

William Blake House Northants Stone Cottage

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 

Overall summary

The inspection took place on 26 August 2015 and was unannounced. The service cares for up to three people with learning disabilities and three people were living at the service when we visited.

A registered manager was in post. 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.

People were safe and protected from harm. The staff had a good understanding of abuse and the safeguarding procedures that should be followed to report any abuse.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

Summary of findings

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust staff and volunteer recruitment systems ensured that staff and volunteers were safe to work with people living at the service.

The staffing arrangements ensured there was always staff available to meet people's care and support needs.

Robust arrangements were in place for the safe administration and management of medicines.

The staff were provided with comprehensive induction training and on-going training, which ensured that they had the knowledge and skills to meet the needs of all people living at the service.

A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

The staff treated people with dignity and respect and ensured their rights were upheld. Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Healthy eating was integral to promoting well-being. People had a choice of good, nutritious food their food and drink was closely monitored and appropriate referrals made to the health professionals when concerns were identified.

The staff were highly motivated and inspired to offer care that was kind and compassionate. Relatives worked in partnership with the staff and were kept informed of any changes to a person's health or well-being.

People had individualised care plans in place that were detailed and reflected their needs and choices about how they preferred their care and support to be provided.

People were encouraged and supported to engage in purposeful social, occupational and recreational activities to enhance well-being.

There were regular meetings for staff which gave them an opportunity to share ideas, and give information about possible areas for improvements to the registered manager.

People were encouraged to raise any concerns they had about the quality of the service they received and complaints were taken seriously and responded to immediately. There was an emphasis on the service continually striving to improve.

The vision and values of the service were person-centred and made sure people living at the service and their representatives were fully consulted, involved and in control of their care.

Robust quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the service and their representatives were sought about the quality of the service and acted upon to make positive changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protect people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

The service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to eat a healthy diet and to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

The service was caring.

The staff cared for people with compassion.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

The staff worked in partnership with relatives and supported people to maintain in regular contact with their families.

Good



Is the service responsive?

The service was responsive

People's care was personalised to reflect their wishes and what was important to them.

Care plans were person centred and reflective of people's needs and preferences.

Good



Summary of findings

People were at the heart of the service and were able to take part in a wide range of activities of their choice.

The arrangements for social activities were innovative, met people's social needs and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the care provided. These were available in a format that met the needs of people using the service.

Concerns and complaints were listened to and dealt with in line with the provider's complaints policy.

Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on meeting people's individual needs.

There was good links with the local community.

The registered manager operated an 'open door' policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The care provision was consistently reviewed to ensure people received care that met their needs.

Good



Stone Cottage

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.

The inspection visit took place on 26 August 2015; it was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (information about important events which providers are legally required to notify us by law) other enquiries from and about the provider and other key information we hold about the service such as previous inspection reports.

At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

We briefly met with one person living at the service, who was busy getting ready to go swimming. The other two people living at the service were already out of the home engaged in their individual daily activities. We therefore relied on discussions with the management and staff to form our judgements. We spoke with the registered manager, deputy manager, the general manager and two of the care staff team.

We reviewed the care records for two people living at the service, four staff recruitment files and other records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

We observed the person looked comfortable and relaxed with the staff. A member of staff said, “I have been working here for several years, each year the staff refresh their knowledge of safeguarding matters so we keep up to date with any changes in the reporting procedures. If I ever suspected or witnessed any form of abuse, I would not hesitate to report it”.

We saw that information was available in written and pictorial formats telling people how to speak out if they had any concerns about their safety or welfare.

Discussions with staff demonstrated that they understood the importance of keeping people safe from abuse. The training records showed that all staff had completed mandatory training in recognising and reporting abuse and updates to the training were provided annually.

The staff said they were aware of the safeguarding and whistle blowing policies. Whistle blowing is a way in which staff can report safeguarding concerns directly to the safeguarding team. The registered manager was fully aware of their responsibility to report allegations or suspicions of abuse to the local authority and the Care Quality Commission (CQC).

