

# Stokeleigh Lodge Retirement Home Limited

# Stokeleigh Lodge

## Inspection report

3 Downs Park West, Westbury Park,  
Bristol, BS6 7QQ  
Tel: 0117 962 4065  
Website: N/A

Date of inspection visit: 12 May 2015  
Date of publication: 07/07/2015

## 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

This inspection took place on 12 May 2015 and was unannounced. Stokeleigh Lodge provides accommodation for up to 15 people who require nursing or personal care. There were 10 people on the day of our inspection. At our last inspection on 8 July 2014 there were no breaches of the legal requirements identified.

There was no 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 and

associated Regulations about how the service is run. There was a manager in post but they had not yet submitted an application to register with the Commission at the time of our inspection.

People told us they felt safe living in Stokeleigh Lodge. Staff were aware of their roles and responsibilities to keep people safe and protect them from abuse. There were procedures to follow if staff had any concerns about the safety of people they supported.

Staff were aware of their responsibilities through appropriate training and were aware of the Mental Capacity Act 2005 (MCA) and how to protect people's

# Summary of findings

rights.. The service had procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards to safeguard people who lacked mental capacity.

Individual risks had been assessed and identified as part of the care planning process. Control measures were in place to manage any risks in a safe and consistent manner. This meant people were supported to take appropriate risks.

People were involved in planning their care and support. Each person had been fully assessed prior to their admission and the information obtained during the assessment formed the basis for the individualised plan of care. People were supported with nutritious meals and plenty to drink in accordance with their plan of care.

Staff were given sufficient information in each care plan to provide people with the appropriate level of care. All care plans were kept under review in order that changes could be acted upon as soon as they were noted. Procedures in relation to recruitment of staff were robust and ensured only suitable people were employed.

People needs were assessed before they started to use the service. Care records were personalised and identified people's personal preferences about how they liked their care and support to be delivered. People were supported to use health care services and where people had existing health conditions they were supported to manage these. There were suitable arrangements in place to manage medicines safely.

There were adequate numbers of skilled and experienced staff on duty to provide good levels of care and support. Staff completed training in line with the needs of people living in the home and they were well supported through supervision and appraisal. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

There were positive interactions between staff and the people they supported. Staff had a good understanding of both people's care and support needs and their individual preferences. People were listened to and encouraged to express their views about their care and support. People attended regular 'residents' meetings and feedback was given about what action had been taken following any suggestions for improvement.

People were given choices about how they wanted to spend their time during the day. A programme of activities was arranged on daily basis. People were encouraged to maintain as much of their independence as much as possible. Complaints were dealt with appropriately and in accordance with the complaints procedure.

Systems were in place to monitor the quality of service. Internal quality audits were carried out to check on the quality of care and record keeping. The management worked with staff to promote personal development and provide training suitable for their job roles.

# 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 were aware of their roles and responsibilities to keep people safe and protect them from abuse.

There were adequate skilled and experienced staff on duty to provide good levels of care and support.

Procedures for staff recruitment were appropriate which meant only suitable people were employed to care and support those that lived at the home.

Individual risks had been assessed, identified and managed as part of the care planning process.

There were suitable arrangements in place to manage medicines safely.

Good



### Is the service effective?

The service was effective.

People were supported with nutritious meals and plenty to drink in accordance with their plan of care.

Staff were aware of their responsibilities in relation to Mental Capacity Act 2005 and how to protect people's rights.

Staff completed training in line with the needs of people living in the home and they were well supported through supervision and appraisal.

People were supported to access health care to meet their needs.

Good



### Is the service caring?

The service was caring.

People had been involved in deciding how they wanted their care to be given.

There were positive interactions between staff and the people they supported.

Staff were given sufficient information in each care plan to provide people appropriate level of care.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed before they started to use the service.

Care records were personalised and identified people's personal preferences about how they liked their care and support to be delivered.

Complaints were dealt with appropriately. People were supported to express their views and were confident staff would act on any concerns.

