

## Stonehaven Residential Home Limited

# Stonehaven

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Stonehaven is registered to provide accommodation for up to 24 older people, including people living with dementia. At our last inspection in January 2016 we rated the home as Requires Improvement.

The registered provider also operates a day care support service in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC).

We inspected the home on 28 March 2017. The inspection was unannounced. There were 21 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted eight DoLS applications to the local authority and was waiting for these to be considered. Staff had received training in the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

The registered manager and her team had worked hard to address the issues of concern identified at our last inspection. Significant improvement had been made in many areas, although further action was required to ensure the system for assessing and managing risks was consistently effective. The registered manager had a positive and forward-looking approach and was committed to the ongoing improvement of the home in the future.

People's medicines were managed safely and staff worked alongside local healthcare services to ensure people had access to any specialist support they required. Staff knew how to recognise and report any concerns to keep people safe from harm. A range of auditing systems was in place to monitor the quality and safety of service provision.

There was a warm, homely atmosphere and staff supported people in a kind, friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink of high quality that met their individual needs and preferences. A varied programme of activities and events was organised to provide people with mental and physical stimulation. People were supported to maintain personal interests and hobbies.

There were sufficient staff to meet people's care needs and staff worked together in a well-coordinated and mutually supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications. Shift handovers and regular team meetings were used effectively to facilitate good communication.

The registered manager maintained a high profile within the home and provided inspiring leadership to her team. Staff were happy in their work and proud of the service they provided to the people in their care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Further improvement was required to ensure the system for assessing and managing individual risk was consistently effective.

Staff knew how to recognise and report any concerns to keep people safe from harm.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

### Is the service effective?

**Good** 

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider organised a varied programme of courses to meet staff training requirements and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support from the registered manager and other senior staff.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their needs and preferences.

### Is the service caring?

**Good** 

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to

exercise choice and control over their lives.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's individual care plans were well-organised and updated on a daily basis by staff.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

A varied programme of communal activities and events was organised to provide people with mental and physical stimulation.

People were supported to pursue their own individual hobbies and interests.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager had worked hard to make the improvements identified at our last inspection of the home. She had a forward-looking approach and was committed to the continuous improvement of the service in the future.

People were actively involved in the running of the service.

Staff worked well together, under the strong supportive leadership of the registered manager.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

# Stonehaven

## **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. The inspection was planned to check whether the provider was 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.

We visited Stonehaven on 28 March 2017. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, six relatives or friends, the registered manager, the deputy manager, four members of the care staff team, one member of the activities team and member of the catering team. We also spoke with one local healthcare professional who had regular contact with the home.

We looked at a range of documents and written records including three people's care records and staff recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

People told us they felt safe living in the home and that staff treated them well. For example, one person said, "They look after us well." Another person's relative told us, "I know she's safe. She's well-looked after."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority and the CQC.

On our last inspection of the home in November 2015 we found shortfalls in the systems used to assess and manage potential risks to people's safety. Although on this inspection we found that some improvement had been made, further work was required to ensure a consistently effective approach. For example, when we looked at one person's care record we saw that they had been assessed as being at risk of falling. Following a fall in February 2017, staff had reviewed and updated the person's 'moving and handling' risk assessment. However, there was very limited evidence that staff had considered any additional measures to try to prevent further falls beyond reminding the person to use their walking frame. Sadly, on the day before our inspection, the person fell again and fractured their hip. When we discussed this person's case with the registered manager and her deputy they readily acknowledged that the February risk assessment review had not been as robust as it could have been and told us they would take early action to strengthen the provider's approach in this area. More positively, the management of other risks to people's health and welfare was effective. For example, staff had identified another person at being increased risk of falling and arranged a review of their medicines which had been successful in preventing further falls. Similarly, when people had been assessed at risk of weight loss, a range of measures had been put in place and they had started to gain weight again.

