

Ratecedar Limited

Stoke View Residential Home

Inspection report

72.Albert Road
Plymouth
Devon
PL2 1AF

Tel: 01752211135

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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

Stoke View is a small care home that can accommodate up to nine people with learning and /or physical disabilities. At the time of our inspection there were nine people living at the service.

We carried out this inspection on 6 September 2016. The service was last inspected in August 2014 and was found to be meeting the Regulations.

At the time of the inspection the registered manager had just moved to another role within the service. The owner was managing the day-to-day running of the service until it was decided who would apply to become the new registered manager. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Stoke View and with the staff who supported them. People said, "It's wonderful here" and "I have been here for 31 years, it's my home." Comments from relatives included, "I haven't got any worries about the home", "Staff understand people's needs and look after them well" and "[Persons' name] is happy living there."

On the day of our inspection there was a relaxed and friendly atmosphere at the service. People were encouraged and felt confident to make decisions about their daily living. We observed people had a good relationship with staff and each other. There was plenty of friendly and respectful chatter between people and with staff. The staff team had developed kind and supportive relationships with people using the service. Relatives commented about staff, "Wonderful, caring staff" and "They [people] are treated well."

Support was provided by a consistent staff team, who knew people well and understood their needs. People were supported to access the local community and take part in a range of activities of their choice. Each person had regular activities they took part in every week and for some people this included volunteering work. Staff arranged regular holidays and day trips for either the whole group or a smaller group depending on the type of holidays and outings people wanted to go on. People were supported by staff to manage their finances so they could purchase personal items and pay for outings and holidays.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People had access to an annual health screening to maintain their health. Specialist services such as community nurses, occupational therapists and dieticians were used when required. Relatives told us the service always kept them informed of any changes to people's health and when

healthcare appointments had been made. One relative said, "Staff take [person's name] to hospital appointments. They ring me if there are any problems."

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. The management provided strong leadership and led by example. There was a positive culture within the staff team and with an emphasis on providing a good service for people. Staff told us they felt supported by the management commenting, "Lovely to work for", "I love it, it's so relaxed" and "Well managed, the owner is brilliant."

The owner was visible in the service and regularly visited to check if people were happy and safe living at Stoke View. People were clearly comfortable with staff and management and relatives told us they had confidence in the way the service was run. Relatives said, "Very pleased with the home. I trust the owner and all of the staff" and "The owner really cares about the people living there."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and people were given information so they could take informed risks.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to access the community and extend their social networks.

People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

Is the service well-led?

Good ●

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Stoke View Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 6 September 2016. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed information held about the service, including notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people living in the service, the provider and three care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at three records relating to people's individual care. We also looked at two staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with three relatives.

Is the service safe?

Our findings

People told us they felt safe living at Stoke View and with the staff who supported them. People said, "It's wonderful here" and "I have been here for 31 years, it's my home." Comments from relatives included, "I haven't got any worries about the home" and "[Persons' name] is happy living there."

Staff had received training in safeguarding adults. Safeguarding and whistleblowing policies were in place which included details of how to recognise the various types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the owner.

There were effective systems in place to support people to manage their finances. With people's, or their advocate's, agreement the service supported them to draw agreed amounts of money from their bank accounts. People's individual money was held securely by the service, and given to people when requested, to make purchases for personal items and pay for outings. Records of when staff supported people to draw out money or make purchases were kept and regularly audited by the owner. A sample of people's money was checked and the amounts held tallied with the records.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. For example, one person became anxious when the fire alarm was activated and behaved in a way that put them, or others, at potential risk of harm. Records detailed how staff should give them advance warning of a fire alarm test and talk calmly with them when the alarm was sounded.

People were encouraged to be as independent as possible and the service encouraged them to take control of measures put in place to minimise any potential risk. For example, one person liked to go out for a walk each day, and although they knew the area well, their memory had deteriorated and they were at risk of getting lost. It had been agreed with the person that they would stay close to the service and go for a short walk around the nearby roads. This meant the person could go out independently while staying safe.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to ensure the safety of people who lived at Stoke View. On the day of the inspection there were two care workers, a cleaner and the owner on duty. The number of staff on duty depended on what activities people living at the service were doing. For example, on some days staffing numbers were increased to enable staff to transport people to various activities and to stay in the house to support people who may wish to remain at home. Staff regularly took people on holidays and days out either individually, or as a small or whole group. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity.

Incidents and accidents were recorded. Records showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Medicines were managed safely at Stoke View. All medicines were stored appropriately and keys to the medicine cabinet were held by the member of staff responsible for the medicines on each shift. Records were kept of which member of staff held the keys and who they handed them over to at the end of each shift. Some people had been prescribed creams and these had been dated on opening. This meant staff knew when the cream had been opened and how long it could be used before it was out of date and had to be replaced.

Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Sometimes people needed to take their medicines with them when they went out for the day or away on holiday. Appropriate protocols were in place for staff to transport medicines.

The environment was clean and well maintained. People told us their rooms and bathrooms were kept clean. The owner carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs. One relative commented, "Staff understand people's needs and look after them well."

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

There was a training programme in place to make sure staff had the skills required to meet people's needs and to help ensure training remained relevant and up to date. Areas covered included safeguarding, mental capacity, food hygiene, manual handling and infection control as well as more specialised subjects such as dementia awareness and epilepsy.

Until recently staff had received regular supervision sessions with the manager. These sessions were due to be re-instated with the owner until a new manager was appointed. Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. Staff supported people to see their GP and other necessary healthcare appointments. People had access to an annual health screening to maintain their health. Specialist services were used when required. For example, staff worked closely with community nurses, occupational therapists and dieticians. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. One relative said, "Staff take [person's name] to hospital appointments. They ring me if there are any problems."

