

# Stone House Residential Home Limited

# Stone House Care Home

## Inspection report

Stone House Residential Home Limited  
55-57 Cheyney Road  
Chester  
Cheshire  
CH1 4BR

Tel: 01244375015

Date of inspection visit:  
17 March 2016

Date of publication:  
03 May 2016

## 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

We carried out an unannounced inspection of Stone House on 16th of March 2016. We returned on the 17th of March and that visit had been announced.

Stone House is a care home providing personal care for up to 35 older people. All bedrooms are single with en suite facilities. There is a large dining room and a few small lounges. Accommodation is on two floors and access between floors is via a passenger lift or the stairs. There is an outside patio area and a sun terrace.

We last visited the service in May 2014 and found that the registered provider had met all of the regulations that applied to residential social care at that time.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were happy living at Stone House and felt safe living there. They said they felt cared about and had their needs met. They were given a choice in how they wanted to live their lives and were complimentary about the registered manager.

People lived in an environment that was clean and hygienic. The premises were well maintained and furniture provided was of good quality. The environment was designed to enable people to move independently and remain safe.

People were further protected by the robust recruitment of new staff. The registered provider demonstrated that staff received up to date training on topics which related to the needs of people.

The nutritional needs of people were met and when people were at risk of malnutrition, prompt action was taken. Medication was well managed and promoted the health of people who used the service.

People received care that was personalised and met their needs effectively. Care plans were checked on a regular basis to ensure they were accurate and up to date. Care plans included an acknowledgement of the health needs of people but also placed emphasis on their social history and interests. We saw that care practice matched the information included within care plans.

An activity programme was in place and ensured that people had the opportunity to join in if they wished. People were provided with the opportunity to remain independent in pursuing their own interests both within and outside of the service and in maintaining their own personal care.

People did not have any complaints but were confident that the registered manager would listen to them and act upon them. No complaints had been received by the registered manager who stated that they preferred to be proactive in dealing with issues before a formal complaint was made.

The registered manager adopted an open and transparent style of manager and sought the views of all concerned about how the standards of care in Stone House could be maintained and improved upon. The registered manager also demonstrated a thorough knowledge of the individual needs of people living there and had sought to refine organisational records to achieve a smoother running of the service.

## 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

People told us that they felt safe living at Stone House.

Staff demonstrated a good understanding of the types of abuse and how they would report these.

The premises were well maintained and hygienic

The management of medications was safe and promoted the health of individuals.

### Is the service effective?

Good ●

The service was effective

People told us that the staff team were knowledgeable and were good at their job.

Staff were trained and supervised in their role

The registered provider was compliant with the Mental Health Act and associated safeguards.

### Is the service caring?

Good ●

The service was caring

People told us that they felt cared for by all of the staff team.

Staff interacted with people in a respectful and dignified manner which took their privacy into account.

People's independence in their daily lives was promoted

### Is the service responsive?

Good ●

The service was responsive.

Care plans made reference to the health and social needs of people living at Stone House and were regularly reviewed.

A plan of meaningful activities was in place for those who wished to participate.

The registered provider had a proactive approach to dealing with complaints.

**Is the service well-led?**

**Good** ●

Is the service well-led?

The service was well led.

People told us that the registered manager was good at their job and that the service was well managed.

An open, transparent and effective approach to managing the service was adopted by the registered manager.

The registered manager adopted an inclusive approach to managing the service and took regulatory responsibilities into account.

# Stone House Care Home

## **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 16 and 17 March 2016. The first day was unannounced but the registered provider was notified that of our visit on the second day.

The inspection was carried out by an Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at seven care plans and other records such as three staff recruitment files, training records, policies and procedures and complaints files.

Before the inspection, 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. This was returned to us when asked and we used it to inform our judgements for this visit.

We spoke with the Local Authority Commissioning Team and the Safeguarding Team and they expressed no concerns about the service.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No Healthwatch visit had taken place at Stone House.

We spoke with three people who used the service, three members of staff and a visiting relative. We also observed care practice within the service and the interactions between service users. We provided the registered manager with a poster to display informing people of our visit and to encourage them to share

their views.

We looked around the premises and found that standards of hygiene, safety and decoration were being maintained.

# Is the service safe?

## Our findings

People told us that they felt safe living at Stone House. They commented "They check me during the day and the night and that gives me security" and "I never worry about this place, I know that staff will help me and that there will always be someone here". Relatives told us "My relation is well looked after and I can leave the building knowing they are safe".

