

# Chaos Support Ltd Stonecroft

## 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

### About the service

Stonecroft is a service which provides short term (respite) care to young adults who are living with a learning disability and some complex health conditions. It is registered to accommodate five people at any one time. At this inspection four people were accommodated for respite care. The respite service is accommodated on the first floor of a building that also accommodates a day centre, the service is known to people using the service as the hotel, we will refer to Stonecroft as the Hotel in this report.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe and supported by consistent staff who knew them and their needs well. Staff communicated effectively with each other about people's needs.

People told us they felt safe. People's responses and interactions showed us that they felt comfortable with the staff members supporting them. The service worked hard to promote inclusivity and people's diversity was embraced.

People were provided with a variety of opportunities to go on outings and take part in activities. This included in-house activities, day centres and group outings to encourage socialising and getting to know people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. 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.

Thorough recruitment and staff induction was in place to ensure that staff were suitable to work and provide support within the home. Staff worked across Chaos services so that they got to know everyone.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff acted to reduce the risk of similar incidents happening again. Medicines were managed safely, and staff maintained appropriate standards of hygiene and infection control. Staff

supported people to maintain good health and worked effectively with professionals involved in their care.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (Report published 14 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Stonecroft

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Stonecroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and care staff.

We reviewed a range of records. This included four people's care records and four medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person said, "I always choose to stay in this room because it is smaller, and it is closer to the office it makes me feel safe during the night."
- People appeared safe, relaxed and comfortable at the home. Relatives said, "Yes, staff make sure he is kept safe," "I am very happy [name of person] is cared for safely at all times and any potential risk situations are well managed."
- Staff team demonstrated an awareness of what they would do to report any safeguarding concerns. One staff member told us they would speak with the senior or registered manager and another staff member told us they could go to higher management or the local authority or the police if needed. Staff received training in safeguarding vulnerable people from abuse and all staff and people we spoke with felt assured any concerns would be listened to and acted upon.
- We observed the safeguarding file which did not show any safeguarding referral had been made, the registered manager and Local authority confirmed this.
- Staff had been trained in how to safeguard vulnerable adults from the risks of abuse and had good understanding of how to keep people safe. They were able to describe their responsibilities for reporting any concerns they had about the safety of the people living at the service.

Assessing risk, safety monitoring and management

- Records were maintained of the water temperatures throughout the home to ensure they were not in excess of safe levels.
- A legionella risk assessment had been completed in February 2019, actions to be completed from this report were water temperature checks should be carried out and recorded monthly, we saw this had been completed and recorded in health and safety checks.
- Audits were completed in respect of the environmental risks such as electrical equipment and gas safety.
- Risks were assessed relating to the environment, risk assessments were completed to ensure safety of the people living there, visitors and those working in the home.
- People living in the home had a variety of risk assessments in place according to their needs and activities. These promoted positive risk taking to ensure they had fulfilled lives.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. Rotas included dedicated one to one staff support for each person each week, so people could go out. This meant people benefitted because

staff had time to support people at a time convenient for them and spent time socialising with them.

- A person staying at the Hotel said, "staff were really good and always ask what I plan to do that day, today I have been swimming and this afternoon I am going out shopping there is always someone here to take us where we want to go."
- We found the provider had robust recruitment procedures in place. All staff completed an application form, provided references and other forms of identification, A Disclosure and Barring (DBS) check was undertaken to ensure that staff were suitable to work with vulnerable people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Using medicines safely

- Medicines were safely managed, and staff received training and support, so they could manage medicines safely.
- We did not observe medicines being dispensed as people staying at the Hotel were at the day centre, we spoke with the senior carer responsible for dispensing medicines who told us that medicines were given to people as prescribed by their GP.
- Guidance and protocols were in place to manage 'as required medicines' and homely remedies.
- Systems were in place for the regular auditing of people's medicines. Clear procedures were in place to manage and identified errors relating to medicines management.

#### Preventing and controlling infection

- The service was clean and tidy. Staff followed daily and weekly cleaning schedules. Staff actively encouraged those living in the home to keep their environment clean.
- Staff had completed training in infection prevention and control. Staff were supplied with personal protective equipment (PPE) to help prevent cross infection when delivering personal care tasks.
- Staff had received training to ensure that all feeding equipment was clean and fit for purpose.

