

Home Group Limited

Stonham Kingston House

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

Stonham Kingston House is registered with the Care Quality Commission [CQC] to provide care and support to people who live in the community who may be living with a learning disability, have mental health issues or have a drug or alcohol addiction.

This inspection took place on 6 January 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first time the service had been inspected since registration.

At the time of the inspection, five people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a 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 cared for by staff who had received training in how to recognise abuse and how to report this to proper authorities. Any accidents or incidents which occurred were analysed and changes made where needed. Any learning was shared with the staff. Staff who had been recruited safely were provided in enough numbers to meet the needs of the people who used the service. People who used the service were involved with the recruitment of staff and formed part of the interview and assessment panel. Assessments had been undertaken which identified how staff should support people to keep them safe, these were reviewed with the person and changed and updated when needed. People were supported to take their medicines safely and staff had received training in this area. Auditing systems in place ensured any discrepancies with people's medicines were identified and dealt with quickly.

Staff were trained to meet the needs of the people who used the service, this was updated as required. Staff were also supported to gain further qualifications and experience. The majority of staff held a nationally recognised qualification in caring, or were working towards achieving this. People who used the service were involved with some of the staff training; some of the people who used the service had volunteered to take the lead role for equality and diversity and health and safety. People were supported to lead a healthy lifestyle; this included eating a healthy diet and attending appointments with their GP and other health care professionals. Staff were trained in, and understood the principles of, the Mental Capacity Act [MCA] and understood when and how these principles applied.

People were supported by staff who were kind and caring and understood their needs. People had good, relaxed, open relationships with the staff and interaction was respectful. There was also a lot of laughter and sharing of jokes which created a safe, friendly atmosphere. People were involved with the formulation of their support plans and had signed to confirm they had understood and agreed the content. Staff respected people's dignity and they were provided with the space to exercise their right to privacy.

People's needs had been assessed and staff were provided with information about how to best support them and keep them safe. These were updated regularly and people had the opportunity to make written comment about their progress and how their care and support was developing. People were supported to undertake activities which included maintaining and developing independent living and domestic skills. People were also supported to choose and attend college courses which were part of their agreed goals. People were supported to access sporting and leisure facilities to either spectate or participate. People had the opportunity to make complaints and these were acknowledged and investigated to the complainant's satisfaction. People were also provided with information about outside agencies they could approach to raise concerns.

Consultation, in the form of surveys and meetings, was undertaken with people about the running and development of the service. Others who had an interest in people's welfare were also consulted. Specific time-restricted action plans were developed to address any shortfalls in the service. Staff were consulted about the running of the service; the registered manager held regular staff meetings so they could air their views and share information. The registered manager undertook regular audits to ensure people were provided with a well-run, safe service.

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 cared for by staff who had been trained in how to recognise and report abuse.

Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service.

Assessments had been undertaken which informed the staff in how to keep people safe from preventable harm.

Staff had received training in how to safely support people to take their medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training to meet their needs.

Staff were supported to achieve nationally recognised qualifications in care and to gain further experience.

Staff supported people to lead a healthy life style and to access health care professionals when needed.

People were supported to prepare meals and to maintain essential living skills.

People's fundamental human rights were respected with regard to decision making.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and understood people's needs and how best to meet them.

People had good, respectful interaction with the staff and their

privacy and dignity was respected.

Staff respected people's right to lead a life-style of their own choosing.

People had agreed and read their support plans, and had been involved with the formulation of them.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which respected their preferences and choices.

People had the opportunity to participate in their care and to make changes where needed.

Staff supported people to maintain and develop skills.

People could raise concerns about the service and these would be investigated to their satisfaction. Other stakeholders could also raise concerns about the service. Changes were made as a result of concerns raised.

Is the service well-led?

Good ●

The service was well-led.

People who used the service could have a say about how the service was run and could participate in changes made. All suggestions made were welcomed and looked at.

Staff were consulted about the running of the service.

Other stakeholders were also consulted about the running of the service.

Regular audits were undertaken to ensure people received a safe, well- led service.

The aims and philosophy of the service was to support people to lead a fulfilling life.