People were supported to eat and drink enough and maintain a balanced diet. A four weekly menu was in place and this was agreed with people at regular menu planning meetings. Menu planning was done in a way which combined healthy eating with the choices people made about their food. The owner of the service completed the weekly food shopping, in line with the agreed meals, although people were able to add other items to the shopping list that they wanted.

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the service did not have anyone who required a DoLS authorisation.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. For example, care records for one person stated, "[Person's name] has the capacity to make simple day-to-day decisions including what to eat and what activities to take part in. More complex decisions would need to be made in their best interest." Records showed where decisions had been made, on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and their family.

The design, layout and decoration of the building met people's individual needs. People could access the kitchen to make their own snacks and help staff with preparing meals and washing up. People's rooms had been personalised with their belongings and decorated in a style of their choosing.

Is the service caring?

Our findings

On the day of our inspection there was a relaxed and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. Relatives commented about staff, "Wonderful, caring staff" and "They [people] are treated well."

Staff treated people like they were their own family, while still respecting that this was peoples' home and maintaining appropriate professional boundaries. There was plenty of friendly and respectful chatter between people and with staff. People and staff laughed and joked with each other and people's behaviour and body language showed that they felt really cared for and that they mattered. Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, "This is their home and we want people to be happy", "They can live their life how they want to" and "People are involved in the day-to-day running of the home."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff demonstrated a good understanding of people's individual needs around privacy and dignity. Although, the atmosphere in the service was one of everyone having fun together, staff appreciated that sometimes people would want to be on their own. We observed that people would decide to go to their room for some quiet time and staff respected their decision to do this.

People who lived at Stoke View told us they could choose where to spend their time and were able to participate in activities as they wished. Staff encouraged people to make decisions about their daily living and we observed that people had the confidence to make their own choices. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. On the day of the inspection one person helped staff to wash up after lunch and they told us they liked to do this every day. Another person proudly told us, "My job is put out the dustbins and sort the re-cycling." This meant people were able to maintain independence in their daily living.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Some elements of people's care plans were presented pictorially to enable them to understand their plan and be involved in any changes or updates. Care plans described how people communicated their wishes and guided staff to any non-verbal signs that indicated people were anxious about a situation. One person was anxious about doctor or hospital appointments and their care plan gave clear instructions for staff about how to support the person to attend appointments. Records stated, "It is best not to tell me if I have an appointment until just before we go."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on

bedroom doors and waited for a response before entering.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service. We saw notes of regular 'residents meetings', where people and their families had discussed activities, outings, menus and holidays.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The management were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Stoke View.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Stoke View. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support.

Staff were provided with information about how to support people who could sometimes display behaviour that was challenging for staff to manage. For example, for one person their care plan listed the type of situations that might trigger a change in behaviour and this helped staff to prevent these situations from occurring. If the person's behaviour did escalate staff were provided with clear guidance and instructions about how to respond and calm the person. This included staff giving the person space to calm themselves by walking away.

People were involved in planning and reviewing their care. Records showed that people had signed to confirm their involvement in their care plan. People told us they knew about their care plans and the previous manager would regularly talk to them about their care. Relatives also told us they were involved in people's care plans.

People were able to take part in activities of their choice and staff supported people to access the local community. Individual activity planners were developed with people and regularly discussed and reviewed. Each person had activities they took part in every week and these included going to out to places of their choosing and volunteering work. People told, "I love going to work. I help clear up and make tea for people", "I go out every day to the shops, I like buying books" and "We all go out for lunch and I like to go to football matches."

Staff arranged regular holidays for either the whole group or a smaller group depending on the type of holidays people wanted to go on. There were also regular trips to the beach, shopping, the cinema, picnics and playing board and card games. Where people had a particular interest, for example, one person liked tractor engines; staff supported them to go to special events where there were tractor engines.

On the day of the inspection we saw some people played dominoes with staff, some people went out independently to the shops and others spent time on their own either in their rooms or in a lounge.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of people they were supporting were met. There was a positive culture within the staff team and with an emphasis on providing a good service for people. Staff told us they felt supported by the management commenting, "Lovely to work for", "I love it, it's so relaxed" and "Well managed, the owner is brilliant."

At the time of the inspection the registered manager had just moved to another role within the service. The owner was managing the day-to-day running of the service until it was decided who would apply to become the new registered manager. The owner was supported by in the day-to-day management of the service by a team leader.

The owner was visible in the service and regularly visited to check if people were happy and safe living at Stoke View. People were clearly comfortable with staff and management and relatives told us they had confidence in the way the service was run. Relatives said, "Very pleased with the home. I trust the owner and all of the staff" and "The owner really cares about the people living there."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The management worked alongside staff to monitor the quality of the care provided by staff. The owner told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. The previous registered manager's new administrative role meant they had continued to review care plans and complete audits, such as incidents, accidents and falls, to monitor the service provided. The team leader had overall responsibility for the management of people's medicines and carried out weekly medicines audits.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out annual questionnaires to people and their families to ask for their views of the service. At the time of the inspection questionnaires were in the process of being updated before being sent out. Relatives told us the owner and staff regularly spoke with them to ask for their views on the service provided. One relative said, "The home is always in contact with me. If I wasn't happy with anything I would say so and I know they would listen."

Staff said they were supported by management and were aware of their responsibility to share any concerns about the running of the service and the people living there. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with management, regular formal supervision and monthly staff meetings. The minutes of staff meetings showed that staff were encouraged to have open discussions about the service and their views were listened to. One member of staff said, "We are asked if there is anything we want to discuss before a staff meeting. The owner always listens to our ideas."