Care Quality Commission

Westlake Care
Stoneybridge 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 the 02 December 2015. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Stoneybridge Cottage provides care and accommodation for a maximum of two people. People living and supported at Stoneybridge Cottage are usually younger adults with a learning disability and associated conditions such as autism and Asperger's.

The service had a registered manager 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 said they liked living at Stoneybridge Cottage. The atmosphere in the home was warm and welcoming and people behaved in a way that demonstrated a sense of belonging. We saw people pottering around the house, tidying up and organising the house in a way they wanted and preferred. For example, one person told us how they had put up all the Christmas decorations how they

Summary of findings

wanted and showed us all their birthday cards displayed in the main sitting room. Relatives comments included, "I think […] is very happy and well cared for, they always seem very content and have all their needs met".

Staff spoke in a compassionate and caring way about the people they supported. People were supported when they moved between services. For example, one person had moved from the home to a new placement and staff had done as much as they could to provide good and clear information about the person's needs to make the move as smooth as possible for all concerned. Hospital passports and communication profiles were used to support people should they require an admission to hospital or other healthcare facility. This information helped ensure people received consistent and appropriate care when they used or moved between different services.

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they had lots of opportunities to develop their skills and training was relevant to the needs of people they supported. Staff confirmed they undertook a thorough induction when they first started working in the home and felt well supported by the registered manager and their colleagues.

There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to ensure they were fit and appropriate to work with vulnerable people in a care home setting. Staff were able to recognise possible signs of abuse and/or poor practice and understood what they needed to do to ensure people were protected.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records included clear information regarding their medicines and how they needed and preferred these to be given to them. Staff undertook training and understood the importance of safe administration of medicines. The registered manager completed regular audits to ensure practices remained appropriate and safe.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager demonstrated a good understanding of the Mental Capacity Act and had followed the correct processes when it had been assessed that a person's liberty could be restricted.

People's health and well-being were well monitored. The registered manager and staff responded promptly to any concerns in relation to people's health and also encouraged people to attend health checks recommended for their age group and gender. People were provided with information about diet and healthy eating and were fully involved in all aspects of menu planning, shopping and meal preparation.

People were supported to lead a full and active lifestyle. On the day of the inspection one person went out for the day to celebrate their birthday. The day had been planned to include activities they enjoyed including a train trip and meal out. In addition to a busy social schedule people also attended planned weekly activities aimed at developing their daily living skills and social opportunities. One person went to college two days each week to learn writing and life skills and also attended a farm project one day each week. Staff said, "They love the learning aspect, but also the socialising and making friends".

The registered manager took an active role within the home. Staff said they felt well supported and always had someone to contact, which they said was particularly important when working on their own. The registered manager maintained their own professional development by attending regular training. They had also been actively involved in a local communication initiative 'Communication Charter' organised by Cornwall County Council. The aim of the charter was to improve the lives of people with a learning disability. As part of this initiative the registered manager had attended communication training and agreed to use this knowledge to its full potential by rolling out the training to their staff and other services.

The registered manager had an effective quality assurance system in place and gathered information about the quality of the service from a variety of sources

Summary of findings

including people who used the service, relatives and other agencies. Learning from incidents and feedback had been used to drive continuous improvement across the service.

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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

There were sufficient numbers of staff to meet people's needs and to keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment procedures.

Good

Is the service effective?
The service was effective.

People were supported by well trained staff who understood their needs. Staff undertook a thorough induction before starting work and received regular and effective supervision and support.

People's rights were protected. Staff and management understood the principles of the Mental Capacity Act 2005 and correct procedures were followed to ensure the rights of people who lacked capacity were protected.

People were supported to have their health and dietary needs met.

Good

Is the service caring?
The service was caring.

People were treated by staff with kindness and respect.

Staff supported people in a way that promoted their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

Good

Is the service responsive?
The service was responsive.

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

People were supported to lead a full and active lifestyle.

People were supported to maintain relationships with people who mattered to them.

People were supported to raise any concerns or complaints about the service. Systems were in place to address complaints in a timely and appropriate manner.

Good

Is the service well-led?
The service was well- led.

People were involved in the running of the service and their views were listened to and valued.