Stonham Kingston 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 registered provider was 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 6 January 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams, and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We spoke with all the people who used the service and we observed how staff interacted with them. We also observed how staff supported people who used the service.

We spoke with five staff including the registered manager and the business contracts manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medicines administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation as it applied to people who lived in the community.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records and quality assurance audits.

Is the service safe?

Our findings

People who used the service said they felt safe. They told us, "I feel very safe and trust the staff", "The staff are brilliant, they make sure I am safe when we go out and about" and "I know I can trust the staff 100%." They told us they were supported by enough staff to meet their needs. Comments included, "I get a set number of hours a week which I have chosen and there is always a member of staff there to support me", "I never have to wait for staff, they are really good" and "If I want to change what I want to do with my hours, the staff don't have problem with it." They told us they were supported to take their medicines when they needed to and staff helped them with this. One person said, "They [the staff] always make sure I have my tablets and I take them on time. I wanted to change the times and they helped me contact my doctor and it wasn't a problem."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the Care Quality Commission. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on the grounds of race, culture, sexuality or age.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person. For example, road safety while out in the community, behaviours which put the person and others at risk and mobility. The assessments outlined what the risks were and how staff should support the person to alleviate them. For example, redirect the person if they showed any sign they were feeling threatened or were not comfortable with the situation they found themselves in.

Staff told us they had a duty to raise concerns to protect people who used the service and understood they would be protected by the provider's whistleblowing policy. The registered manager told us they took all concerns raised by staff seriously and would investigate them. They told us they would protect staff and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and protected.

All accidents which occurred were recorded and action taken to involve other health care agencies when required, for example people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

We looked at recently recruited staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible,

and the potential employee had been checked with the Disclosure and Barring Service [DBS]. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manager told us if any conviction showed up on the DBS check they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults. We saw all their decisions were recorded. People who used the service were actively involved in the recruitment and interview of new staff. The registered manager told us they had found their input invaluable because they had asked questions they had not thought of. They said, "I think it's brilliant, they have had a positive impact and genuinely contribute to the process." The people who were involved with the recruitment process told us they had found it very interesting and it had boosted their confidence. One person said, "It was great, I really enjoyed it."

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy. Any discrepancies with stock orders were quickly identified and the staff undertook consultation with the supplying pharmacist to rectify the issues.

Is the service effective?

Our findings

People who used the service told us they thought the staff were well-trained and could meet their needs. Comments included, "I know the staff get good training because we attend it as well", "The staff are really good, they are brilliant with me" and "I get really good support from the staff; they know what I want to do and when." People told us they were supported by staff to prepare meals and to eat healthily. Comments included, "They [the staff] help me to shop and to buy the right things, I want to lose some weight as it's not good for me", "I ask the staff if the food is cooked right and they tell me if it is or not, they really help me a lot" and "I make all my own meals and the staff advise me what to eat to keep healthy." They told us the staff supported them to access health care professionals when required. Comments included, "They [the staff] take me to the doctors if I'm not feeling well", "They help me go the dentist, which I don't like but we have to go" and "They make sure I attend all my appointments, it's a big help."

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example how to support people who displayed behaviours which challenged the service. Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

People who used the service had also been involved with some of the staff training. Comments on feedback sheets indicated they had found it interesting and helpful. The result was that two of the people who used the service had offered to take up lead roles in equality and diversity and health and safety. What would this entail for them and would it be better in caring or responsive.

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practice and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

We saw that staff communicated with people in a relaxed and friendly manner. They shared jokes and we heard a lot of laughter around the service. Formal lines of communication were effective with staff passing on information about people and recording activities in their daily notes. There were good lines of communication between staff and the management team and we heard staff approaching the registered manager to pass on information, and to clarify the person's needs and activities for that day.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires, 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. For people in the community who need help with making decisions, an application should be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA; the registered manager told us all of the people who used the service could make their own decisions. We saw staff had received training in the principles of MCA and how this applied to the service.

Care plans we looked at showed people were supported with the preparation of food as part of their overall care package, and staff supported them to prepare food which was healthy and to their liking. This was to maintain their independence and to develop life skills. We saw people being assisted to shop and discussing meals with the staff. They told us staff helped them to make healthy choices and they approached them for advice about food preparation.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

Is the service caring?