#### Learning lessons when things go wrong

- Staff completed incident and accident reports and were supported to reflect on the incidents to help prevent further occurrence.
- Incidents were analysed and reported to the senior staff. Strategies for working with specific behaviours were developed in consultation with the persons behavioural support psychologist.
- The registered manager and directors of the service had a good oversight of all incidents occurring in the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the service, information was obtained, and comprehensive assessments were completed relating to their needs.
- Care plans demonstrated that staff worked alongside people to help them to achieve their dreams and aspirations and to become more independent.
- People's needs were assessed, and care and support were person-centred and delivered in line with people's choices and preferences.
- A behavioural psychologist has assisted in identifying potential problems at an early stage and developing suitable strategies to support people effectively and followed by staff.

Staff support: induction, training, skills and experience

- Staff were well trained and supported to enable them to fulfil their roles.
- Staff spoken with confirmed they completed a comprehensive induction on commencing work with the service. One member of staff told us, "Yes I did complete an induction when I started with Stonecroft. I have had all the necessary training which makes me confident in the role that I do." All new staff completed an induction which included full training and shadow shifts.
- Training records confirmed staff received training appropriate to their roles and responsibilities and additional training was offered to keep up to date with best practice guidelines.
- Staff told us they were confident in their roles and the training provided covered all areas of their jobs. One staff member said, "Training was really good, I got the information I needed." Another staff member told us, "Within our training we also get feedback on how we can improve."
- Staff supervision meetings were held regularly, and staff said they felt supported and regularly saw the registered? manager. One staff member told us, "I feel supported and listened to in every way."

Supporting people to eat and drink enough to maintain a balanced diet

- People staying at the Hotel chose the food they wanted and were supported by staff to assist with food preparation if possible, A person told us that they were going to cook the evening meal for everyone else staying in the hotel on the evening of the inspection , staff confirmed this and told us people had been provided with two options before making their choice.
- Staff were aware of how people's dietary intake could impact on their health condition and the support people required to manage this. Two people we spoke with told us the food was, "Great".

- Where people required a specialised nutritional intake such as their food via a feeding tube, staff had been trained to do this and told us the care plans in place provided them with the guidance they needed to do this safely. Food and fluid monitoring took place where this was needed, for example people on a feeding tube regime, the information was recorded during the persons stay at The Hotel and was then shared with their family or carers to inform them of their nutritional and fluid intake during their stay.
- Where specific health risks regarding food intake were identified for people, this was managed safely, for example, one person had a risk assessment in place for choking, the person had been assessed by the speech and language therapist with recommendation on the consistency of the food to be served to this person and the support required from staff, we observed staff monitoring this person whilst eating.

Staff working with other agencies to provide consistent, effective, timely care. Support people to live healthier lives, access healthcare service and support

- Staff communicated effectively with other staff inside the Hotel and with health care professionals. Staff told us communication was "good" and "effective"
- Care plans were regularly updated and audited to ensure changes in need were documented. This meant staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs were met.
- People were supported to maintain good health and were referred to appropriate health professionals when required. Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were themed for example, a meadow room, New York room and decorated according to the theme. People told us they liked the rooms being themed one person said, "I always choose to stay in the meadow room as it relaxes me and makes me feel free."
- There were different areas within the building for people to use for activities, such as the sole use of the day centre facilities after the day centre closed. This included a sensory room, a well-equipped kitchen, and a hub room where people could watch television, listen to music or chat with other people. This allowed people staying in the Hotel freedom to use facilities on a one to one basis with staff support.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed to consider whether people were being deprived of

their liberty. DoLS applications had been made appropriately.

- Staff had received training in the mental capacity act and had a good understanding of the mental capacity act.
- One staff member told us, "Everyone has choices, we always ask for consent, we support people how they want."
- The service supported people to make a variety of decisions relating to their care and support, we observed staff asking people for their consent before speaking with us and obtaining consent from people before arranging activities for them.
- Best interest decisions had been made and recorded in the care plans when people lacked the capacity to make decisions for themselves, we observed best interest decisions around daily activities.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We spoke with a person staying at the Hotel who talked about staff as their friends. They told us they enjoyed the staff's company and felt they were treated well. One relative confirmed this and said, "Staff are kind and caring, my loved one really enjoys their time at The Hotel and often wants to spend more time here and when it is time to leave they always ask when their next stay is."
- Staff were familiar with people's likes and preferences including their previous life experiences. Staff aimed to adapt care and support to maintain their interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and prevent social isolation.
- Staff knew when to support people and when time and space was needed to process information. We observed staff knocking on doors and working in collaboration with individuals to enable them to remain in control
- Staff showed an understanding of equality and diversity. For example, one staff member told us, "Irrespective of different cultural backgrounds, I treat everyone with the same respect."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by a consistent team of staff which ensured continuity and enabled people to get to know staff. Observations reflected people were comfortable and relaxed in staff's company. People were engaged by staff positively throughout our visit, laughing and joking with staff. We found the atmosphere in the service was warm and friendly.
- People were involved in the planning of their care. We found the service had used various methods to incorporate people's wishes. For example, information was gathered prior to people staying at the Hotel expressing how their wishes could be met during their stay. A suggestion box was also used.
- Staff encouraged and supported people to achieve their goals and aspirations. For example, going swimming and supporting with a range of activities and outings.
- The registered manager informed us, and people and relatives confirmed they were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. They confirmed regular reviews of their needs took place.