Good

Summary of findings

Staff understood their roles and responsibilities and were well supported by the registered manager.

Effective systems were in place to monitor quality and drive improvement across the service.

Stoneybridge 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 took place on the 02 December 2015. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with people who lived at the service. We also spoke with three members of staff including the registered manager for the service. We looked at records relating to the people who lived in the home, this included support plans, health records and risk assessments. We also looked at a sample of staff files and other records relating to the running of the service including, health and safety records, policies and procedures and quality audits.

We spoke with one relative and a professional from Cornwall County Council who had involvement with the service and people who lived there.

Good

Is the service safe?

Our findings

People we met said they liked living at Stoneybridge Cottage and said the staff looked after them. Relatives we spoke to said they didn't have to worry and they felt people were well cared for and safe. Other agencies commented that they had not seen anything to cause them any concern and people they saw looked comfortable and happy in their home.

People were protected by staff who knew how to recognise signs of possible abuse and or poor practice. Staff said they believed reported signs of suspected abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly updated. This training helped ensure staff were kept up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing procedures. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately within the service. Following the inspection the registered manager notified the Care Quality Commission of a reported safeguarding concern within the home. The registered manager had taken the appropriate action to ensure people were safe and protected.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify any risks to the person and the staff supporting them. This included risks relating to the environment as well as risks associated with people's support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising the person's rights, choices and independence. For example, one person had their own personalised 'passport book', which they carried with them when they went out. The book included important information about the person in case they were lost and unable to find their way home. We spoke to this person about the book and they said they understood how to use it and also how to ask for help from a policeman or member of the public if they needed help.

There were sufficient numbers of staff available to keep people safe. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. During the inspection we saw there were enough staff to support people with their daily care needs and to take people out when they needed or requested to.. Staff we spoke with said the staffing arrangements were well organised and sufficient to keep people safe. Comments included, "We have plenty of time to support people and also just spend time sitting, chatting and relaxing with them, which is nice". Staffing levels were discussed as part of the on-going review of people's needs and any changes or issues were discussed and shared with other relevant agencies.

Lone working policies and procedures were in place. Comments from staff included, "We can always contact the manager if we need any support or advice, and we have to carry our mobile phones all the time when we go out".

We saw robust recruitment and selection processes were in place. We looked at the records of two members of the staff team. We found appropriate checks had been undertaken before people started work. The staff files included evidence that pre- employment checks had been made including requests for written references from previous employers, Disclosure and Barring Service clearance (DBS) health screening and proof of identity. These checks helped ensure staff working in the home were fit and appropriate to work with vulnerable people.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records included clear information regarding their medicines and how they needed and preferred these to be given to them. One plan stated the person needed to be involved in taking their medicines. We saw staff talked to the person about taking their medicines and encouraged them to be involved in preparing their drink and signing to confirm when the medicine had been taken. Staff told us they undertook training and understood the importance of safe administration of medicines. The registered manager had the responsibility of overseeing medicines in the home and undertook regular audits to ensure practices remained appropriate and safe.

A range of health and safety checks were undertaken to help ensure the environment and any equipment or facilities used by people remained safe and fit for purpose. We saw the environment was in good order, clean and well-maintained. A fire risk assessment had been completed and regular checks undertaken of fire safety

Good

Is the service safe?

equipment including alarms, fire exits and extinguishers. Individual plans had not been completed about how people needed to be evacuated in the event of a fire. The registered manager told us they would complete this information as a matter of priority. This would help ensure emergency services had the information they needed to evacuate people safely and appropriately in the event of an emergency such as a fire.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they had lots of opportunities to develop their skills and training was relevant to the needs of people they supported. Staff confirmed they undertook a thorough induction when they first started working in the home. Comments included, "I had plenty of time to read information about people and the service and shadowed experienced staff before working alone".

Records and certificates of training confirmed a wide range of learning opportunities were provided to all staff. These included areas such as Health and Safety, Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS) and safeguarding adults. Staff also had the opportunity to complete training specific to the needs of people they supported. For example one person used a specific form of sign language to communicate. Staff had undertaken training in this person's particular signing methods to help ensure they could understand them and support their needs appropriately. Staff had also recognised the risks for some people in relation to the ageing process and had undertaken training in how to recognise and support people who may be developing or living with dementia. A training programme and audit was in place to help ensure training remained up to date and relevant.