Staff demonstrated a good understanding of the types of abuse that could occur and the action they would take if witnessed. They had received safeguarding training and confirmed that they had all the information they needed in the event of needing to report any matter. They felt confident that the management team would act immediately on any concerns that they had. Staff also had a good understanding of other agencies they could speak to if they were asked to carry out tasks that were abusive to the people who lived at the service. Training records confirmed that staff had received training in safeguarding and this had also been included within the induction training programme for new staff.

The safety of people was further enhanced by the presence of risk assessments. These were related to the risks faced by people whilst they received personal care as well as risks posed by the environment. All risk assessments were up to date. Plans were in place in the event of there being a disruption to the service and individual emergency plans were in place should there be a need for evacuation. These took into account the physical and mental needs of people. Information was in place to account for those who were present in the building at any one. Any accidents experienced by people were recorded in detail with remedial action recorded to prevent re-occurrence.

During our visit, the fire alarm was activated. Staff quickly identified that it was a fault on the detection system and that no fire was present. Despite this, people were escorted to other areas of the building as a precaution. This was done in a calm and reassuring manner with people given a full explanation of why they were being asked to move elsewhere.

The safety of the premises was reflected in service records with all equipment such as hoists and wheelchairs being checked on a regular basis to ensure that they were safe to use. Service checks on hoists, for example, were up to date and visual checks on hoists were recorded every time they were used to promote safety. All doors that required to be locked when not in use were and people were not exposed to the risks presented by equipment and other materials. Other service records were in place confirming that fire detection systems, the gas supply and electrical wiring had been checked.

People were complimentary about the premises stating that the house was always "clean" and that the standard of the furnishings provided were of a good quality. People told us that they had been able to bring in personal items into their bedrooms which had helped them to establish a sense of home within Stone House.

The premises were clean and hygienic. The registered provider employed domestic staff and during our visit they systematically worked through the building ensuring that standards of hygiene were maintained. Cleaning schedules were in place to ensure that the building remained a pleasant place in which to live. The



management team conducted periodic infection control audits to ensure that standards were maintained and that people were able to live in clean and hygienic surroundings.

People also said that there was always enough staff in the building and that there was "always someone around to help us. Staff told us that staffing levels were good and that these levels had never reached levels which compromised the safety of the people living at Stone House. Rotas demonstrated that staffing levels were maintained and that there was a clear structure in place to ensure accountability, for example the presence of senior staff. In addition to this, the registered provider employed a number of ancillary staff to enable each person to concentrate on the tasks they were employed for.

Recruitment files showed evidence of checks made by the registered provider before staff commenced their role. These checks included application forms, references, a Disclosure and Barring service check as well as information confirming their identity and their physical fitness to do the job. Two staff who had been employed there since our last visit told us that they considered the recruitment process to be fair and thorough with them shadowing other members of staff before they worked independently.

Those who preferred staff to manage their medication said "I always get my medication on time" and "It is never missed". Medication was appropriately stored away in a lockable treatment room when not in use. Information was in place for staff to refer to about the appearance of medication prescribed, a general overview of their purpose and any special steps needed to ensure that they were correctly stored. Medication stock checks and audits were conducted and stocks of controlled medicines (they are medicines where extra controls are needed to prevent misuse) tallied with records maintained. All medication records were accurate and up to date and where medicines had not been given, an explanation was included within records outlining the reason for this. Medication was signed for when received by the management team and records were in place indicating the amount of medication that had been returned to the pharmacy supplier. As well as the checks carried out by the registered provider, we saw that the pharmacy who supplied medication had also carried out checks to ensure the safety of measures in place. Staff responsible for administering medication had received training in this and had had their competency to carry out this task assessed from time to time.

Some people managed their own medication. A risk assessment had been completed for each person to ensure that this was a safe option for them. People who managed their own medication told us that they always had the supply of medication they needed and had been provided with appropriate facilities to store them in their bedroom.

## Is the service effective?

### Our findings

People we spoke to and their relatives told us that "Staff know what they are doing and are good at their job and they were complimentary about the approach of the staff team. Food was considered to be good and people received a choice. People told us that they were always consulted about their care and were had the opportunity to give consent to their care "They always ask, they never just do things without asking me first".

Training records showed that staff had received training in a variety of topics. This included training in health and safety topics but also training in those issues which related to the needs of people. Training had been received in supporting people living with dementia as well as end of life care. Staff considered the training to be good and relevant to their work. Two members of staff had been able to advance their own qualifications in the National Vocational Qualification (NVQ) at levels appropriate to their role. They believed this had been positive for them. Staff who had come to work at Stone House within the past twelve months were able to outline the induction they had had before they worked independently there. This had included training, shadowing existing staff and receiving supervision. Staff had felt that the induction process had prepared them for their role.