Risks of harm to people were minimised through individual risk assessments being in place. We saw the assessments had been developed with the involvement of the person where possible, or their representatives, and had been subject to regularly reviews. They guided staff on how they could promote and protect people’s safety and individuality in a positive way. For example, when on outings, participating in social and leisure activities, mobility, and managing behaviour that challenged the person and others.

We saw that emergency procedures were in place, for example, in the event of any breakdown with the heating, water, electrical and fire systems. A list of emergency contact numbers was available and contingency plans were in place in case of the home needing to be evacuated. Each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist the emergency services in the event of the home having to be evacuated.

A staff health and safety representative was appointed who carried out regular checks on the environment to ensure it was safe for people to live in. The registered manager also carried out routine health and safety checks as part of their monthly quality management programme.

The staff were knowledgeable of their responsibility to report and record all accidents and incidents. We saw that accidents and incidents were recorded in line with the provider’s policies and were regularly monitored by the registered manager to identify any trends in incidents, so that measures could be put in place to minimise the risks of repeat incidents.

The staffing arrangements ensured there was always staff available to meet people’s care and support needs’. A member of staff said, “We have very good staffing levels, it means people can get the support they need and can get out and about”. The registered manager told us that each person had one to one staff support when at service, which increased to two staff per person on outings. We observed that two were staff were supporting a person to go on an outing.

The registered manager told us that staff absences were covered by their own team of ‘bank staff’ so that people were always supported by staff that knew them. The term ‘bank staff’ means staff who are employed by the service to cover for staff sickness, annual leave or whenever additional staff are needed.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. We saw the staff recruitment procedures explored gaps in employment histories, written references had been obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks.

The registered manager told us that volunteers were encouraged to volunteer at the service and they underwent the same recruitment screening process as regular staff. They told us the volunteers usually stayed with them for up to 12 months and were seen as an important resource for supporting people to take part in the wide range of activities provided at the service.

People’s medicines were safely managed. The medicines were administered by staff that had appropriate training and competency assessments, which involved

Is the service safe?

observations of administering medicines. Close detail was given to training staff on the importance of keeping robust medicines administration records. We saw that records in

relation to the receipt, storage, administration and disposal of medicines were well maintained, and that monthly medicines audits took place to check that stock levels and records were in order.

Is the service effective?

Our findings

A member of staff said, “I have done lots of training over the years, I am always asked in my supervision whether there is any further training I would like to do, I know I only need to say and it would be provided”.

There was an experienced and knowledgeable staff team with many holding long service. They told us they were provided with comprehensive induction training and when they first started working at the service they worked alongside an experienced member of staff so as to get to know the people and how they preferred to have their care and support provided.

The staff said they had been provided with specific training in order for them to understand the conditions of people living at the service, for example, learning disability, advanced communication, low level intervention and equality and diversity. They said it was provided through a mix of face to face workshops and e-learning modules. The staff training plan evidenced when staff had attended ‘mandatory health and safety training’; also when training updates were due to take place.

People’s needs were met by staff that were effectively supported and supervised. The staff said that on a day to day basis the registered manager and deputy manager were approachable and always took the time to offer support, advice and practical help whenever needed. They also said that supervision meetings with the registered manager and deputy manager provided them with the forum to discuss in confidence their work performance and identify areas for further support and training. We saw that dates for supervision meetings were planned in advance so that staff could prepare areas they wanted to discuss.

We saw that staff appraisal meetings took place that included six monthly mid-year reviews, to evaluate each member of staff’s work objectives and plan their future learning and development needs. The staff said they worked well together and supported each other; they spoke of holding regular hub meetings to reflect on their work and share ideas on what they did well and what they could do better. In addition regular staff meetings took place and items on the agenda included subjects such as health and safety, safe practices, accidents and incident monitoring, festivals and activities

The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. The care plans contained assessments of people’s capacity to make decisions and when ‘best interest’ decisions had been made following the codes of practice. We saw documents that showed the registered manager had followed the legal process when applying for DoLS authorisations to place restrictions on people’s liberty to leave the building unescorted in order to keep them safe.