Staff told us they felt well supported by their colleagues and the registered manager. Comments included, "I have supervision with the manager and we also meet regularly as a staff team to discuss practice and share ideas", and "I can always speak to the manager if I need advice or support". Records confirmed regular one to one supervision sessions took place as well as daily hand-overs and staff meetings. The registered manager recognised the importance of formal supervision particularly when staff were lone working and supporting people over several hours during the day and night. They said "Lone working can be very isolating and it is important to closely supervise staff and provide good support".

People were free to move around the home independently. We saw people treated the home as their own and were able to use all the facilities either independently or with support from staff when needed. For example, we saw one person spending time tidying around the main sitting room and organising Christmas decorations and their personal belongings in a way they chose and preferred. The staff were clear that Stoneybridge Cottage was people's home and comments included, "We come into their home to support them and we respect that it is not our home". People were able to come and go from their bedrooms and spend time in the kitchen preparing drinks and snacks or just pottering around.

Some people were unable to go out on their own due to safety risks and required some staff support. The registered manager was aware of the need to consider people's ability to consent to these staffing arrangements within the legal framework of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected. DoLS provides the legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make a certain decision, at a certain time. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. The registered manager was aware of when people may not have the capacity to make decisions and when their liberty maybe restricted. The correct procedures had been followed to ensure people's rights were protected.

Staff had undertaken training and understood the principles of the Mental Capacity Act 2005. Support plans described clearly when people needed support and when they were able or should be encouraged to make choices about their care and lifestyle. Staff told us, "It would be very easy to just do for people but it is important to let people make their own choices and decisions". A support plan for one person included a detailed list of the things they were able to make choices about including, what time they got up, what they ate and drank, who they saw and the activities they would choose to participate in.The plan also included some areas of the person's needs and lifestyle they could need some support with including their finances and medicines. This confirmed the staff recognised people's rights and ability to make choices and have control over their care and lifestyle.

People's consent was sought before care and support was provided. We saw staff speaking to people as they provided

support and checking they were happy with the care being provided. Staff provided people with advice, such as appropriate clothing to wear out for certain weather conditions but also respected the person's right to make their own choice.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful manner. Behaviour management plans were in place for some people to help staff understand the behaviour people may present and how the behaviour should be managed. For example, the plan for one person detailed behaviours they could present if something they had planned was changed or cancelled. The plan detailed for staff how they could prevent or manage the behaviour to reduce the risk of it escalating and becoming unsafe. Staff had undertaken training in the management of people's behaviour and had also requested specific training to provide them with the skills to support people who presented with behaviours associated with Attention Deficit Disorder. This additional training would help ensure staff had up to date and specific skills to meet the needs of people they supported.

People's health and dietary needs were understood and met. We saw how people were fully involved in the planning and preparation of their meals. One person was supported by staff to write a list and to go shopping for the items needed. The person was familiar with the kitchen area and was able to prepare simple snacks and drinks and help staff prepare their main meal for the day. Fresh fruit was available and a soft drinks dispenser situated in the kitchen ensured people could help themselves to cold drinks at any time. People's daily routines were documented as part of their support plan and included information about particular likes and dislikes as well as when they liked to have drinks and snacks during the day. For example, one person's plan said before doing anything else they liked to make themselves a coffee in the morning. Staff were very familiar with this person's routines and said the person was able to do this without any staff support. The registered manager said people in the home did not have any specific dietary needs but would be helped by staff to consider healthy food options.

People were supported to maintain good health and when required had access to a range of healthcare services. Support plans included information about people's past and current health need and staff were familiar with this information. A list was kept of any routine or emergency health checks and this included the outcome and any further action required. Records confirmed people attended routine appointments such as optical and dental checks as well as annual health checks and reviews of medicines. Information about people's health needs had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be best practice to help ensure people's needs are understood and met should they require treatment in hospital or other healthcare facility.

Good

Is the service caring?

Our findings

People looked comfortable and happy in their home. We saw people pottering around the house, tidying up and organising the house in a way they wanted and preferred. For example, one person told us how they had put up all the Christmas decorations how they wanted and showed us all their birthday cards displayed in the main sitting room. Relatives said they felt people were well cared for and comments included, "I think […] is very happy and well cared for, they always seem very content and have all their needs met".

