

## Anthony Toby Homes Trust

# Staverton

### 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

This inspection took place on 16 May 2018 and was unannounced.

Staverton is a care home without nursing that provides a service to up to 14 people with learning disabilities and/or autistic spectrum disorder. The accommodation is arranged over three floors. At the time of our inspection there were 13 people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Medicines were handled correctly and safely.

People received effective care and support from staff who knew them well and were trained and supervised. People received care and support which was personalised to meet their individual needs. They knew how to complain and staff knew the process to follow if they had concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's right to make their own decisions were protected.

People benefitted from a service which had an open and inclusive culture. Staff were happy working at the service and people benefitted from having staff who felt well managed and supported.

People were treated with care and kindness and their right to confidentiality was protected. People were treated with respect and their dignity was upheld. People's diversity needs were identified and incorporated into their care plans where applicable.

People benefitted from a service which had an open and inclusive culture. Staff were happy working for the service and people benefitted from staff who felt well managed and supported.

Further information is in the detailed findings of the full report.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Staverton

## 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 16 May 2018. It was unannounced and was carried out by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager and deputy manager. We also spoke with five people who live at the home and four care workers. As part of the inspection we sought feedback from nine community professionals and received responses from four.

We looked at three people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files for three staff members who had been employed since our last inspection and the recruitment profiles of agency staff. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision and appraisal log, premises safety records, legionella and fire risk assessments, audits, staff meeting minutes, compliments and concerns records.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people

People were protected from the risks of abuse. People felt safe living at the service. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. Community professionals thought the service and risks to individuals were managed so that people were protected.

Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and were followed. For example, there were emergency procedures in case of fire.

Staff received training in responding to behaviours that challenge. Staff had access to a challenging behaviour specialist with the local community team for people with learning disabilities. Advice from the specialist and techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. We saw people were comfortable with staff and reassured by any actions they took to help reduce their anxiety.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. We checked the information the service held about external agency staff they used and found confirmation that the required checks had been carried out.

People were busy and going about their daily lives both in and out of the service. We saw staff were available when people wanted assistance with whatever they were doing. Staff said there were usually enough staff at all times to do their job safely and efficiently.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff they knew and who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light.

The care staff team was made up of the registered manager, deputy manager, three senior care workers and 10 care workers. Care staff and people living at the service worked together on meal preparation and laundry. Additional staff included a cleaner and a maintenance person. People told us staff knew what they were doing when they provided support.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver high quality care and support to the people living at the service. The service provided training in topics they considered mandatory, such as health and safety, fire safety, moving and handling, infection control and food hygiene. All mandatory training was mostly up to date, where refresher training was overdue, arrangements were in place for staff to catch up. One community professional said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. They added, "I feel that those members of staff I have worked alongside have been receptive to proposed suggestions and ideas, and initiated them effectively."

Staff said they received formal supervision with their manager to discuss their work and how they felt about it. The registered manager told us that, ideally, she would like those meetings to be every eight weeks but that they had fallen behind over the past 12 months. Plans were underway to increase the amounts of formal supervision staff received. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff had annual appraisals of their work. We saw the majority of staff had received their annual appraisal, with the exception of the registered manager and deputy manager. Staff confirmed they had regular supervision and said they felt supported by their managers and seniors.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Care plans demonstrated people had been involved in drawing up their care plans.

Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified the people living at Staverton who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the

required assessments and authorisations.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Drinks were also available at all times and people were free to decide what and when they ate. People were weighed monthly. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse needs.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. People had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. People had an annual health check from their GP as part of their health action plan. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.



## Is the service caring?

### Our findings

Staverton continued to provide a caring service.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. We saw a message from one family, who wrote thanking staff for their care during a time when their family member had been unwell. The family had written, "To all the lovely staff. Thank you so much for all your hard work in caring for [Name]. It's been a very hard few months for all of you, so thank you all from the bottom of our hearts. I am sure [Name] will be a lot better soon, you are all wonderful."

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. One community professional commented, "I have always found the staff very welcoming when I have attended the home and the clients all seem very relaxed and happy."

People's equality and diversity needs were identified and set out in their care plans. Staff were respectful of people's cultural and spiritual needs. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People's rights to privacy and dignity were supported. People felt staff knew how they liked things done and did things in the way they preferred. Community professionals said staff promoted and respected people's privacy and dignity. One professional added, "Very much so from the observation I have made." Professionals also thought the service was successful in developing positive caring relationships with people.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

## Is the service responsive?

### Our findings

The service continued to provide responsive care and support to people who use the service.

People received support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Community professionals thought the service provided personalised care that was responsive to people's needs. One community professional told us, "The team members that I work with are dedicated and caring to the individuals they support."

People had access to a busy activity schedule. Some people did activities with the 'day opportunity' staff, employed to develop and support people with activities of their choice. At other times everyone kept busy with activities they enjoyed, either inside or outside the service. People could choose what they wanted to do and were also able to try out new activities when identified. Some people had jobs at local venues, such as charity shops and a coffee shop. All people had the opportunity to plan and have a holiday of their choice each year. We saw a number of photographs showing people enjoying themselves on their holidays in 2017. People were starting to plan their holidays for 2018 with staff support.

People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people to get involved with. This took into account their individual interests and links with different communities.

We saw a complimentary email from a family, sent to the service last year after someone had celebrated an important birthday. The family wrote, "To all at Staverton who helped to make [Name]'s birthday so special. We as a family would like to say a huge THANK YOU! It was so lovely to see [Name] so well and happy and obviously enjoying his party. Thank you for inviting us and for your wonderful hospitality."

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of reviewing and updating people's care plans. They planned to document the communication needs of people in a way that meets the criteria of the standard.

People knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We looked at the complaints records for the previous year. We saw the complaints and outcomes were recorded with details of the actions taken to try to resolve the complaints raised.

# Is the service well-led?

## Our findings

The service continued to be well-led.

The service had a 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 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place. The system included monthly trustee visits to the service. During those visits trustees looked at the premises, furniture and fixtures to ensure they were clean and in good repair. They also spoke with people living at the service to see if they were happy or wanted to raise any concerns. Where issues were identified during the visit they were noted in the visit report and then followed up at the next visit to ensure issues were dealt with appropriately.

The registered manager undertook other audits at the service as part of her role. For example, audits of people's finances, care plans and risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures, fire safety equipment and food safety checks. All records and audits seen were up to date.

The provider had a number of schemes in place for people to celebrate their achievements. One of those was the 'Stars of the Month' scheme, where people living at the service were recognised for things they have done the previous month. People were also encouraged to be involved in the running of the service. People were listened to and had a voice. For example, following a suggestion from two people living at the service, the service had purchased a Jacuzzi bath. There were resident's meetings every month where they discussed issues that were important to them and that affected them. Suggestions were made and explored during those meetings as well as in individual meetings with their key workers. The service's committee met at the service every quarter, with all people able to take part if they wished to do so.

People benefitted from a staff team that were happy in their work. Staff told us they felt the service was well-led and enjoyed working at the service. They felt supported by the management and their colleagues and felt they were provided with training that helped them provide care and support to a good standard. Community professionals felt the service was well-led. They said the service demonstrated good management and leadership, delivered good quality care and worked in partnership with other agencies.