On our last inspection of the home we also identified concerns with medicines management and told the provider that improvement was required. On this inspection we were pleased to find that action had been taken and that the arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Reflecting feedback at our last inspection, a new medicines storage cupboard had been built and key-holding arrangements had been revised to ensure only staff authorised to handle medicines had access. Medicine administration records (MARs) were well-designed and contained an accurate record of any medicines that people had received. The MARs contained a photograph of the person to aid identification together with details of any allergies. Again in response to the feedback at our last inspection, a new medicines fridge had been purchased and staff conducted daily checks to ensure medicines were stored at the correct temperature. Commenting on the support they received from staff in this area, one person said, "I have half a dozen tablets a day. I go and get myself a drink then they watch me while I take them." Another person's relative told us, "They are really proactive with medication. The home requested a review of my mother's medicine and she is much better now."

People who had been prescribed medicine for occasional use had been supported by staff to exercise their

right to choose whether they wanted to take it or not. However, there were no protocols to provide staff with additional information to ensure these 'as required' medicines were given consistently and safely. We raised this issue with the registered manager who welcomed our feedback and agreed to take action to provide staff with guidance in this area.

People told us that the provider employed sufficient staff to meet their needs in a timely way. For example, one person said, "If I press [my call bell] they are very good at coming to me." Reflecting this feedback, throughout our inspection visit we saw staff had the time to provide people with any assistance they needed without rushing. For example, we saw one member of staff stopping to kneel down beside a person and patiently explain the recent change to British Summer Time. The registered manager kept staffing levels under regular review and had recently reorganised the care team shift pattern to ensure there were more staff available to support people at lunchtime. Commenting positively on the impact of this change, one staff member said, "The changed shift patterns works better for the residents. We work till 2pm instead of 1pm. There's [now] no sense of urgency."

In response to the findings of our last inspection, the registered manager had also increased the size of the activities team to ensure people were provided with more stimulation and occupation. Care staff told us that the registered manager also encouraged them to take time to interact socially with people. For example, one member of the care team said, "Once upon a time I'd feel if I was sat chatting I should be doing something. But [the registered manager] has instilled [us] ... to sit down and talk with residents. She says we are doing something. We are making a difference."

Although we were satisfied that the provider's recruitment practice was safe and that suitable pre-employment checks were being undertaken on all staff, we found gaps in some personnel files which made it difficult to identify when the recruitment decision had been made. We discussed this issue with the registered manager who welcomed our feedback and undertook to document this more systematically in future.



# Is the service effective?

## Our findings

People told us they felt well-cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "They are all very good." Discussing the quality of care and support provided to people living in the home, a local healthcare professional told us, "The attitude of staff is very good [and] the residents are getting good care."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and knew how to reflect these in their practice. The 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. Staff understood the importance of obtaining consent before providing care or support. For example, talking of their approach in this area, one staff member told us, "We always ask people if they want to go to the dining room. And if they can't speak, we go by their body language. It's important not to force people to do what they don't want to do."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no active DoLS in place although the provider had submitted eight applications to the local authority and was waiting for these to be considered.

Staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. Although we were satisfied that staff were working within the provisions of the MCA and that people's rights were properly protected, we found some aspects of the provider's record-keeping in this area unhelpful in confirming precisely what best interests decisions were currently in place for each person. We discussed this issue with the registered manager who welcomed our feedback and agreed to review the issue as a matter of priority.

New members of staff completed a structured induction programme before they started to work as a full member of the team. Reflecting on their own induction, one member of staff told us, "I shadowed [colleagues] for two to three weeks. I learned so much. I worked with all of the residents to make sure I knew the little things [that matter to them]. For instance, one lady likes her socks pulled up in a special way." The provider had embraced the National Care Certificate and all newly recruited staff worked towards this qualification as part of their induction.

The provider maintained a record of each staff member's training requirements and organised an annual programme of courses to meet their needs including safeguarding, moving and handling and fire safety. Staff spoke positively of the training provision in the home, in particular training they had received since our last inspection which had increased their knowledge of the specialist skills required to support people living with dementia. Talking of this training, one staff member told us, "It was really, really good information

which gave me more understanding of people with dementia. We looked at lot of different scenarios which made us more aware." The provider also encouraged staff to study for nationally recognised qualifications. One member of staff said, "I am doing my NVQ2 and am going on to NVQ3. [The registered manager] is very supportive. All the seniors here have NVQ3."