The atmosphere in the home was warm and welcoming. One person was celebrating their birthday and all the staff shared their excitement about their celebrations and plans for the day. A staff member who was not on duty came in to wish the person happy birthday, which clearly pleased them and made them feel special. The staff member supporting the person on their birthday had planned a train trip with them. The staff member said this was something the person particularly enjoyed and also gave them time to sit together and chat about the day. Staff spoke in a respectful way to people and used their preferred choice of name. One support plan stated that the person would often greet people by shaking their hand and staff were aware of this information and supported the person to greet new people and visitors in this way.

Staff spoke in a way that demonstrated they really knew the people they supported. They were able to tell us about people's likes and dislikes as well as important information about their past, interests and people who mattered to them. Staff spoke fondly about people who had left the service and expressed a genuine wish that they were happy and successful in their new home. Staff supported people to maintain contact with family and friends and recognised the importance of these relationships. One person was supported to go out with a family member on a regular basis as well as contacting other relatives by telephone. A relative we spoke to said they were always able to contact the home and were kept well informed of any important events.

People were able to make choices about their care and lifestyle. Staff were familiar with people's daily routines and respected their lifestyle choices. For example, one person liked to get up in the morning and make themselves a coffee before starting their day.They also had their own pet rabbit, which they liked to care for and their own vehicle they knew belonged to them and they liked to look after and clean.

People's privacy was respected. People were able to choose if they spent time with others or on their own. Staff said people would often take themselves off to their room or a different part of the house to sit quietly, listen to music, and just relax. People had keys to their bedrooms and were encouraged to use these to keep their belongings and private space safe.

At the time of the inspection people did not have information or access to advocacy service. This was discussed with the registered manager who said they would address this as a matter of priority. Advocacy service support people to make decisions and help further ensure their voice and views are heard and acted on.

Good

Is the service responsive?

Our findings

People told us they were happy living at Stoneybridge Cottage. A representative from the learning disability services in Cornwall said they felt people's needs were well met by the service. Comments included, "There is good consistency in the staff team, they don't use agency staff, so people know what to expect each day. A relative said "They seem to cover all […] needs, they do lots of different activities".

People's support plans included clear and detailed information about their health and social care needs. Each area of the plan described the person's skills and the support needed by staff. For example, one plan said that the person was able to prepare their bath and would be able to recognise if the water was too hot and would add cold water. The plan also stated that the person may require some assistance from staff to tie their shoe laces. Information about people's preferred routines were also recorded. For example, one plan stated the person liked to wake at a particular time and would potter around their room before going downstairs to make themselves a drink. Staff we spoke with were familiar with these routines and information.

Information was available about people's communication methods and how they needed to be supported. One person used a very specific form of sign language to communicate and had a communication profile with information about their signing as well as their body language and sounds used to communicate. Staff had good knowledge of this information and used it along with training to communicate effectively with the person concerned.

People were involved in planning and reviewing their care and support needs. One person showed us their 'Person centred plan', which included information about them, their care needs and lifestyle. The plan included pictures of people and places familiar to the person. For example, the person showed us pictures at the front of their plan of their favourite television programme, musical instrument and sport. This information was used to help the person make plans and consider their care needs and personal goals. The plan also included pictures of the person's daily living skills including photographs of them cooking and performing household tasks around the home.

People were supported to lead a full and active lifestyle. At the time of the inspection one to one support was being provided so people were able to choose when and where they wanted to go out. Staff said, "People have lots of opportunities, they are never in". One person went to college two days each week to learn writing and life skills and also attended a farm project one day each week. Staff said, "They love the learning aspect, but also the socialising and making friends". One person had formed a particularly close friendship at one of their day activities and they had started to spend time socialising with the friend. The staff had supported this new friendship and said they would help the person make arrangements to plan a meal at the home. On the day of the inspection one person was preparing to enjoy their birthday celebrations. A favourite trip had been planned and the person was dressed up and looking forward to their day out.