A programme of activities was arranged on daily basis.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The manager was supported by the care coordinator that was actively involved in the running of the home as well as organising some of the activities.

Systems were in place to monitor the quality of service.

The management worked with staff to provide training suitable for their job roles.

Good



# Stokeleigh Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 May 2015 and was unannounced. The inspection team comprised one inspector 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.

Before the inspection we looked at the information we held about the service including notifications they had sent us.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day we visited, we spoke with seven people using the service, four relatives/visitors, four members of care staff, the manager, the provider and two training and healthcare professionals who were visiting the home.

We looked around the building. We looked at a sample of two records of people who used the service and three staff records. We also looked at records related to the management of the service.

Following our visit we spoke with two health care professionals, who were involved in the care of people living at the home.

# Is the service safe?

## Our findings

People using the service told us they felt safe and secure in Stokeleigh Lodge. One person told us; “I am happy here because I am protected from everything that is not good and I don’t have to worry”.

Another person said; “I am safe because they (the staff) all know what they are doing, they give me my tablets and see to everything” and “I am safe because, on the whole, carers are spot on, they are well trained to cope, they see that floor areas are clear so nobody falls”. Relatives and visitors spoken with were confident their relatives were safe; One relative said “they are definitely safe, there are no obvious signs of danger” They said they visited two to three times a week and felt there were always enough staff. They felt staff were very attentive and would notice if something was not right. They added they had a good relationship with staff and were kept informed of changes in medicines.

All visitors spoken with said they would feel comfortable speaking to staff if they had a problem or concern, where one minor concern – regarding the care of a resident’s nails, was brought to staff’s attention it was dealt with immediately.

The home had policies and procedures in place to inform the staff of the action to take if they saw anything at all that gave cause for concern. Staff had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. They were confident if they reported anything untoward to the acting manager or the provider this would be dealt with immediately. They all said that they had completed safeguarding adults training and the training records we looked at confirmed this.

We looked at the number of staff that were on duty and checked the staff rota to confirm the number was correct. On the day of our visit there were three care staff, one maintenance worker, the acting manager the care coordinator and the provider. On night duty there was always two waking care staff. Staff told us there was always enough to care and support the people who used the service. Throughout the day there was sufficient staff on each shift experienced to meet the needs of the people living at Stokeleigh Lodge. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there.

The recruitment practice was safe and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by the acting manager.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed by this service.

The manager was fully aware of her accountability if a member of staff was not performing appropriately. The provider had suitable policies and procedures in place for managing employment issues. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

Arrangements for handling medicines were safe. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they handled medicines safely. Staff had access to related policies and procedures to guide them which were stored with the medicine records.

The home operated a recognised system of medicine management. As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medicines records were well presented and organised. Medicines were securely stored and records were complete and up to date.

Medicines systems were checked and audited on a daily basis. Action plans were drawn up in the event of any shortfalls or omissions on the records. Copies of the audits and action plans were available during the visit. This ensured appropriate action was taken to minimise the risks of error.

All fire safety equipment was in place and current manufacturer service requirements had been carried out. There were completed inspection reports carried out by a fire safety company and the provider's fire risk assessments were current with a review date.

## Is the service safe?

Records showed that the provider carried out weekly fire alarm tests. The service employs a handyman who carried out repairs on reported faults. There were a maintenance records which allowed for an audit trail and to ensure that repairs were carried out promptly to ensure that people were cared for and lived in a safe environment.

Staff were able to describe how they would respond to an incident and ensure it was correctly reported. Accidents

and incidents were fully reported by staff and assessed by the acting manager to ensure appropriate preventative measures were taken to minimise the risk of a reoccurrence.

We saw that the environment was clean and some areas of the building had recently been refurbished to provide a comfortable environment for the people who live there. Trip hazards found on the landings were removed immediately.

# Is the service effective?

## Our findings

People were involved in the provision of their care and support and told us; “I have heard about a care plan but I don’t know what it is”; “I don’t think so but I wouldn’t want to”. “Yes, and we discuss it and make decisions together”. Relatives told us they had been involved in their relative’s care plan; one relative said their relative was quite able to make decisions on their own behalf. They said they were kept informed and updated on any changes.

