

Stonehaven (Healthcare) Ltd

Cross Park House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

Without exception all the people and relatives we spoke with praised the home. People's felt safe and well cared for. People's preferences were respected and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well. The management of the home was described as "good" and "exceptional".

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe and staff were well-trained.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people.

People received their medicines safely and as prescribed. Medicine management practices were safe.

Décor and signage supported people living with dementia to orientate around the home. The environment was safe and equipment regularly serviced to ensure it remained in safe working order.

Consideration was given to providing a variety of leisure and social activities for people to enjoy. The home maintained links with the local community by providing trips to local places of interest and inviting local community groups to visit the home.

Quality assurance processes undertaken by the registered manager and the registered providers ensured people received high quality care that met their needs and respected their preferences. People and their relatives were involved in making decisions about their care.

More information is in the Detailed Findings below.

Rating at last inspection: Good (report published 13 May 2016)

About the service: Cross Park House is a residential care home that is providing personal care to 23 older people. The service is designed for people who have a dementia or other physical health needs. At the time of the inspection, 21 people were living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The home remained rated Good overall.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Cross Park House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One adult social care inspector and an expert by experience undertook this inspection. 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 expert by experience involved in this inspection had experience caring for people living with dementia.

Service and service type: Cross Park House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. 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.

Notice of inspection: The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. Prior to the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the home including what the home does well, and any improvements they plan to make in the future. We also gathered information from the local authority's quality assurance improvement team.

This information was reviewed and used to assist with our inspection.

During the inspection we spoke with 11 people, seven relatives, five staff and the registered manager. We spoke with one of the company directors on the telephone. We reviewed the care records for two people with complex support needs as well as how the service managed people's medicines. We also looked at records relating to the management of the service, including two staff personnel files, staff training records, complaints records and quality assurance audits.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Safeguarding systems and processes:

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "Oh yes, I feel quite safe, day and night" and "I feel perfectly safe here, the carers see to that." A relative told us "Everything feels safe here."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being.
- Recruitment practices were safe with pre-employment checks, including disclosure and barring (Police) checks, carried out prior to the commencement of employment.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition. Management plans guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.

Using medicines safely:

- Medicines were managed safely and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- There were safe arrangements to receive, store and dispose of medicines.

Preventing and controlling infection:

- The home was clean, tidy and fresh smelling. Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- People said their bedrooms were clean and well maintained. One person said, "My room is always kept clean and tidy."

Staffing levels

- Sufficient numbers of care staff were available to meet people's needs and to spend time with people in conversation and social activities. The home also employed housekeeping, laundry and catering staff.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager used people's feedback and reviews of accidents to make improvements to the home.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

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

- Care needs assessments identified people's needs and provided staff with guidance about how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff skills, knowledge and experience:

- Staff received the training and support they required to do their job. They were knowledgeable and competent. New staff were provided with induction training and supported to undertake the Care Certificate. Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
- People and relatives said the staff were skilled and knowledgeable. One relative said, "We looked at around a dozen or so homes before choosing Cross Park for our relative. This may not look like the best building, but it is by far the best in terms of the attitude, competence and confidence of the staff."

Eating, drinking, balanced diet:

- People had choice and access to sufficient food and drink throughout the day. We saw meals were well presented and people told us they enjoyed the food. Their comments included, "I enjoy the food here. Sometimes I can't recall what I've ordered, but they will cook me anything I ask for" and "You can ask for anything to eat at any time and the staff will find you something from the kitchen."
- Support was provided for people to be as independent as possible with eating and drinking. For example, one person ate from a bowl which meant they could walk around the home with their food, which staff said they often chose to do. Other people used adaptive crockery and cutlery.
- People at risk of not eating and drinking enough to maintain their health, were provided with nutritionally enhanced food and drinks. Their intake was monitored and professional guidance sought if necessary.

Healthcare support:

- People's healthcare needs were being met. One relative told us, "I have no doubt in my mind that my relative would have passed away some time ago were it not for the level of care they've received here."
- Records showed referrals were made to the GP and community nursing services when required. People

had opportunities to see a dentist or optician regularly or when needed.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for. Where authorisation had been granted, the conditions of the authorisation were being met.

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

- The home was spacious and well maintained. Two lounge rooms and a dining room were on the ground floor. Patio doors provided access to a large, secure garden. Toilets and bathrooms were adapted to the needs of people with reduced mobility. Doors were distinguishable by colour and signage. Bedrooms were personalised. Passenger lifts provided access to the upper floors.
- Technology and equipment was used effectively to meet people's care and support needs. For example, rooms were fitted with motion sensors to alert staff when people needed support.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- Without exception people and relatives told us how well cared for they felt. One person said, "They really do care for us here, everyone is so kind" and a relative said, "Everything about the way my relative is cared for here is exceptional."
- Our observations showed staff were kind, caring, friendly and attentive. Staff respected what was important to people. For example, one person was comforted by caring for a baby doll. Staff respected this and included the care of the doll in their conversations and interactions with the person. A relative told us, "I think the staff should be recognised and praised for how they differentiate the care needs and demands of all the residents. Whenever I visit I always see the residents being treated as individuals who matter."

