well and they were able to tell us about people’s care needs, likes, dislikes, preferences and life histories. They spoke sensitively and enthusiastically about the people they supported. There was a positive reaction from people as staff spoke to them about things they were interested in.

People were encouraged to share their views about the service they received. There were regular house meetings where they could discuss a number of activities, menus and items they wanted in their rooms or in communal areas. One person said, “I have been living here for fifteen years and I am so proud that I have just been made chair lady of the resident’s meeting.” People’s care records showed they had regular meetings with their key worker to discuss all aspects of their care. A key worker is a member of staff who has lead responsibility for a person in communicating with them and being a first point of contact for that person. In one person’s key worker meeting they had stated, “I like to do things independently but I do understand that sometimes I need support from staff to help me with things that might hurt me, such as when I am cooking.”

People were engaged in a wide range of their chosen activities throughout the day. In the evenings people had a range of activities they enjoyed including sports, eating out and visiting theatre and cinemas. Whilst they were in the home people were able to follow their own leisure pursuits. One person told us, “When it was cold I did not want to go out so I stayed in and did my knitting.” Some people had season tickets for the local football team and were supported to attend these by staff who shared their interest.

Good

Is the service responsive?

Our findings

People told us they received care based on their needs. One person said, "Staff listen to me when I want something. They usually make things happen to help me." Another person said, "Staff know me so well and they have written down how I like to be cared for. I want to do things for myself and staff help me to be independent." A relative said, "They [staff] keep us well informed and always involve us in reviews and care planning. We have seen how they have changed the care plan to meet the needs of our relative." One person said, "We have a great staff team here. They have really helped me to be more independent and they all know how I like to be supported."

A healthcare professional told us, "Staff have a definite understanding of people's well-being. They responded quickly and positively when the person I visit was unwell." A social care professional told us how the staff supported a person during a review meeting to make a change to their activity. They said, "The person clearly wanted to be at the meeting and told us exactly what they wanted to happen." This was reflected in the minutes of the meeting and we saw the person had been to see their GP following this meeting.

People's care plans were comprehensive, personalised and provided clear guidance to staff in how to provide support in the way people wanted. When people came to the home, their needs were assessed. These assessments had been regularly reviewed and changes had been made to reflect the changing needs of people. For example one person's assessment had originally detailed how they communicated non-verbally. As staff got to know the person the number of signs and gestures the person showed had increased. This clearly showed how the person displayed their consent by stating how they showed they were saying yes or no. There were guidelines for staff on how they could support the person when they became unhappy.

People had regular meetings with staff to look at all aspects of their life within the home. They also completed a quality questionnaire within these meetings. For example we saw one person had stated they wanted to feed the ducks. In the following month's meeting they had told staff they enjoyed this activity. There were opportunities within these meetings for the person to share concerns and make a complaint. One person had commented, "No complaints at all thank you." Another person had stated, "No complaints but I would talk to the manager if I did." People were aware of how to make a complaint.

The registered manager was aware of the provider organisation's complaints policy and we saw staff had signed this policy to say they had read and understood this. There had been no complaints received within the last year. The registered manager's knowledge of the complaints policy was in line with their policy and they demonstrated they knew how to manage complaints within the time frames of their policy.

We looked at records for accidents and incidents and saw one where a person had fallen out of bed during the night. Night staff heard the person and came to their assistance. Medical assistance was sought and the person was noticed to have no injuries. An environmental assessment was carried out and a best interest decision was made not to use bed rails, as the person would be too restricted and could harm themselves trying to climb over them.

Good

Is the service well-led?

Our findings

People, staff and a healthcare professional told us the service was well-led. A healthcare professional said, "Staff are always very organised and helpful when I visit. The manager and staff are very knowledgeable and passionate about the people they support." They told us the registered manager and staff always asked for help and support if they needed it and they knew their instructions would be followed by staff.

The philosophy of the home was focused on supporting people to maintain a lifestyle that made sense to them. This was through a personalised approach to care planning and gathering information on what was important to people. Staff told us, "This is their home and they have invited us to help them" and, "I feel privileged to work for them and help them to do as much for themselves as they can." There was a clear open culture where people felt confident to talk to the registered manager and staff about their care. Their opinions were sought on a daily basis about most aspects of their life. One person said, "I know if I ask for something, staff will let me know if it is possible. I wanted my room yellow and staff arranged for it to be painted."

The registered manager was involved in regular audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS applications, mental capacity assessments and health and safety checks. They evaluated these audits and created an action plan for improvement where these were required. For example a risk assessment for one person was concerning their use of stairs. The action plan identified that staff needed to check that the person was wearing the right footwear and they were not carrying heavy items up the stairs. Staff were aware of this and it was reflected in the person's care plans.

Staff had opportunities to talk about any concerns they may have with management through supervisions, staff meetings and an employee satisfaction survey. They told us, "There is a great team spirit here and we are all determined to treat each person as an individual. The manager always has time to speak with us and I can talk to them at any time." Staff all told us they felt supported by the registered manager. The monthly staff meetings enabled staff to discuss individual care plans, health and safety, policies, concerns and areas for development and improvement. For example in the July meeting a discussion about one person's request for a holiday identified places they liked and how they needed to be supported. The action plan identified which member of staff would book the holiday and how they would support the person to prepare for the holiday.

The provider undertook an audit of the quality of the service every three months. This covered the environment, care plans, talks with people who used the service and staff, reviews of staff records and training and reviews of management records. A record from the May's audit concerning the environment stated, "Home is clean and well maintained. All policies in place. No action required." If there were actions the registered manager told us they would prepare an action plan of how they would implement the changes required to improve the service.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for any learning and action plans were developed where required.