

Mr & Mrs R C Northover

Stoke Knoll Rest Home

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

This inspection took place on 8 and 10 November 2017 and was unannounced. The home provides accommodation for up to 25 older people with personal care needs. There were 21 people living at the home when we visited. All areas of the home were accessible via stairs equipped with electric stair lifts and there were lounges/dining rooms on the ground floor of the home. There was accessible outdoor space from the ground floor.

There was a registered manager at the home. 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.

The registered manager was dedicated and passionate in their role. They knew people's needs well and were prominently involved in the day to day running of the service. Staff were friendly and patient in their approach with people and understood about their preferences, routines and the support they needed to maintain important relationships.

Staff were aware of their responsibilities in keeping people safe from harm and treated people with dignity and respect. People were encouraged to be as independent as possible and the service provided a range of activities to keep people stimulated and active.

The service was accessible and comfortable for people. There was access to a range of communal and garden spaces which people were free to use. There was a friendly, warm atmosphere at the service which encouraged people to make friends and participate in events and activities run by staff

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms. Staffs understood people's individual needs and were able to make adjustments to ensure these needs were met. Where people received care at the end of their life, they were fully consulted and given choices about the care that was provided.

There were sufficient staff to meet people's needs and senior staff were available to provide extra support in the event that people required additional help. The provider had recruitment processes in place to help ensure suitable staff were employed and there was a training, induction and programme of supervision in place once in their role, which helped staff remain effective.

Risks to individuals were assessed and monitored. When incidents took place, the registered manager reflected on the events to ensure learning was embedded for future practice. People were supported to access healthcare services when required. The service had a good track record of working with different stakeholders in order to ensure people's needs were met.

People told us they enjoyed the meal time experience at the service. There was a chef on site, who took the time to engage people in suggesting menu options to provide a varied and nutritious provision of food. People were monitored and encouraged with their eating and drinking where required and concerns about their health were quickly followed up with referrals to relevant professionals.

The registered manager sought feedback about the service in order to make improvements. There were examples where suggestions from people, relatives and staff had resulted in the implementation of changes to improve the service. There was a complaints policy in place which people felt comfortable using if they had concern.

The registered manager monitored the quality and safety of the service through a series of audits about key areas.

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

Risks to individuals were assessed, monitored and mitigated.

There were sufficient staff in place who had been through an appropriate recruitment process to determine their suitability for their role

Staff understood the steps needed in order to safeguard people from abuse and harm.

There were systems in place to manage people's medicines.

There were systems in place to protect people from risks around control of infections.

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Good ●

The service remains well led

Stoke Knoll Rest 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 the 8 and 10 November 2017 and was unannounced. Two inspectors and an expert by experience carried out the 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.

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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 18 people or their relatives living at the service. We also spoke with the registered manager, the provider's quality and training consultant, the provider's representative, five care staff, the chef and one social worker.

We looked at care plans and associated records for six people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in June 2015, where the service was rated good overall, but requires improvement in well led.

Is the service safe?

Our findings

People felt safe living at the service. One person told us, "I have been here a while now. I feel settled. It was not safe for me to be at home anymore, so it is lovely to be here." Another person said, "I feel very safe and well looked after". A third person commented, "It is a safe and comfortable place to live".

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. The registered manager told us, "We have all our safeguarding information displayed and go from the local authorities safeguarding policy as guidance." One member of staff told us, "Whenever we have any concerns about people's safety, we go to the registered manager for advice; they always do the right thing." People were encouraged to raise concerns about their safety and wellbeing. In one example, a person raised concerns about an incident involving a member of staff. The registered manager fully investigated the incident and ensured the person was supported to help them feel safe and listened to. This demonstrated the service had a commitment to creating an environment where people felt safe and could raise concerns. The registered manager showed us how they had worked with local safeguarding teams to help ensure people's safety after concerns were raised about their safety or wellbeing.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks identified included, moving and handling, medicines, falls, malnutrition and skin breakdown. One person had a risk assessment in place around their falls. Staff followed guidance to minimise the risk of the person suffering further falls. The guidance included practical tips about falls prevention including checking walkways for clutter and ensuring the person had appropriate footwear and mobility equipment available when walking around the service. This helped to ensure staff took all practical steps to reduce the risk of the person suffering further falls.