Staff received regular supervision from senior staff, including direct observation of their practice which they told us they found beneficial in further enhancing their skills and knowledge. For example, one staff member told us, "Only last week [the deputy manager] sat in the dining room making sure we were doing things correctly." Speaking specifically of support and supervision they received from the registered manager, another member of staff said, "If I have any issues I can go to her. She is very supportive."

As they had on our last inspection, people told us they enjoyed the food provided in the home. For example, one person said, "It's very good food. Most of it is homemade which makes a lot of difference." Another person told us, "Sunday dinners are like Christmas Day!" Since our last inspection, the provider had increased the number of choices on the lunchtime menu from one to three and this change was clearly welcomed by the people living in the home. Talking positively of the change, one person told us, "We have a choice of meals. They come and ask us the day before so that cook knows what we want." Another person's relative confirmed, "They've changed the menu to give more choice to people."

Kitchen staff had a good knowledge of people's likes and dislikes and used this to guide them in their menu planning and meal preparation. For example, describing people's various preferences for breakfast, one member of the catering team said, "Some like a bacon sandwich. Others like eggs or cereal. One person had tomatoes on toast this morning and [name] always has a banana." Staff also had a good understanding of people's individual nutritional requirements, for example people who had allergies or who followed a low sugar or meat-free diet. Drinks were available throughout the day and fresh fruit was served alongside biscuits and homemade cakes as part of the afternoon tea service.

The provider continued to ensure people had the support of local health services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a range of professionals. For example, describing the support she received from the district nursing service, one person told us, "The nurse came yesterday to change my dressings." Staff told us they would never hesitate to obtain specialist advice and support if they had any worries or concerns about a person's health. Confirming this proactive approach, one person's relative told us, "If they have any concerns they'd ring the doctor immediately and then ring us." Describing their experience of working with the care staff team, a local healthcare professional told us, "They are always prompt to call us. Even if seems a small thing they give us a call. They don't take anything for granted."

## Is the service caring?

### Our findings

Everyone we spoke with told us that staff were caring and kind. For example, one person said, "I'm very well looked after." One person's relative told us, "The [staff] are always sunny, helpful and upbeat." Another person's relative commented, "It feels just like home."

Reflecting this feedback, there was a relaxed, friendly atmosphere in the home and staff supported people in a caring, attentive way. For example, on the morning of our inspection we saw two members of staff patiently supporting one person make his way through the home, offering gentle reassurance and encouragement throughout. At lunchtime we observed a member of staff respond promptly to a request from a person to cut up their food to make it easier for them to eat. Reflecting on their determination to help people in any way they could, another staff member said, "I always do what they ask me. [Name] broke her watch strap and has asked me if I could get it repaired. I'm going into Spalding to sort it." Talking of the importance of humour in helping to establish warm, friendly relationships with people, one staff member told us, "We do have a laugh and a joke. Just because they are old doesn't mean they have lost their sense of humour."

The registered manager had been in post for about two years and staff told us that, in this time, she had encouraged them to become less task-centred in their approach. For example, describing the positive impact the registered manager had made on the culture and practice in the home, one staff member told us, "A couple of years ago, before she took over, we had certain jobs which had to be done at certain times. For instance, if residents weren't up [by a particular time], we'd be panicking. Now it's a lot more laid back. If people don't want to get up, that's okay. It's their home and if they want to stay in bed, that's okay. We've become a lot more person centred." Echoing this change of approach, a member of the catering team said, "Breakfast used to be a set time but it's changed. Now everyone can choose [what time to have breakfast] depending when they want to get up." Confirming this flexible, person-centred approach, one person told us, "You can choose where you eat. I prefer to go to the dining room." Describing how it also extended to visitors, another person's relative said, "When my mother first came [to the home] the manager said that if we wanted to come at 10.30pm we could come at 10.30pm."