Our findings

People we spoke with were happy with the level of care and support they received. Comments included, "They [the staff] are great, they help me all the time and have helped me gain more confidence", "I get on well with all of them, they are all really approachable and friendly" and "I like living here, it's the best place I've ever lived. The staff take me all over the place; I go with [member of staff's name] to rugby." They also told us they knew they had a care plan and what the contents were. Comments included, "I know what is in my support plan, I get to see them and to write in them", "We have meetings every week with [member of staff's name] and we discuss how I'm getting on, I'm doing really well at the minute" and "I keep my support plan in my room and they [the staff] come and write in it, things like what I've been doing and how I've been."

We saw staff had good relationships with the people who used the service. There was lots of friendly banter and people could approach the staff for advice and support. We hear staff asking people if they needed any assistance with anything and people could make choices. There was a lot of discussion about people's daily lives and what support they needed, for example completing benefit forms, bill paying and food budgeting.

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people. Staff we spoke with told us of the importance of respecting people's rights and upholding people's dignity. They told us they gave people options and asked them for their views. We observed staff asking people if they wanted to undertake activities and they respected their right to say no. They told us they respected people's privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

We saw people were involved in their care planning and had signed to confirm they had agreed the contents of their care plan. Weekly meetings were held where the person's progress towards aims and goals was discussed with them. Staff made an entry in the person's care plans and the person wrote their views as well. This showed that the people who used the service were fully involved with their care, and had a genuine opportunity to comment and actively participate in their care. Reviews were held on a regular basis where aims and goals were discussed and set. These could range from developing domestic and budgeting skills to attending college courses to develop new skills and experiences.

Staff understood they had to keep people's information locked away and not to divulge it to anyone who was not involved with their support. Staff told us they would not share information with anyone who was not authorised to view it. People had signed their care plans to indicate they consented to their information being shared with health care professionals and other staff who worked for the service. People's privacy, dignity and independence was promoted and protected. Staff knocked on people's doors and waited to be asked in. Staff spoke to people in a dignified manner and the interaction was none-patronising and adult. People's private space was respected and staff ensured doors were closed and permission was sought before support was provided.

People's care plans showed development and maintenance of independence was a large part of the support the person needed. It detailed how staff were to support the person to develop and maintain domestic skills like cooking and cleaning their flat, to supporting them with budgets and accessing the community to attend college courses and work placements.

Is the service responsive?

Our findings

People who used the service told us they were involved with their care and took an active part in formulating their care plans. Comments included, "I have a support plan and we look at it every week. When I first came here I set it up with [member of staff's name] and we change it when we need to", "I look at this every week [the support plan] and I write in it how I'm getting on" and "I can change my support plan and my goals if I think they are not working, the staff help me with this." People told us they knew they had the right to make complaints and knew who these should be directed to. One person told us, "I write things on the comment sheet and they always get back to me", "I would see [registered manager's name] if I had any complaints, I know I can use the comments cards as well." People told us they were supported to undertake activities which helped them to become independent and develop life skills. Comments included, "They [the staff] are really good, they take me everywhere, we go to rugby when it's on", "I get supported by the staff to clean my flat and to go shopping for food, they help me cook it as well", "I go out and about mainly to the shops and staff see that I'm safe" and "I've chosen all my own activities and these are centred around getting my own flat."

The care people received was person-centred and had been agreed by them. Care plans showed the person had full involvement with its formulation and they had the opportunity to write their own opinions on how their support was progressing. Assessments had been completed by the local authority before people had started using the service; however, the registered manager told us these bore no resemblance to the person's needs now. For example, before using the service one person had shown high levels of behaviours which put themselves and others at risk. The registered manager told us this person was now very settled and was approaching life with a better outlook. They said, "[Person's name] has completely changed, they are so much calmer and more mature in their interactions with other people and the staff."

People's care plans showed activities were a large part of the support they received from the service. These ranged from developing life skills by maintaining their own flat to developing skills through attending college courses and undertaking voluntary work. People also had support with budgeting skills. Staff were allocated core hours to support people with their chosen activities and progress towards this was recorded on a daily basis.