People were kept safe from the risks in the event of emergencies at the service. The registered manager carried out regular testing of fire equipment to ensure it was in good working order. Each person had a personalised evacuation plan. These detailed the support they required in the event of an emergency. The registered manager also maintained regular servicing of equipment such as hoists and essential services to ensure the environment was safe for people to live in. This included servicing of gas, electric and moving and handling equipment and checks around legionella, asbestos and water temperatures.

The registered manager analysed incidents to look for trends, causes and areas where learning could be applied. The registered manager kept a log of all incidents involving people such as falls. They reviewed these logs to identify if there were any measures that could be taken to reduce the likelihood of reoccurrence. Examples of this were referrals to doctors or occupational therapists after people had falls to help ensure they had appropriate healthcare interventions or mobility equipment in place.

There were sufficient staff employed, who possessed the right skills and knowledge to meet people's needs. One person told us, "Oh yes, there are plenty of staff available." The registered manager told us how staffing levels were calculated according to people's needs. The registered manager frequently worked alongside

staff to provide additional support and to monitor how appropriate staffing levels were. There was an 'on call' system in place which meant that the service could respond to staffing issues related to annual leave and sickness. The registered manager and senior staff took turns to act as point of contact for the home when off duty. It was their role to give advice or if necessary cover staffing shortages. This helped to ensure that the service provided continuity in its staffing.

The service followed robust recruitment procedures, which ensured that staff had the appropriate experience and character. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Peoples' medicines were managed and administered safely. Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines.

People were supported with 'as required' (PRN) medicines for conditions such as pain or anxiety. Staff used guidance in people's care plans to help identify when people may need these medicines. Staff observed and prompted people to determine whether they required their PRN medicines. One member of staff told us, "Most people can tell you if they are in pain, but as you get to know them, you can tell if they are struggling and need some pain relief." This helped to ensure that people received their PRN medicines appropriately to manage their pain

There were systems in place to ensure people were protected against the risk of spread of infections. Staff were aware of their roles and responsibilities in relation to hygiene and infection control. All staff had received training in infection control and were able to describe the steps they would take to in order to minimise risk of infection by use of appropriate hand washing and personal protective equipment such as using gloves during personal care. The registered manager was aware of their responsibilities in putting plans in place to reduce the risk of infections spreading. At the time of inspection, they had implemented a 'winter readiness plan'. This plan included checklists and procedures to follow in the event of seasonal illnesses such as flu. This helped to ensure that staff were all aware of the correct procedures to follow in the event of an outbreak of infection. The service had also received a five star rating from the food standards agency. This demonstrated that the food preparation areas met a high standard of cleanliness and hygiene.

Is the service effective?

Our findings

People told us that staff were effective in their role. One person said, "Oh yes! The staff are all very good at their jobs." Another person commented, "The staff know what they are doing."

Staff received training which enabled them to meet people's needs. Staff training, included; moving and handling, dementia, health and safety, fire safety, safeguarding, nutrition, medicines, The Mental Capacity Act, emergency first aid, equality and diversity, diabetes, food hygiene and diabetes. Staff attended regular updates of their training to help ensure that their knowledge was current in line with best practice and they were competent in their role. All staff had also completed additional training in medicines administration. This helped to ensure they were confident in best practice when managing people's medicines. The training incorporated a range of learning activities including, group discussion, practical learning, assessments of knowledge and courses complimented by use of DVD'S. This helped to ensure staff's diverse learning needs were supported.

New staff received and induction into their role which helped to ensure they were competent in their duties. The induction included, three shifts working alongside experienced staff to ensure new staff understood people's needs. The registered manager also carried out competency based assessments of new staff in key areas such as medicines administration and moving and handling. This helped the registered manager assess the confidence and competence of new staff.