## Respecting and promoting people's privacy, dignity and independence

- The registered manager and a director of the company explained the service's values and told us that the service existed to support people to become more confident, skilled and independent whilst reflecting their right to make their own choices and decisions. Staff discussions reflected this was the support they provided.
- We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.
- Staff had read and signed a confidentiality policy reminding staff of the utmost importance in not disclosing information to anyone outside except to other healthcare professionals on a need to know basis.
- Privacy and dignity was always respected, which was important to all the younger people receiving care we spoke to. One person told us they liked to spend time in their room away from other people and we observed a note on this person's room saying do not disturb.
- We saw people were asked throughout their stays what they wanted to do and were given choices and options about all aspects of their stay. People told us they made their own decisions and staff supported these.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were flexible in meeting the person's needs, for example staff rotas were often changed so that support could be given by their preferred staff member.
- People received personalised care and support specific to their needs and preferences
- We saw evidence within care plans and through observations that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs.
- The staff supported people to move on to more independent living when appropriate. This was discussed with people regularly and options explored with them.
- Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- We saw care plans and complaints forms in people's files had been put into an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When staff completed the initial assessment of people's needs staff recommended local social activity clubs that they may be interested in joining.
- People were supported to maintain and develop relationships with people who were important to them.
- People were supported to participate in activities of their choosing. These included swimming, shopping, walking, theatre trips, cinema and attending the local gym.

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no complaints about the service. However, systems were in place to receive, handle and respond to any complaints or concerns raised, a relative said, "we were told by the registered manager how to make a complaint when we first started to use the Hotel, if I had to make a

complaint I know the registered manager would deal with it promptly, I have never had to make a complaint."

#### End of life care and support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 and deputy manager worked well together and had an open and approachable management style. They knew people well and led by example. A staff member said, "It's really well run, staff are treated well, and everyone gets along."
- A relative described the staff at Stonecroft as an effective and happy team. They said, "I have enormous regard for the work they do, my dealings with staff have always been very positive and they are always pleased to have contact from relatives." Another relative said, "I would recommend them, I really do not know how we would have coped without them, I really think they do their absolute best for [ person's name]." A social care professional said, "I can't speak highly enough of them, staff are really welcoming."
- Staff were motivated and enthusiastic about their work. They worked well together as a team to support people and felt valued for their contribution. Staff were happy in their work and demonstrated a real sense of pride in the service. They developed close relationships with people, which helped to create a happy environment.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

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

- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. They contacted families to make them aware of any incidents and outlined actions taken in response.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened



to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "I am thoroughly supported and respected by my manager. I would recommend this company to anyone."

- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service when appropriate.
- We saw evidence of audits completed for a range of topics including care plans, medication administration charts, staff records and policies and procedures. Action plans were completed and reviewed to ensure all documentation was up to date and reflected best practice.

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

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. There were easy read feedback forms for people to complete.
- Feedback from people using the service, relatives, professionals and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. Responses from people showed they were happy with the care and support they received. We viewed the most recent surveys received and the feedback was positive. Comments included, "Happy with care," and "Very Happy."

Continuous learning and improving care and working in partnership with others

- People lived in a home where staff worked with other professionals, family members and advocates to make sure people received the care and support they needed. For example, family members attended reviews and appointments and were fully involved in people's care.
- Staff at the service were continuously learning and improving through working with external training providers and specialists about people's communication and sensory needs. Also, through local partnerships with health, social care professionals and members of the local learning disability team. The registered manager received updates about regulatory changes through monthly newsletters from Care Quality Commission.