Care plans contained a nutritional assessment and people were supported to have nutritious meals. All the people we spoke with told us they enjoyed their meals and had plenty of choice. There was always a vegetarian option at both main meals for people to choose if they wished. People were encouraged to eat as much of their meal as they could manage. They were offered alternative meals if they were not happy with the menu choices. Their comments included; “food is lovely, I always eat it all”; “I am never hungry, they give us plenty to eat”; “Lunches are always good, supper can be a bit hit or miss depending on who has prepared it”.

Relatives told us people were provided with good meals. One relative told us; “My family member eats much better here than they ever did at home”. Another relative said; “Since coming here my relative has put on weight because of the good food. If ever I come at a meal time, I am impressed by the meals, it looks and smells delicious”.

People’s health care needs were met. People told us that if they become unwell, staff will their G.P. and seek advice. Relatives told us they were always told when this happened. One visitor whose relative has complex medical needs told us treatment was excellent; staff understood their relative’s situation, recognised the signs when something was wrong and called the G.P when needed.

People discussed their healthcare needs as part of the care planning process and there was guidance for staff on how best to meet people’s health needs. This meant staff were aware of people’s medical conditions and knew how to respond if there were any signs of deterioration in health. One relative said; “this is a small home, so staff can keep a close eye on everyone and everything that is going on; it is

thanks to this that they were able to spot when my relative became very unwell and they were able to be admitted and treated in hospital within an hour, which was vital”. This meant that people’s health care needs were monitored.

Training records showed that staff had completed courses in dignity, care of people with dementia, infection control, palliative care, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were also trained in a recognised care qualification up to levels two and three to support their role. The manager told us staff were in the process of completing their training in ‘end of life care’ to enable staff to care for people nearing the end of their life. Staff told us the training would help them to understand the care and support of people and their relatives during what could be a stressful time.

Systems to support and develop staff were in place through monthly supervision meetings with the manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place. One staff member told us; “I have received regular supervision from the manager”.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who lack capacity to make certain decisions about their care and welfare. Staff demonstrated an awareness of the code of practice and confirmed they had received training in these areas. The manager was aware of their responsibility to inform the Care Quality Commission of any authorisation of a DoLS. A DoLS may be required to restrict a person’s liberty to ensure their safety and welfare.

The manager told us that no application for a DoLS in respect of persons who lived in the home had been made. They told us before an application was considered a mental capacity assessment and best interest meetings would take place to review the options, when decisions needed to be taken on behalf of the person. There would also be family involvement and the funding authority would be involved as part of the best interest decisions.

Individual preferences of care had been recorded in the care plans and advanced decisions were in line with legislation. Appropriate documentation was in place and multi-disciplinary meetings had been held with the people



## Is the service effective?

and their families, if this was appropriate. For example, a recent meeting in regard to a person who required alternative care arrangements. The processes in place meant that people's individual wishes about their future welfare were considered.

Some people had advanced directives of care in place and had expressed their preferences and choice for their end of

life care. There were documentations in place to support this process. Best interest meetings had been held, if required, and relatives and health care professional were involved in the decision making if people were lacked capacity to make their own decisions. If people had capacity they made their own choices and these were recorded on their care plan documentation.

# Is the service caring?

## Our findings

People told us they were very happy with the care and support they received. They said staff were kind and caring towards them, their comments included; “Kind as kind can be”. “Staff are very kind and patient, they will do anything you ask”. “Staff do what they can to make you comfortable, they are very caring”. “Sometimes they are so busy and pressured but even then they are still caring”. “They come if you need them; you just press your buzzer”. “They ask us what we want and how we would like it, we have meetings and everyone can have their say”. We observed staff treated people in a compassionate and caring manner. Although most interactions were care orientated, staff spoke with residents in a calm unhurried way using appropriate volume and tone of voice, giving them ample time to respond.