Staff received regular supervision and these sessions enabled their work performance and other needs to be discussed confidentially and on a one to one basis. Appraisals also took place and these highlighted elements of good practice as well as development needs for each individual.

Staff considered that there was good teamwork and communication at Stone House and that this approach had benefitted and enhanced the delivery of care to people who used the service...

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 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). Records showed that applications had been made to the Local Authority relating to people where the registered manager had considered DoLS to be appropriate.

Staff demonstrated a good understanding of the MCA and DoLS. They were able to give examples of where people could be protected from harm by the introduction of a restriction connected to elements of their daily lives. All staff had received training in the MCA.

Staff told us that the received consent to treatment in a number of ways. One involved speaking to people while they were to be supported in a daily living task. This was confirmed through our discussions with people who used the service. We observed times during our visit when people were told how staff intended to assist individuals, for example, in assistance with meals. In all cases, full information about how staff

wanted to support people was given and then only continued once people agreed. Other consent related to written consent on arrangements with medication or the taking of photographs to aid identification.

Records indicated that the nutritional needs of people were taken into account. As a result of this some people were weighed more regularly so that progress with their nutrition could be assessed. This was further done with the maintaining of nutritional assessments, fluid input/output and food eaten by each person.

Discussions with people who used the service and relatives noted that some people had dietary preferences as a result of lifestyle or cultural considerations. Vegetarian diets were available for people who preferred not to eat meat and this was respected. We saw examples of people who ate certain foods as part of their culture and again this was recorded and taken into account.

Lunchtime was a relaxed affair and an opportunity for people to socialise. During lunch, we observed that the dining facilities available were of sufficient size to accommodate all people who lived at Stone House. The dining room had a cold water dispenser as well as a glass refrigerated cabinet displaying cakes that people could take if they wished. Most people were able to eat independently. Where assistance was needed, staff assisted people, with their consent, to cut up their meals or prompted them to ensure that each part of their meal was manageable. Prior to lunch being served, staff were attentive to people and ensured that they had a drink and were comfortable. People were given information on the choices available as well as what the meal consisted of.

A chef and kitchen assistant was employed. The kitchen was a well-equipped facility and the chef told us that all equipment was working satisfactorily. There a plentiful supply of food available including fresh vegetables and fruit. Foods requiring refrigeration and freezing where appropriate. The kitchen was clean and schedules of cleaning were available to demonstrate routines to ensure good hygiene. Information was available indicating the dietary needs of people as well as how meals should be present to each. The service had been inspected by the local authority food hygiene team and had been awarded a maximum of five stars.

The premises had a passenger lift. We observed that people were able to mobilise through all parts of the building and were able to access outside garden areas. One person spoke to a member of staff about the passenger lift and immediate action was taken to remind people who used the lift to close the lift door so that people waiting elsewhere to use the lift could gain access to the lower floor.

People had access to an outside courtyard for use in finer weather. People were encouraged to take a portable call alarm with them to summon assistance from outside if needed.

## Is the service caring?

### Our findings

People who used the service and their relatives told that they felt cared about, "The staff are very good, they go the extra mile and it feels like a family". People considered the staff team to be approachable and maintained their privacy and respected any choices they made in their daily lives.

People told us that they were generally well yet when they needed medical help, they were always referred to the appropriate agencies by the staff team without delay.

The service valued difference and supported the different life style choices that people had. One person was very independent and preferred to pursue their own activities both inside and out in the wider community. They told us that they were able to do this and that it was respected by the staff team. Not everyone had English as a first language. Staff had overcome the language barrier overcome with the use of resources and sign language to determine the preferences a person and to gain an indication of their wishes. Family members had considered that this had been very effective and had contributed to the person being happy living at Stone House.

One person told us that they received a visit from an advocate. This happened every month and was facilitated by the registered manager.

People were involved in their day to day care through conversations that staff had with them. Additional steps were taken by the registered manager to meet with each person individually. We saw records of these meetings with individuals in which they had the chance to outline what they wanted from their lives at Stone House and to raise any issues they had. The registered manager stated that they considered this to be a proactive approach which minimised any concerns developing into a formal complaint.

Staff interactions with people were positive throughout our visit with people being spoken to in a friendly and respectful manner. There were many examples seen during our visit of staff knocking on doors before entering and dealing with people in a reassuring manner. This last instance was demonstrated during a need for people to be moved to a safer place as a precaution during a fault with fire detection systems. All people were given explanations why they had to move for their own safety.

One person told us that they had felt socially isolated given the location of the bedroom they had been provided with as well as their limited mobility. They confirmed that they had asked the registered manager to look at an alternative room and records confirmed that this had been done.