Reflecting the registered manager's expectations of a fully person-centred approach, staff also described their commitment to understanding people's individual preferences and helping them to have as much independence and control over their lives as possible. For example, talking fondly of one person they supported, a member of staff said, "[Name] always likes to have a blanket on. So every morning I bring the blanket down. And I always brush the hair off her face [in the way I know she likes]. It's the little specifics [that matter]. We are all individuals with our own regime." Describing the encouragement she received from staff to maintain her independence, one person told us, "They help me to get washed and dressed [but] I sometimes do it myself and then they check me over." In response to the fact that many of the people living in the home were no longer able to go out to do their own shopping, the provider had introduced a mobile shop which stocked people's favourite toiletries and other goods. Telling us of the benefits the shop had brought to some people, one member of staff said, "It gives them a bit more independence. They pick what they want. It gives a bit of choice."

The staff team also supported people in ways that helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. For example, one member of staff told us, "I always make sure the door is shut before I start getting someone up. And if someone wants to talk about something private I always go somewhere we can talk quietly." The provider was aware of the need to maintain confidentiality in relation to people's personal information. For example, people's care plans were stored securely and computers were password protected.

The registered manager was aware of lay advocacy services in the local area. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us that no one living in the home had the support of a lay advocate currently but that she would not hesitate to help someone obtain one, should this be necessary in the future.

## Is the service responsive?

### Our findings

If someone was thinking of moving into the home, the registered manager told us she and her deputy would normally visit the person to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Talking of the importance of getting this decision right for both the person and the home, the registered manager said, "We turn people down even if we have vacancies. We have to think about all our [existing] residents." Once it was agreed that someone would move into the home, an admission date was agreed with the person and their family. Describing the need to manage this process sensitively in response to people's individual needs, the registered manager told us, "We always try to encourage people [to move in] in the morning. So they have the whole day to settle. The worst thing is to come in at night and go straight to bed. How scary is that?" The registered manager also said that she encouraged people to bring their own furniture and other mementos from home, to make their room feel more familiar when they first moved in. Commenting on their own experience of helping their loved one move into the home, one relative told us, "She had a lovely welcome and a meal waiting for her."

As part of the admission process, senior staff used the pre-admission assessment to provide the staff team with initial information on the person's key requirements. Over time, this was developed into a full individual care plan. At our last inspection we found shortfalls in the care planning system and told the provider improvement was required. In response, the registered manager had introduced a completely new approach to care planning to address the issues of concern. On this inspection, when we reviewed people's care plans, we were pleased to find that they were well-organised and provided staff with the information and guidance they needed to respond effectively to each person's individual needs and preferences. For example, one person's plan detailed in a precise way just how they wanted to be supported to take their medicines. Another person's plan stated that they really liked fruit but were unable to eat grapefruit because of a medicine they were taking. Staff told us that the care plans were an important source of information for them in their work. For example, one member of staff said, "The care plans are really helpful. Anything that's important goes into the care plan. And the life history is really helpful too. They are a conversation maker and [help us] build a relationship with people."

The plans were updated on a daily basis using a very well-designed 'daily support record' which showed, at a glance, what personal care each person had received from staff that day; what they had had to eat and drink and what social and leisure activities they had participated in. Talking positively of this new initiative which had been introduced by the deputy manager, one member of staff said, "It's brilliant. We document everything. If someone was losing weight we can go back and see what they have eaten in the last two months." Staff reviewed the care plans on a regular basis, in discussion with people and their relatives if they had indicated they wanted this level of involvement. Commenting appreciatively about the effective communication they had with staff about their loved one's care, a relative said, "They always let me know what's happening."