Relatives and visitors told us that staff were respectful and kind towards the family member. Some of their comments included “Staff are empowering and respectful of my relative’s wishes and will only do things at their request”. “Staff are friendly and open, responsive and genuinely concerned about residents’ wellbeing” and “Staff know my relative well, their likes dislikes and foibles, and can cajole and joke with them”. Visitors said they had also developed good relationships with staff who, however busy, will always have time for a chat and will bring them a drink.

The service had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. Staff had completed related training and were aware of the need to respect the privacy and dignity of the people they cared for. We saw them knocking on doors and waiting for an answer before they went in to people’s rooms.

Care records recorded that people and/or their family members had been involved with developing the person’s

care plans. One relative told us; “I had told staff I would prefer my relative not to wear a particular item of clothing, but my relative continued to wear it and staff said as my relative wanted to wear it we must respect their choice”. However in discussions between themselves, staff and their relative they had decided that various items of clothing and shoes should no longer be worn as they were assessed as a potential falls hazard. This demonstrated that people were encouraged to express their views about how their care was delivered.

People told us they were able to say how their care was delivered and those who were able attended care reviews with relatives (if appropriate) and members of the senior team.

Staff members knew the people who used the service well. For example, a person who was becoming increasingly distressed was offered a medicine by a senior care worker who asked; “would you like to take this little white tablet to make you feel more settled?”, which the person took. The staff member told us they recognised the signs and if the person had been left the situation would have deteriorated and they would have been so upset they would not have eaten their supper and not settled. They said this sometimes happens early evening and they followed the guidelines in the care plan to help the person.

People were supported to attend the church service held at the home if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met.

People expressed satisfaction with the service and felt they were well cared for. We observed there was a good level of interaction between the staff and people. Staff treated people with kindness and respected their rights to privacy and dignity.

# Is the service responsive?

## Our findings

Every person who wished to live in Stokeleigh Lodge had been fully assessed prior to an offer of a place being made. Each person had an individual care plan which was supported with a series of risk assessments. This allowed the acting manager and staff to be certain that they were able to meet the person's needs. Areas assessed included physical, nutritional and emotional need. This helped ensure appropriate care plans were in place. Care plans reflected people's individual needs, choices and preferences. Care plans were personalised and were up to date. They provided the support staff with sufficient information about people's assessed needs. They were reviewed each month by one of the staff and any changes noted and discussed at the handover meeting at the change of each shift. This ensured all the staff were aware of the changes and provided the appropriate level of care.

People were encouraged and supported to express their wishes and opinions. People told us they would let staff know how they wanted things to be done. Another member of staff told us, "we know what is important to people but we still ask them their opinion". Staff described how they would listen to people and make sure they supported them make their choices and preferences. People's individual records showed they were supported to decide what they wanted for themselves or be supported in their best interests about things that affected their welfare. For example, staff told us if they would like to get up and what they would like to wear.

The home was selected to take part in a research programme called 'Tangible Memories' in conjunction with Bristol University and a charity that provide activities and resources for older people. The aim of the project was to help improve quality of life for people in care homes through shared experience and life history stories. People who used the service and staff have been involved in this for the past 20 months." One of the people involved in the project said: "I enjoy talking about the past and about my early life." One staff member said they had found it interesting and fascinating.

There was a programme of activities on display in the hall. Activities provided include: exercise, arts and crafts, gardening club, board games, bingo, sing-a-longs, quizzes, reminiscence. There were also car outings to local places of interest, especially the zoo twice a month and external

entertainment. There had been a celebration of VE day, which was enjoyed by people living in the home. For who enjoyed music, earphones had been provided so that they were able to listen without disruption or being disturbed by other people.

There were limited activities taking place on the day of our visit due to staff availability. We observed that people sat in the lounge with little stimulation or interactive engagement. There was a television switched on in the lounge seemed uninterested watching it. We were told that this day was not typical and there was always a planned activity. This was confirmed by the people using the service and from notices advertising activities on the wall in the hall and in the conservatory.