The registered manager monitored staff's working practices and behaviours through supervision, group learning in staff meetings and competency based assessments. Staff received six supervisions per year and told us that supervisions enabled them to discuss any training needs or concerns they had. In addition to face to face supervisions, the registered manager also made observations of staff's working practice to assess their skills and behaviours. These observations included, assessing staff supporting people with medicines, at meal times, supporting people to mobilise around the home, and interactions between staff and people. These measures helped ensure that the registered manager had an insight into staff's working practice.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to take particular decisions, such as the delivery of personal care, the administration of medicines or consenting to other aspects of their care plan, decisions had been made in the person's best interests and who was involved in making specific decisions was documented in people's care files.

Staff understood importance of gaining consent from people before they provided care and respected people's decisions about their care and treatment. The registered manager told us, 'Sometimes if people

have capacity they can make an unwise decision. If they make an unwise decision, we will always spend time explaining other options and there for them is they should change their minds, but in the end they have the right to choose."

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found staff at were following the necessary requirements. The registered manager had applied for DoLS authorisations where necessary and showed us records of when authorisations would need to be reapplied for.

People were supported to have enough to eat and drink and maintain a healthy diet. Where people were at risk of malnutrition, staff monitored their fluid and food intake and weighed them regularly. This helped to identify where there had been changes in their health. Where there had been changes the registered manager had consulted health professionals for further guidance. People's dietary requirements were assessed and the chef and staff at the service were aware of people's dietary needs.

People were given a choice about their meals. The chef visited each person each morning to go through menu options. This helped ensure they were providing a menu which suited people's preference. One person told us, "I always get a choice about what I eat." Where people required support during their mealtimes, staff were able to provide 1 to 1 support to encourage them to eat and drink. This helped to ensure they were eating sufficiently. People's mealtime experience was calm and relaxed, with staff being unhurried and attentive to people's needs and requests.

Staff worked pro-actively to ensure people's health needs were met and people had access to healthcare services. Staff were confident in identifying where people required healthcare services through changes in; behaviour, mood, mobility, activity or appetite. On the day of inspection, one person had reduced appetite and staff told us how they were going to contact the GP, as they were concerned the person may be developing a chest infection. They said, "If we notice anything is wrong, I will always get the registered manager to have a look or refer the person to the doctors." Information about people's health needs was recorded and handed over to staff as they came on shift by previous staff. This helped to ensure that people's changing needs were identified and appropriate care could be put in place. People's records demonstrated that the service had made appropriate referrals to healthcare services such as speech and language therapists, occupational therapists, chiropodists, GP's and district nurses in order to ensure people's healthcare needs were met.

The provider had made some adaption to the home to meet the needs of the people living there. There was a passenger lift in place which connected the two floors of the service. This helped enable people mobilise around the service independently. People had access to garden spaces. The provider had adapted the building so there was a wide, flat and paved access point from the dining room to the garden. This was accessible to wheelchairs and meant that people who struggled to walk distances could access the space with support. Gates and fences secured the garden, which meant that people at risk of becoming disorientated were protected from the risk of accidentally leaving the service. Communal areas and walkways were spacious, uncluttered and well lit. This helped people orientate around the service. People's bedrooms were personalised and decorated to their taste. People told us they were able to bring items of furniture from their home to use in their bedrooms. This helped to make their environment feel more homely. Other people had decorated their rooms with pictures and personal items which were important to them.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "I am very happy with all the care that staff give me." Another person said Stoke Knoll Rest Home was, "A lovely place, with lovely staff who are caring and make it homely." Other comments from people included, "The staff are caring and considerate." and, "Overall, staff do a fine job, they all very friendly".

Staff understood people's backgrounds, likes and preferences. One person liked to go to sleep early in the evening and needed staff to help them to bed. The person woke up very early in the morning, but preferred to stay in bed until breakfast time. The person had followed this routine throughout their life and wished to continue to do this. Staff were aware of these routines and the person told us that these preferences were followed. Another person liked to sit in a particular chair and could become very upset if other people were sitting in it. Staff were conscious of this person's anxieties around the piece of furniture and made arrangements with other people to ensure the chair was reserved for the person. This helped to encourage the person to spend time with other people in communal areas, as otherwise they would be reluctant to do so.