At our last inspection we also identified concerns about the provider's limited understanding of the needs of people living with dementia. Again, the registered manager had responded very positively to our report and arranged training in this area for herself and the staff team as a whole. Describing her own training, the

registered manager said, "[Since the last inspection] I've done a diploma in dementia. It has given me an insight into how people think." Reflecting her new-found knowledge, the registered manager had led a transformation of the physical environment of the home, taking full account of people's needs, including those living with dementia. Corridors had been redecorated and furnished with vintage artefacts which created a talking point for people and helped them find their way around the home more easily. An old-style cradle and baby dolls had been purchased and we saw that this resource was particularly valued by one lady, who cradled one of the dolls lovingly throughout the day of our inspection. Staff told us this person had been a nanny in her younger days. A traditional sweet shop had been established to enable people to buy old-fashioned favourites they remembered from their childhood. This new initiative was popular with many people, including one of our inspectors who bought a bag of clove balls and enjoyed his own trip down memory lane! A bar had been built into a corner of the dining room and the registered manager told us this was particularly popular with some of the men who lived in the home, who were no longer able to get out to the pub. A new secure patio area had been created to enable people to spend more time out of doors without any risk to their safety. The patio had been designed thoughtfully with a shaded seating area and raised potting shelves which had been built at different heights to accommodate wheelchair users and people who used walking frames. The daily menu was on display outside the dining room and each option was depicted in picture format to help some people make their choices more easily. Looking ahead, the registered manager told us she was planning to purchase a bus stop sign to put outside one of the communal toilets, to see if this would help people living with dementia become less anxious if they were waiting for the toilet to become free.

The provider had also made significant improvements to the provision of activities in the home which was another issue of concern we identified at our last inspection. The provider had expanded the team of people who facilitated communal activities and other events to provide people with physical and mental stimulation. Between them, the team organised a varied schedule of activities, seven days a week. We reviewed the programme for March 2017 and saw it that it included a wide variety of physical and mental activities, including baking, pamper mornings, a pub afternoon, craft activities, board games and indoor throwing and ball games. The activities programme was clearly a source of interest and enjoyment to many. For example one person told us, "I had my nails done today. We all had a laugh together." Another person said, "Most of the time something is happening." The provider had recently acquired a pet dog called Olly and a pet rabbit called Velvet for the home. During our inspection we saw a member of staff taking Velvet round to sit on people's lap and be stroked, something which was a source of pleasure to many. Talking enthusiastically about Olly, one person said, "We've got a dog now. He's lovely." Describing the positive impact on people's well-being of the new approach to providing stimulation and occupation, one staff member said, "The change has been phenomenal. We've got the resources now. On Remembrance Sunday we all sat down and made poppy wreaths. It was so important to them." Talking specifically of one person they supported, the same staff member told us, "We have a bowl of mixed socks which [name] likes to sort. Before she was quite aggressive. Now she has something to do with her hands. She loves it." Commenting on the staff team's new expertise in this area, one person's relative told us, "They ... really do understand how to care for people with dementia."

Although many people valued the opportunity to join in the communal activities and other events, others were equally happy to pursue their own individual interests. For example one person told us that they enjoyed reading and that they were able to get new books from the home's small library. Another person said, "I'm happy to stay in my room [but] they do ask me if I want to do anything." We met another gentleman who had been supported to maintain his interest in gardening and grew vegetables for use in the home. Showing us round the garden he told us, "I'm the veg man. I do digging with my potato fork. But the manager's husband plants all the heavy stuff." This same person also helped to feed and look after Velvet, the pet rabbit. Another gentleman retained his interest in cycling and showed us his adult tricycle which he

stored in a shed in the garden ready for use in the summer months.

Information on how to raise a concern or complaint was on display in the reception area of the home. The registered manager told us that formal complaints were rare as she encouraged people and their relatives to come to her or other senior staff with any issues or concerns, to enable them to be resolved informally. Confirming the provider's approach in this area, one person's relative told us, "If you've got any problems you can come in any time to talk things over." When formal complaints were received we saw that the registered manager had ensured these were handled correctly in accordance with the provider's policy.

## Is the service well-led?

### Our findings

People we spoke with told us they thought highly of the home and the people in charge. For example, one person said, "The [registered manager and the owner] run it well." Another person's relative told us, "They take a real pride in making this place as good as it is." A local healthcare professional said, "It compares well with other care homes. I'd recommend it to others."