There was a strong emphasis on the importance of eating and drinking well to improve people’s wellbeing. The mealtimes were seen as a social event where people living at the service and staff took their meals together. In keeping with the anthroposophy philosophy a blessing was said before each meal.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. There was an emphasis on people growing the vegetables produce and eating organic foods and some people helped with cooking the meals.

People were supported by staff to choose each day what they wanted for their meals through the use of food picture cards and foods took into account dietary needs and food intolerances.

People’s care records contained nutritional assessments that were regularly reviewed and the staff tactfully monitored their food and drink intake and worked in collaboration with other health professionals, such as the speech and language therapist and dietician.

The staff confirmed they had a good working relationship with the healthcare professionals that were involved in people’s care. The care records contained information that demonstrated people’s physical and mental health conditions was regularly assessed and monitored. We saw instances recorded in people’s care records when they had promptly contacted health professionals in response to any deterioration or sudden changes in people’s health and acted on the instructions of the health professionals.

We saw that the sitting / dining room at the service was in the process of being redecorated. The registered manager and staff told us that the people using the service had been involved in choosing the colour scheme and furnishings for the room. The also told us that whilst it was being redecorated they had set up another area within the house

Is the service effective?

for people to use. We saw the staff had taken particular attention to replicate the layout of the sitting / dining area to reduce any anxiety, the disruption to people's routines may cause.

Is the service caring?

Our findings

A member of staff said, “We are all unique human beings, we care for people as we would want to be cared for ourselves, it’s important we care for the whole person”.

Discussion with staff demonstrated they were highly motivated and inspired to offer care that was kind and compassionate. They staff spoke warmly about people and had a detailed knowledge of each person seeing each person as a unique individual, it was apparent that the people and staff had good relationships.

We briefly observed the staff assisting a person preparing to go out, their actions demonstrated they were skilled in reading the person’s body language, responding appropriately to sounds and gestures, to effectively communicate with the person. Their actions demonstrated they were kind, patient, supportive and friendly and treated people with dignity and respect.

Records held within people’s care files demonstrated that people were supported to maintain relationships with people that mattered to them. The staff said that relatives were encouraged to visit as often as they were able to, and people were supported to visit their families and friends on a mutually agreed basis.

The staff told us that people and their representatives were involved in making decisions and planning their own care. We saw within people’s care records they had been asked whether they wanted to share information about things that were important to them and significant events in their lives. The information people had provided went towards building an individual profile so their care and support could be arranged to meet their specific needs and preferences.

The staff said they worked well as a team and shared information to ensure people’s needs and preferences were known by all staff and volunteers. This helped ensure consistency of care and that daily routines and activities matched their specific needs and preferences.

Staff respected the importance of maintaining people’s confidentiality. They treated personal information in confidence and did not discuss people’s personal matters in front of others.

People’s care records and other records about them were securely stored away and only people that needed to had access to them.

Is the service responsive?

Our findings

The care provided at the service was based on the Rudolf Steiner and the anthroposophy model of care, which promoted artistic activity, developing the imagination, inclusion in the community and living a healthy lifestyle. The registered manager and the staff told us that before people came to live at the service, the model of care was fully explained to people and their relatives, so they could decide on whether they wanted to move into the service.

Each person had care a plan in place that was based on their assessed needs. They all contained information detailing the person's specific interests, hobbies, capabilities and preferences. They were regularly reviewed and updated as and when the person's needs changed. The staff worked with people through observation and using their preferred methods of communication, such as using picture cards and objects of reference in order to establish people's daily wishes and preferences.

A variety of social, occupational and recreational activities were available for people to engage in if they wished. The service was fully integrated within the local community and volunteers provided additional social contact and support for people. On the day of the inspection people were engaged in baking at the village community centre and working on a local farm, one person was preparing to go swimming. We saw photographs were available within people's care records of them taking part in a variety of activities, and it was evident from the smiles on their faces they enjoyed taking part in them.

There was a strong emphasis on people being encouraged to participate in purposeful, educational and therapeutic activities such as, music drama groups, arts and crafts, horse riding, light work on a local farm, looking after the animals and growing their own vegetables on an allotment.