Staff respected people's dignity. One member of staff told us, "We try to make sure we treat people with dignity by respecting the way they want to do things." People's care plan detailed the support people required to maintain their dignity and choice around their appearance. One person was very proud of their appearance but would on occasion forget wash and maintain their dress in a manner which they preferred. Staff were conscious to remind and encourage the person to remain clean and well dressed. Staff were proactive in encouraging people to use the toilet if they were forgetful and were patient in their approach when people required assistance. Staff knocked on people's doors before entering their rooms and respected that some people would like privacy and time in their own company. People were also given a choice about which member of staff supported them with their personal care.

People were treated with kindness and compassion in their day-to-day care. One person told us, "They [staff] always take the time to make sure I'm ok. They will sit and talk to me and we have some great conversations." Another person reflected, "I think they do more than just the basics."

One person was admitted to hospital but was reluctant to leave the service. The registered manager arranged to stay with the person during their hospital stay to help ensure they were settled and comfortable in receiving treatment. The person was successfully treated for their condition and returned home to the service shortly after.

People told us they were involved in making decisions about their care. One person said, "I do as I please, the staff let me make choices about how I want things done." Each person was allocated a 'key worker'. This was a member of staff whose role it was to regularly talk with people about how they wanted to receive their care. The 'key workers' would then update the person's care plan and share the person's views with other staff. This helped to ensure that people were consulted and their decisions about care were known and respected by staff.

People were encouraged to be as independent as possible. One person told us how they had lived locally for a long time and enjoyed going out to the local shops by themselves for regular walks. The registered manager told us they encouraged people to maintain the routines they had before living at the service. They had also designed contact cards with the service's details on them. These were designed for people to carry with them if when they went out in case they became confused, lost or disorientated. This helped to promote their independence whilst maintaining their safety. "

The service demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics. These are; age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. The registered manager told us, "We have in place procedures for: equality and diversity, which covers human rights; Record keeping and Access to records (retention of information) which covers protecting information." A member of staff said, "We talk to all people on a one to one basis and assist them to make their own choices taking into account that everyone is different, you have to respect this." The registered manager added, "Our service operates a culture of non-judgement, so people receive care and support as it is agreed in their plan; each plan is structured to capture history, preferences and interests."

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. The registered manager told us, "Care plans/risk assessments and reviews are completed with the input from friends/family and professionals whenever possible. This way we are able to understand the routines and likes people have." Each person had a detailed account of their preferred routines throughout the day including eating and drinking, sleeping habits, personal care preferences and activities they enjoyed. Staff told us how people's routines were important to them. One member of staff said, "People's own routines are important to them as it mean they have some control about their lives and how they want things done." This demonstrated that staff understood the importance of respecting people's preferences.

Care plans included information that enabled the staff to monitor the mental and physical well-being of the person. Care plans contained information about people's communication, mood and health needs which helped staff understand when people were not feeling well by monitoring changes in their behaviour. Some people had communication difficulties and staff made adjustments to ensure they were able to communicate their needs. One person could slur their words, so staff were required to communicate with them at eye level, speak clearly and give the person lots of time to formulate their response. We saw staff use these strategies effectively throughout the inspection when engaging with the person throughout their daily activities.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff had a good understanding of people's individual communication needs by sharing this guidance in staff handovers, team meetings and supervisions. This helped enable staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

People had a range of activities they could be involved in. They were able to choose which activities they took part in and suggest other activities they would like to try. One person told us, "There is plenty to do here. I am always busy." Another person said, "I especially enjoy the singers when they come in, it cheers me up." The registered manager said, "Staff work with people to plan goals for independence, social interaction, health and wellbeing; this makes their activities relevant and meaningful." A timetable of activities with displayed in communal areas of the service, so people were aware of events which were coming up. Activities ranged from visiting entertainment, to quizzes and puzzles to light exercise. There was a wide range of activity available for people to access.