The house was comfortable and well equipped so that people could occupy themselves and spend time relaxing at home. The garden had been planned in a way that met people's particular needs and interests. One person had an area for their pet rabbit and had also enjoyed growing plants during the summer months. People were supported to enjoy less structured activities during the weekend, such as bike rides, swimming and eating out.

A complaints procedure was available in a format people who used the service could understand. People were encouraged to express their views and any complaints or concerns were listened to and acted on. The registered manager said the service had not received any complaints since the last inspection.

People were supported when they moved between services. For example, one person had moved from the home to a new placement and staff had done as much as they could to provide good and clear information about the person's needs to make the move as smooth as possible for all concerned. Hospital passports and communication profiles were used to support people should they require an admission to hospital or other healthcare facility. This information helped ensure people received consistent and appropriate care when they used or moved between different services.

Good

Is the service well-led?

Our findings

People were encouraged and supported to view Stoneybridge Cottage as their home and to be fully involved in daily tasks and decisions within the service. People we met looked very relaxed and talked happily about the home and their plans for the day. People demonstrated a sense of belonging by organising furnishings in a way they wanted and displayed their personal belongings such as birthday cards and other items freely around the home. Staff were very clear that they were supporting people in their home and needed to help people to be independent rather than doing tasks for them. One staff member said, "I wouldn't want someone coming into my home and making decisions and doing things for me if I didn't want, and it is no different here". Staff spoke with enthusiasm about their work and fondly about the people they supported.

Staff included people in discussions and valued their opinions. One person was planning their day out to celebrate their birthday. The staff member supporting them spoke with the person to ensure the arrangements were as they wanted and showed enthusiasm and interest in what they had planned. People attended staff meetings and their views about the service and environment were listened to and valued. One person had been actively involved in planning the garden area so that they could pursue their interest and hobbies.

The registered manager took an active role in the home and had a clear vision about how the service should be run. At the time of the inspection there was one vacancy in the home. The registered manager said the needs and views of people currently living in the service would be taken into account when considering anyone new moving into the home. They said they believed this was very important to ensure people received personalised and appropriate care and support.

Relatives said the manager was always available and would address any questions or concerns they had.The registered manager maintained their own professional development by attending regular training. They had also been actively involved in a local communication initiative 'Communication Charter' organised by Cornwall County Council. The aim of the charter was to improve the lives of people with a learning disability. As part of this initiative the registered manager had attended communication training and agreed to use this knowledge to its full potential by rolling out the training to their staff and other services. The registered manager said, "This is about being an ambassador for communication". Within the service staff had used this training and skills to support one person to purchase an electronic communication aid and to develop other communication tools such as communication passports for when people go out. The registered manager said the training had taught them they should not accept people cannot communicate but look at ways of ensuring they can. The registered manager also attended 'Skills for Care' workshops to keep updated with current legislation and best practice.

Staff said the registered manager and colleagues were supportive. Lone working policies and procedures were in place so staff working on their own would know what to do in the event of an emergency or if they needed advice or support. One staff member said, "There is always someone I can contact day or night. We have to carry our mobile phones at all times and have plenty of opportunities to talk and share ideas". Staff were clear about their roles and responsibilities and access to information about the service and people they supported.

Information was used to aid learning and drive improvement across the service. Incident reports had been completed in good detail and were analysed to look for any trends or patterns developing. The registered manager said they didn't archive incident reports so that they could look at them and consider any learning or action needed. For example, one person had experienced the death of a family member. Although they did not appear to show any distress at the beginning,incident reports showed subtle changes in their behaviour, which suggested they required some support, which the service was then able to access for them.

Feedback was sought from people, their relatives and other agencies regarding the quality of the service. The registered manager was in the process of developing easy read questionnaires so they could be understood by people who used the service. They said when these were finalised they would be rolled out and used within all the services run by the same provider.

As well as requesting feedback the registered manager assessed and assured the quality of the service through a number of regular audits and safety checks. Systems were in place to check records relating to people's support

Good

Is the service well-led?

needs on a regular basis to ensure they were accurate and up to date. Regular audits were completed of people's personal finances and medicines. Contracts were in place to ensure equipment, electrical items and vehicles remained safe and fit for purpose. The regional manager for the organisation also undertook a monthly audit and quality check of the service and an action plan was included when need for improvements were identified