The registered manager maintained a high profile within the home and had clearly established warm relationships with people and their relatives during her first two years in post. For example, one person told us, "The manager [is] very nice." Describing her approach, the registered manager said, "I come down [to the main part of the home] on a daily basis. And if the [staff] need me, I'm here." Commenting on the registered manager's hands on style, one member of staff said, "She is absolutely lovely. She is one of the best bosses I have ever had. She comes down to make sure everything is alright. And if we need her, she works the floor. Some bosses won't roll up their sleeves." To enable her to be even more accessible to staff, people in the home and visitors, the registered manager was in the process of moving her office downstairs into the main body of the home.

Throughout our inspection visit the registered manager demonstrated a very positive and forward-looking approach. Together with her team, she had worked extremely hard to address the shortfalls highlighted in our last inspection and had made significant improvement in many areas, including medicines management, activities provision and quality monitoring. She was very open in her approach and quick to acknowledge the areas we identified as requiring further improvement such as the systems for assessing and managing risk. Despite the changes that had already been made, the registered manager told us that she remained ambitious for the future and was fully committed to the ongoing improvement of the home. For example, her plans for further enrichment of the physical environment of the home to meet the needs of people living with dementia. She also told us that she had found it very beneficial to visit other local care homes to identify good practice initiatives she could introduce to Stonehaven.

The registered manager provided strong, supportive leadership which had clearly inspired and motivated her staff team. For example, one staff member said, "I think she has done wonders for the home. We have had a total turnaround ... in the last year. Everything has changed for the better. [And] she's fun!" Reflecting on the changes in the home, one relative had commented in the annual customer satisfaction survey, "The home treats every resident as an individual by recognising their own needs and idiosyncrasies. Over the last 12 months it has raised its already good standards to a new level."

As part of her commitment to developing a fully person-centred service, the registered manager had begun to create opportunities for people to have greater involvement in the running of the home. For example, people had recently been given the chance to contribute their ideas on a number of issues including the design of a new sign for the entrance to the home and the redevelopment of the garden. As described elsewhere in this report, the provider had recently acquired a pet rabbit. Commenting on the way people had been involved in choosing the rabbit and its name, one member of staff said, "We took some photos [of rabbits] in the pet shop and they all chose that one. They decided to call it Velvet." Talking about the success



of these initiatives to give people greater involvement, the registered manager said, "We will be doing it regularly [from now on]. The dining room is the next project. We will go back out and ask the residents what colour they want."

The provider conducted an annual survey of people and their relatives to measure satisfaction with the service provided. The results of the most recent survey had been pulled together into a summary report which indicated that satisfaction levels were extremely high. Reflecting our feedback, the registered manager agreed to display the results of future surveys in the home, together with details of any follow up action taken in response. People's satisfaction with the service was also reflected in the letters and cards received from family members and friends. For example, one relative had written to the registered manager to say, "There are only so many angels in this world and I think Stonehaven employed them all. Love you all lots and loads of thanks."

Staff worked together in a well-coordinated and mutually supportive way. One member of staff said, "There's a really good atmosphere. And we all chip in together." Twice daily shift handovers, a variety of written logs and regular team meetings were all used by the provider to facilitate effective communication. Talking of their positive experience of a recent team meeting, one member of staff told us, "We had one last week. We always get a lot of information. And if we have any issues ... everything is out on the table."

At our last inspection we identified the need for improvement in the monitoring of service quality. At this inspection we were pleased to find that the provider had introduced a rolling 'quality improvement action plan' and a range of new quality monitoring systems, including regular medication, environmental and equipment audits. The various audit tools in use were well-designed, with the exception of the care planning audit which needed further development to ensure it was fully fit for purpose. The registered manager accepted our feedback and told us she would address this issue as a matter of priority.

The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. The registered manager told us that she took time to reflect on any significant events to identify any learning for the future. For example, following a recent incident changes had been made to medicines management to reflect the lessons learned.