The wellbeing of people was taken into account. This was evidence through discussions with people as well as record keeping. Records suggested the people were referred to their Doctors in response to health problems or for general wellbeing checks. Other medical agencies involved included community psychiatric nurses where appropriate, dentists, chiropractors and opticians. Where people's health needs were beyond the expertise of staff; District Nurses visited to provide assistance and this was witnessed during our visit.

People were able to maintain their independence in a number of ways. People were able to mobilise

throughout the building either independently or with walking aids. One person had experienced a fall and while they had no problems with walking, staff reminded them to take care. Other people relied on mobility aids and were accompanied by staff discreetly to make sure that they were safe.

One person told us that despite mobility issues and other health concerns, they had been able to still dress themselves and do other simple tasks such as making their own bed. They had been able to maintain these skills with staff acknowledging their need for independence. Another person told us that they were able to be completely independent and regularly went out into the wider community to pursue their own interests. They recognised that staff needed to know about their whereabouts in case of an emergency and this was done.

While no person was receiving end of life care, the staff team stated that they had received training in this. They gave examples of what action they took when this was the case and said that this had been a regular occurrence in the past. Training records suggested that end of life training had been received by staff.

## Is the service responsive?

### Our findings

People told us that they had seen their care plans yet did not access this on a regular basis. People were happy with the activities provided at Stone House and confirmed that they were asked whether they wanted to join in or not.

..

Care plans included assessments from a number of sources relating to the health and social needs of people. These assessments were then translated into a plan of care which outlined the main needs of each person. Care plans included a pen picture outlining a person's social history as well as their preferences in their daily lives and things that interested them.

All care plans were detailed and provided a clear and personalised account of what people needed in their daily lives as well as how this was to be achieved. This included reference to encouraging people's independence. We saw examples where care plans outlined independence in mobility, personal care tasks and activities. Care practice we observed matched the content of care plans. All care plans had been reviewed and changed when needs changed.

An activities programme was in place. A notice board was on prominent display within Stone House indicating what activities were on offer during each week. People were encouraged to suggest what activities they may like. The registered provider did not employ an activities co-ordinator yet allocated members of staff on a rota basis to undertake activities. We asked staff about this and whether this arrangement affected staffing levels. Staff told us that this allocation was done in advance and did not adversely affect care provision within Stone House.

Activities available include board games, arts and craft and chair based exercises. Some entertainers had been invited to entertain people. A representative from a local church also visited on a regular basis. Some people told us that they chose not to take part in activities and when they preferred not to, this decision was respected. This was down to personal choice or the fact that they could independently access the local community to pursue their own. Recent art and craft activities had involved making Easter cards and these were on display in the dining room.

People told us that they had not had to make a complaint but if they did, they felt confident that concerns would be listened to and acted upon. A complaints procedure was available. This outlined a clear timescale for the investigating and reporting back on any complaints made. Our records suggested that no complaints had been made in respect of Stone House. The registered manager told us that no formal complaints had been received by them. The registered manager told us that meetings with individuals and with people as a group had involved a proactive approach to dealing with concerns before they became more formal and these discussions were recorded in writing.

## Is the service well-led?

### Our findings

People who used the service told us "The manager is very good " and "Is very approachable". They said that they saw the registered manager every day, that they maintained a presence on the floor and had developed a positive relationship with them.

Staff told us that they considered the registered manager to be approachable and they felt listened to. They told that the manager was always open to listening to their suggestions and that they were acted upon. They told us that the service was well led and that the philosophy of the registered manager was geared to the needs of the people who used the service.

The registered manager had sought to gain the views of all people who received support from the service. A questionnaire had been issued to all people and their families as well as other stakeholders. The result had been made available to people and these were positive. No remedial action had needed to be taken from this last questionnaire. A suggestion box was available so that people could express their own views. Notices in respect of activities invited suggestions for new activities to be forwarded. The registered manager also arranged group meetings with people who used the service as well as recorded discussions with individual people.

The registered manager further measured the quality of the service provided through the use of regular audits. These audits related to infection control, health and safety, care planning and medication. All policies and procedures had been reviewed and were up to date. The registered manager had also co-operated with external audits such as those from the pharmacy supplier, infection control services and food hygiene. No remedial action had arisen from these visits. Staff meetings were ongoing as well as meetings with relatives.

Our records suggested that the registered provider always told the CQC about any incidents required under our legislation and the registered manager demonstrated a good understanding of the new rating system that had been introduced into the regulation of care services.

All records we looked at were up to date. Any confidential records were always locked away and secure. All policies and procedures had been updated and reviewed on an annual basis.