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

- People were allocated a 'keyworker' who was responsible for consulting with people and their relatives about their care and whether they felt they were being supported in the way they wished.
- The home guided people to advocacy services where they could receive independent advice.
- Care plans included information about people's personal, cultural and religious beliefs.

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

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality.
- People were supported to maintain and develop relationships with those close to them and to have a presence in the community. Relatives were invited to spend as long as they wished with people and were able to have meals with them.
- Staff were respectful of what was important to people. One person said, "I like that my room is my own, and that I can have my own things."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:

- People receive care and support in a way that was flexible and responsive to their needs. Staff knew people well and were able to describe their likes, dislikes and preferences.
- Staff were aware of people's past history and used this information to tailor their support and interactions with people.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's care needs.
- People's communication needs were identified and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- People told us they enjoyed a wide range of activities which included opportunities to go out of the home for meals and trips to local places of interest. One person said, "There are plenty of things for us to do. They also organise things such as the guitar player, someone with a harp or the donkey." On the day of the inspection, people enjoyed musical entertainment and staff encouraged people to join in.
- The home gave consideration to engaging people living with dementia in leisure and social activities. They subscribed to journals and websites that provided more special guidance about engaging with people whose might be living with memory loss and limited physical abilities.
- The home worked with local community groups to build up friendships and maintain contact with the community within Brixham. For example, coffee mornings, fund raising events and inviting the local play scheme to bring children to visit the home and share activities with people. Photographs showed how much people enjoyed these events.

Improving care quality in response to complaints or concerns:

- People and relatives had no complaints but felt confident they would be listened to if they did. One relative said, "If there's a reason to complain or any cause for concern, I am confident that [registered manager's name] would listen, act and feedback any outcome."
- Records of complaints were maintained and actions identified to resolve issues. The registered manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements. The home had received one complaint this year relating to a laundry matter: as a result changes had been made to the naming of people's clothing.

End of life care and support:

- People's care wishes at the end of their lives were recorded in their care files.

- Staff were supported through training and guidance from the local hospice regarding caring for people at the end of their lives.
- Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time. One relative commented, "Just wanted to say a massive thank you to you and your dedicated team for the care and support given to mum. I am very grateful she was able to come to Cross Park. Knowing that mum was being well cared for gave me peace of mind to which I am truly grateful."

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

Plan to promote person-centred, high-quality care and good outcomes for people:

- People, relatives and staff told us the home was well managed. One person told us, "We see [registered manager's name] every day, and often more than once. She always has time for us" and a relative said, "The key reason why this home is so good is the culture created by the manager. She sets the tone from the top and the staff know exactly what's expected from them." Staff told us they felt listened to and the registered manager was approachable. They described the home as a "family".
- The local authority described the registered manager as "good" and "competent".
- The registered manager was committed to providing high-quality care for people in an environment where people could feel at home. They recognised staff training and development as a key to this. Staff were supported to undertake care qualifications as well as additional training to become 'champions' for specific care topics, such as the prevention of falls, nutrition, social activities and end of life care. One relative said, "You have asked me about Caring, Responsive, Effective, Well-led and Safe. I will give you my assessment of each. Outstanding for the first four and doubly outstanding for the fifth, and you can attribute all that to [name of the registered manager]."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care:

- The registered manager was supported by a deputy manager and a team of senior care staff. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and the registered provider had the information they required to monitor staff performance as well as the safety and quality of the care provided. A relative told us, "There are residents and relatives meetings where you can raise issues. The meetings are open and friendly, and you can be confident about what you raise." The registered manager said all feedback they received was an opportunity to learn and improve.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- Questionnaires were used to gain feedback from people, relatives and staff. A review of the most recent questionnaire showed very positive responses. Recently received 'thank you' cards also provided very good feedback. For example, one card said, "I do feel that you all made a big difference to his comfort and well-being, he couldn't have been in better hands." The home also used the website www.carehomes.co.uk to review its performance; again, reviews were very positive.
- The registered provider used an independent 'mystery shopper' service to undertake visits to the home every two months. These visits provided feedback about how the home received potential residents and

their families. All staff received a £25 bonus if the home received a positive result after each visit. The most recent visit on 1 Sept 2018 showed the home scored 100% and provided very positive feedback about the registered manager.

- People benefited from the links the registered manager had developed within the local community.