

Community Therapeutic Services Limited

Stewart Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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.

About the service

Stewart Court is a residential care home providing personal care to six people at the time of the inspection. The service can support up to 10 people. Although it is a care home, people live in their own self-contained flats and receive intensive support from staff.

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

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff worked with people about how they received support and encouraged them to make decisions and develop their skills and independence. People were supported to take part in activities and pursue their interests.

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. The staff team learned from incidents to avoid or reduce them in the future.

The service provided support in a safe and clean environment that met people's needs. People could make choices and personalise their living space. When necessary, significant adaptations were made to ensure the environment was safe and suitable for people.

People were supported to access specialist health and social care support in the community and were encouraged to be involved as far as possible. Staff supported people with their medicines in a way that promoted their independence and achieved the best health outcome.

Right Care:

People received kind and compassionate care. Staff understood people's individual needs and provided culturally appropriate support. People's support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People were given opportunities to try new activities and experiences.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There were enough appropriately skilled staff to meet people's needs and keep them safe.

Some people communicated without using words. They could interact with staff and other people who supported them because staff had the necessary skills to understand them.

Right Culture:

People were empowered by the values, attitudes and behaviours of the managers and staff. There was a culture of respect ongoing improvement, and staff were positive about working at the service.

People received good quality support which was tailored to their needs because staff understood individual's strengths, needs and sensitivities. Staff placed the people they supported at the heart of everything they did.

Staff knew people well. This meant people received consistent care from staff who knew their needs and abilities. People were encouraged to share their views and develop and improve the service. The quality of support provided was evaluated regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We only reviewed the safe and well led key questions at this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stewart Court 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stewart Court

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

The inspection was carried out by one inspector.

Service and service type

Stewart Court 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. Stewart Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

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

We used all this information to plan our inspection.

During the inspection

We met people who lived at Stewart Court, although they were not able to tell us about their experience in detail. We observed them going about their daily routines, including how staff interacted with people. We spoke with two people's relatives and five members of staff, including the registered manager, deputy manager, team leaders and support staff. We spoke briefly with the quality assurance lead. We received feedback from a professional who worked with the service. Their comments have been incorporated into this report.

We looked at two people's support plans and medicines records and additional information on the electronic records system. We reviewed documents relating to the management of the service such as incident records, audits, policies and training data.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. All the staff we spoke with were able to outline what they would do if they had concerns. One staff member told us, "We keep people as safe as we can, and I would always speak up even if I was just unsure about something".
- People's relatives told us they would be happy to raise concerns and felt their family members were safe and protected from abuse.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- During our inspection, some window restrictors had been opened due to the very hot weather. A risk assessment was in place, but we highlighted to the registered manager that more detail was required to ensure individuals were kept safe.
- Staff communicated and shared information about risks on a daily basis.
- People needed support to make some decisions for themselves, but they had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Support records were clear and helped to give staff guidance about meeting people's needs and keeping them safe. For example, one person sometimes smoked in their room, but a risk assessment was in place and staff knew how they could support this person safely.
- Some people experienced and expressed emotional distress. Staff recognised individual's signs and potential triggers and knew how to support people safely without restricting their freedom where possible. Staff used the least restrictive option wherever possible.
- Staff managed the safety of the environment and equipment by completing regular checks and taking action to minimise risk. Assessments including risks relating to falls, use of knives and infection prevention and control were up to date.
- Significant changes were planned to the environment to meet people's needs. The registered manager was working with commissioners to ensure this provided the highest standards which met the required levels of safety.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff empowered people to make their own decisions about their care and support where possible. Because staff knew people well, they understood how people made decisions and the communication methods they used.
- Some people were supported by advocates. These are independent people who provide support, information and help to empower people to express their needs and preferences.
- When people had been assessed as lacking mental capacity for specific decisions this was clearly recorded and decisions made in people's best interests were discussed and documented. For example, one person was not able to make decisions about taking medicines. It had been agreed that they should receive their medicine covertly. This is when medicines are disguised in food or drink. There was documentation to show why and how this decision had been made.