Staff were acutely aware of the potential for people to become isolated and how this could affect their motivation and self-worth. They made efforts to engage people and included them in various opportunities like meetings and training courses. They also supported people to keep in contact with their family and friends.

Staff told us they respected people's choices at all times. One member of staff told us, "We know there are set activities for people to undertake as part of their support plan but sometimes people change their minds and we do something else." Then went on to say, "We always try and stick to the support plan or do something because it's their time and they can't afford to waste it."

The registered provider had a complaints procedure which people could access if they felt they needed to

make a complaint. This was displayed around the service and provided to people as part of their welcome pack. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, for example, another language or pictorially. They told us they would read and explain the procedure to those people who had difficulty understanding it. The procedure ensured any complaint was acknowledged and a letter was sent informing the complainant within what time scales they should expect a response. The registered manager told us they received very few official complaints, Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the local authority and the Local Government Ombudsman.

We saw examples of responses to complaints where changes had been made. For example, one person had complained about a member of staff and requested their conduct be investigated. The registered manager had undertaken an investigation and the member of staff was stopped from working with the person as they stated they preferred female carers to males.

Is the service well-led?

Our findings

People we spoke with told us they felt part of the service and included in decisions and changes. Comments included, "We are asked all the time about what we think and how the service is doing, I think its fine, the best one I've used", "We have meetings and we get to change things if we don't like them" and "I can ask the staff anything and they will get me an answer." They told us they found the management team approachable and supportive. Comments included, "I like [registered manager's name] she always has time for us, she doesn't mind if I go to the office", "The staff are all good, they take time to talk to you and listen" and "They [staff] take the time to talk to you and ask if everything's ok."

Staff told us they found the registered manager supportive and approachable. Comments included, "They are really supportive, I really like working here; it's like one big family" and "I can go the manager at any time and she will listen to me, I think this is the best place I have ever worked."

The registered manager told us they operated an open door policy and we saw this in action during the inspection with both people who used the service and staff approaching the manager asking for advice and guidance. The manager told us they spent a lot of time visiting the people who used the service in their flats and speaking with them. They told us they found this kept them in touch with what was going on and supported the staff. They said, "I like to talk to everyone, every day, it shows a presence and keeps me in touch with people."

The service had strong links with the local community and people used the neighbouring church frequently. They had been involved with the Christmas celebrations and one person had undertaken a reading during one of the services. We saw from the recordings in their support plan, they had found this an uplifting experience and it had enhanced their self-confidence. The member of staff who supported the person told us they found this very emotional and members of the congregation offered their congratulations following the reading. The people who used the service also attended lunches at the church on weekends. They were also supported to access the local shops and other local facilities.

The registered manager told us the vision and values of the service were to support people to maintain the life skills they already possess and to gain further skills to help them develop as a person. They also told us the service was aimed at improving people's lives through experience and this included attending college courses and work placements. One of the people who used the service was being supported to undertake voluntary work at a local school with a view to making this a full-time occupation. Others were attending courses in further education and occupations. One person's aim was to undertake a course in caring and to gain employment through this. People were also supported to gain access to sports education which helped them with their lifestyle choices.

The service was regularly audited by the registered manager. This included audits of staff working practises through observation and supervision, audits of people's medicines, audits of care and support plans and audits of staff training. The registered provider had a set of mandatory audits which the registered manager had to undertake on a monthly basis. These were based on the essential standards set by the Care Quality

Commission and the service was measured against these. Time specific action plans were put in place to address any short falls.

People who used the service were regularly consulted about the running of the service. This took the form of meetings and surveys. Other stakeholders who had an interest in the welfare of the people who used the service were also consulted; this included relatives and health care professionals. Responses from surveys were collated and a report published about the findings. Time specific action plans were put in place to address any issues and people were consulted with as to how their concerns could be addressed. Minutes were kept of meetings and these showed people's voices were heard and they had a say about how the service was run and any changes that were required.

Staff meetings were held on a regular basis and minutes of these showed people's needs were discussed and how these might have changed or developed. The minutes also showed any changes with working practises were also discussed at the team meetings; this included changes in legislation which might affect staff working practises and changes within company policy and procedures.