Some people told us they preferred to stay in their rooms. They told us it was their choice; however they came down and participated in activities on special occasions, for example the Victory for Europe day (VE). One person said they enjoyed the tranquillity of being at the home and were happy. They told us staff brought their meals and medication and make sure they do not need anything.

Family members and visitors were encouraged to visit whenever they wish. Friends and families said staff always made them feel welcome. Some visitors take their relatives out when they come; this was facilitated and encouraged by staff. We observed this happened on the day. People told us they had previously lived in the area so this helped preserve their links within the community as did visits from children at a local primary school. They children visited and sang to entertain people at Christmas for example. We were also told that local clergy visited and held a service at the home monthly.

People told us they were invited to join in a games afternoon at a local church hall and the home co-ordinator was available to drive anyone who wished to participate.

The service had up to date policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display in the hall. The manager told us there had been no complaints in the past 12 months and the complaints log evidenced this. All people and relatives told us that they would be comfortable in making a complaint should they have cause to. However, it had not been necessary and any minor concerns were spoken about at the time and dealt with to

## Is the service responsive?

everyone's satisfaction. One relative said; "It is excellent here and we can't fault the care" and "I haven't got any complaints but if I did I know they would be sorted immediately".

Relatives told us the manager and the care coordinator were always around and available to discuss the care and

support their family member received. They said communication was very good. One relative told us; "staff are friendly and open, responsive and genuinely concerned about residents' wellbeing".

# Is the service well-led?

## Our findings

There was no registered manager in post. The registered manager had left six weeks prior to the inspection and a manager had recently been employed. The provider told us they would submit an application to register as the manager with the Commission as soon as possible. The provider told us that they and the care coordinator were always at the home to support the manager and staff. People, their relatives and staff confirmed this. The manager told they support from the provider and the care coordinator. The care coordinator told us "If anything is needed to support the manager we always provide it and "I help on the floors whenever it is needed".

There was a relaxed atmosphere throughout the home. This was reflected in the comments we received about the manager's style of leadership. People told us; "she is always around". Staff said; "The manager is approachable and always here to support the whole staff team and I wouldn't hesitate to approach her about anything at all".

Staff were positive about the support they received from the manager and the provider. Comments included, "I have always had good support from the manager and "we work together as a team and to make sure we provide our residents with good care". People told us the home was friendly and they felt comfortable in the presence of staff. People were aware and knew who to speak with if they had a problem or concern. People told us they were confident they could trust and rely on staff to do their best. Their comments included; "they (the staff) look out for us, they want what is best". "It is friendly here, it is what I want and it suits my needs It is alright, can't grumble about it".

Relatives told us the home was: "very warm and homely"; "it feels like home"; "a good place to be"; "residents are clean and tidy, they are well fed and their medical needs are catered for". They said the home was well maintained and staff knew what was going on at all times.

One relative told us that there was a very open culture and staff and relatives worked well together; relatives were

listened to. If anything was needed for the benefit of people living in the home it was provided. For example, new equipment was delivered to replace the existing one for a person's medical condition.

There were systems in place to monitor the quality of service provided. Annual satisfaction surveys were sent to families, people who lived in the home and visiting professionals. The replies were analysed and a report prepared for the provider. We were given a copy of the latest analysis and found that all the replies were excellent or very good.

A series of audits or checks were completed to monitor the quality of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place. For example ongoing refurbishment in the home.

Staff were given time to review the care plans each month and regular staff meetings were organised as part of the quality monitoring process. Minutes of the staff meetings were made available. The manager also held meetings to discuss anything about the running of the home. There was dedicated time at the end and beginning of each shift for a handover to ensure all the staff were made aware of any changes to the needs of people.

The manager told us; "we have an open door policy and people, relatives and visitors are always welcome to come and talk any time. Our residents are well looked after and they come first and that what matters to me and that's why I took the job. My vision is to make things better for them and make this place better for the future."

One staff member told us; "the provider does not restrict things the residents want. We want them to be comfortable, safe and secure. We treat them as individuals and we listen. Our vision is to continue as a prestigious care home and want it to be as good as we always wanted it to be".