Staffing and recruitment

- There were enough staff to ensure people had the one-to-one support they required and to enable them to take part in activities and visits. There was a core group of experienced and consistent staff who knew people well.
- During a recent Covid 19 outbreak at the service, there had been pressure on staffing, but shifts had been covered by regular and agency staff to ensure people remained safe and had their needs met.
- A number of new staff had been recently recruited. Safe recruitment processes were in place. This included criminal and employment checks being carried out to confirm staff were suitable to work with people.
- The staff team were proactive in making sure new staff understood the service and were well equipped to carry out their role. This helped to support and retain staff.
- An induction programme was in place and new staff worked alongside more experienced staff to develop skills and experience.
- Staff received ongoing training to ensure they were skilled and continued to follow best practice. Staff told us the training supported them to carry out their roles safely and confidently. One staff member said, "The training has been really good. It's really helped me with what I need to know". Another staff member explained how they had been encouraged to set up training to address specific areas they had identified which could be improved.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communication or understanding.
- People's consent and preferences about how they liked to take their medicines was documented. Easy to read information about medicines was available.
- Staff worked collaboratively with pharmacists and GPs to manage and review people's medicines and gain advice when needed.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

- Staff received training in medicines management and their competency was assessed to ensure they continued to meet all standards.
- Medicines that were no longer required were safely disposed of.
- Regular audits were carried out to monitor safety and ensure risks were managed. Areas for improvement were noted and actioned.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow these.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff hygiene practices.
- The service made sure infection outbreaks were effectively prevented or managed.
- The service's infection prevention and control policy was up to date.
- Staff used personal protective equipment (PPE) effectively and had carried out risk assessments appropriately. We suggested to the registered manager that risk assessments were reviewed to ensure they reflected current guidance.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.
- One relative told us they were usually able to go to the service in person, but when this hadn't been possible, they were still able to speak with their family member on the phone.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Incidents and accidents were reviewed, investigated, managed and lessons learned were shared.
- The registered manager encouraged openness and transparency and was keen to learn from incidents.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. They led by example and knew people well.
- Staff felt supported and respected by managers and senior staff and were able to raise concerns and make suggestions. This supported a positive and improvement-driven culture. Comments from staff included, "The team is amazing", "[Registered manager] is good at giving me the authority to do things. My skills have improved, and it's better for everyone" and "New ideas are always coming up. We try them and work as a team. Whatever is best for the service users".
- Additional resources were available to support staff in achieving good outcomes for people. For example, information about supporting people through bereavement and guidance about specialist oral healthcare.
- The provider had a clear set of values which focussed on making a positive difference to people's lives. Managers and staff put people's needs and wishes at the heart of everything they did and supported them to develop and maintain a good quality of life.

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; Continuous learning and improving care

- The registered manager apologised to people, and those important to them, when things went wrong.
- One staff member told us, "There's always a debrief after an incident. We share our knowledge and adapt".
- One relative said, "They all keep in touch. They tell me about everything".
- The registered manager met legal requirements about informing the Care Quality Commission and other agencies when incidents occurred within the service.
- Incident reports were reviewed by the management team, and the information was used to learn and make changes.
- The provider had developed a support worker career path and used supervision and appraisal to guide performance and development.

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

- The registered manager had the skills, knowledge and experience to perform their role and demonstrated compliance with regulatory and legislative requirements.

- The previous CQC rating was displayed in the service and on the provider's website.
- Quality assurance processes were in place and were effective. This included audits and checks and action plans to ensure improvements were achieved. This helped to monitor standards, keep people safe and continue to provide good quality support.
- Staff knew people well and were able to describe people's needs and abilities. They took pride in providing good quality support which improved people's quality of life. Comments from staff included, "I do the job to the best of my ability with the service user's best interests at heart", "I know from other places that our service users have a high standard of living. We support them, but they choose everything" and "I like working with one person at a time to make sure they have good quality care and support".

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff encouraged people to express their views about the support they received and the service. We saw staff listening to people and offering choices.
- Relatives told us they were able to share their views and discuss any issues with staff. They felt their concerns were listened to and actions taken when possible. One relative added, "I have no complaints".
- Complaints processes were in place and could be made available. When concerns had been raised, these were investigated, changes made and learning shared.
- There had been positive feedback and compliments about the service.
- Staff were encouraged to give feedback and make suggestions about the service. Team meetings, regular handovers and ongoing contact supported staff to share their views.

Working in partnership with others

- The registered manager was involved in several local and regional networks and forums. They worked with other organisations to improve support for people.
- The staff team worked in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. A staff member told us, "We always listen to the guidance they give us for the service user's benefit".
- The registered manager had developed effective working relationships with local community police personnel to improve understanding, liaison and support.
- Staff sought advice and guidance if there were concerns or changes to people's needs. This was documented in people's records and indicated staff were observant and responsive.