People had regular opportunities to do more relaxing activities, such as, listening to music of choice, reading, country walks, swimming and using the jacuzzi, steam room and sauna facilities at a local health centre. On the afternoon of our inspection a person was preparing to go swimming, a member of staff who was escorting the person said, "I love coming to work, it's so rewarding when you know you have helped somebody to totally relax and unwind".

At the time of the inspection the registered manager said the drama group were busy rehearsing a play, which was themed on kindness based on the story of the good Samaritan. They also said that music and singing sessions were a popular activity that took place weekly. The registered manager said the songs were often themed on celebrating the changing seasons of the year, which was another important aspect of the Steiner philosophy of care.

People were supported to go on holidays of their choosing and regularly visited local attractions, we saw photographs that evidenced people had recently visited the Nene Valley Railway, had picnics at the park, and boating trips.

People were made aware of how to raise a complaint. The information was available in picture and written formats and stressed the importance of people speaking out if they had any worries or concerns. Group meetings took place regularly during which people were asked if they had any concerns they wanted to share, there was also regular opportunities for people to speak in private. The registered manager said the service received very few complaints and records showed that complaints were responded to appropriately within the agreed timescales and resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

The culture and vision of the care provided at Stone Cottage was integral to everyday life at the service. Information on the anthroposophy model of care was fully explained to people and their relatives before moving into the home. The information was provided in pictorial and written formats.

Our observations and discussions with the registered manager, general manager, deputy manager and staff demonstrated there was an open and transparent culture. They had a good knowledge of people's care and support needs and good relationship with people's relatives and other visitors. Many of the staff held long service, one member of staff said, "We communicate very well as a team, we are aware of the individual needs of people and work together with families to ensure people live fulfilling lives". They spoke with warmth about the people they supported and of the close working relationships they had built with people their relatives and visitors.

The staff spoke highly of the registered manager, saying they felt supported and enjoyed their work. One member of staff said, "You ask me to describe what it's like to work here, it's hard to put into words, it's a feeling of complete satisfaction, I don't see my work as a job, it's a vocation". Another member of staff said, "I absolutely love working here, everybody is important, residents and staff alike, I have never worked in an environment like it. The home is just full of love and kindness".

The general manager regularly attended village meetings to promote the work of the service and it played a key role in the local community. People regularly used the community centre for music, drama, craft and baking workshops. They had also set up links with a local farm and were active in looking after the animals and growing their own vegetable produce.

They told us at a recent meeting the general manager had agreed for a defibrillator machine for emergency use by villagers to be placed on an outside wall and we saw it was in situ.

The registered manager told us that each month the staff nominated a colleague who they felt had upheld the values

of the service. They said the names of nominated people were hung from a compliments tree. The staff we spoke with said they liked the idea and that they found it motivating to be appreciated by their peers.

The registered manager and staff strived for excellence through reflective practice and the staff and volunteers clearly understood what was expected of them. The registered manager told us that each quarter they carried out quality effective reviews (QER) that took the form of a staff quiz to test their knowledge and experience. This familiarised the staff with the requirements of the Health and Social Care Act (HSCA) regulations. The staff said doing the quiz was as a fun way of learning about the regulations and made them aware of the need to work in line with of the HSCA regulations.

People living at the service and their relatives were regularly asked for feedback on the service and annual satisfaction surveys were carried out. The feedback received was taken on board and fully addressed to continually improve the service. We saw that regular resident meetings took place during which the views of people, their relatives and staff were taken into account and changes made to the service where needed. For example, people were asked for ideas for redecorating the home and in choosing the colour schemes.

There was a strong emphasis on the service continually striving to improve. The quality assurance systems to monitor people's care were robust and used to drive continuous improvement. The registered manager carried out weekly checks and monthly care audits. Such as, monitoring accidents and incidents, care records and risk assessments, staff records, medicines management systems and the environment.

We also saw that management audits were completed by the management team with the support of an independent external consultant. We saw the findings from the visits were written up in a report and any areas identified for improvement had action plans put in place with realistic timescales for completion.

The registered manager had appropriately notified the Care Quality Commission (CQC) of events as required by the registration regulations.