People were encouraged to develop and maintain relationships with people that mattered to them. People's relatives told us that they were welcome within the service as staff were friendly and informative when updating them on their family member's health. People were encouraged to stay in contact with people through phone calls, cards and letters. The registered manager invited families in to celebrate special occasions such as Christmas and birthdays with people. This helped people to maintain important relationships. People were encouraged to maintain friendships with other people at the service. Activities

were arranged so friendship groups could spend time together and staff were conscious of where people would like to sit in communal areas, to help ensure they were with people they liked. This helped people cultivate friendships and promoted companionship.

There was a policy and systems in place to deal appropriately with complaints. People told us that they knew how to complain to the registered manager and felt comfortable doing so. A complaints policy was displayed clearly in the entrance to the home. This gave details of how people could make a complaint and to whom. The registered manager told us the steps they would take to deal with a complaint. Records showed that complaints made were dealt with promptly, with the registered manager investigating issues and feeding back to people with findings and areas of learning from events. People's 'key workers' also regularly talked to people to explore how they were feeling and supported them to make a complaint or raise issues to the registered manager. This helped to ensure that people were given the opportunity to raise issues when they had concerns.

People were supported to make choices about how they would like to receive end of life care. Staff worked with each person to formulate an 'end of life plan'. This detailed preferences around the care arrangements leading up to and after people passed away. The plans included considerations about people's cultural beliefs, people they would like with them if possible and funeral arrangements.

The registered manager told us how they worked with other stakeholders to help give people as pain free and dignified death as possible. There were examples where the service had worked with doctor's, district nurses and hospices to provide a co-ordinated effort to ensure that people had access to the appropriate medicines, services and support to remain at the service during their last days.

Is the service well-led?

Our findings

People felt the registered manager ran the home effectively. One person told us, "You can see for yourself it is a good home". Another person said, "The manager runs a tight ship here, I don't think many things get by her". A third person, "It's a good atmosphere that has been created here".

There was a clear management structure in place. The registered manager was supported by a team of senior staff. Their role was to supervise care staff and carry out daily checks and audits of the service. The provider's training and quality consultant also regularly worked at the service. Their role was to carry out quality checks and provide training courses for staff. The provider's representative regularly visited the service and helped the registered manager with management of staff and maintenance of the service. The provider held regular meetings for registered managers across their services. At these meetings, registered managers would share good practice and learning from incidents which had occurred. This helped to ensure that there was an effective management team in place.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager was a prominent presence in the service and demonstrated strong leadership, dedication and an immensely caring nature when considering the welfare of people. Staff told us the registered manager was a good role model and provided them with support and guidance in their role. One member of staff said, "[The registered manager] is brilliant, they are always there to support us, they know the people and the home backwards." Another member of staff told us, "I have never known a manager to be so dedicated and involved in the running of a home, it sets a great example for the rest of us." The registered manager also held regular staff meetings where learning from incidents was shared and good practice was celebrated. The registered manager had taken time to develop strong relationships with people, their relatives and other stakeholders involved in their care. This helped them model and instil these values into their staff team.

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

People and staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. One member of staff said, "[The registered manager] is dedicated and has always said that we should come to her if we are worried or need help". Another member of staff said, "I feel I can go to the manager with any concerns, they will bend over backwards to help us". The provider had a whistleblowing policy in place. A whistleblowing policy outlines external bodies that staff can contact if they do not feel comfortable or able to raise concerns to internal management. Staff told us they understood how to follow the whistleblowing policy and would be comfortable in raising concerns if required.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered

manager completed regular audits to ensure the safety of the home. These included audits of medicines records, health and safety, infection control and an audit of people's care plans to ensure they contained relevant information. Audits were effective in identifying errors and driving improvements when issues were found. In one example, the registered manger made changes to the system used when people took medicines out of the service when staying with relatives. They had done this as there had been some discrepancies over a person's medicines after returning home. The new system was effective in preventing further discrepancies as all medicines were clearly accounted for.

The registered manager sought feedback from people, relatives and staff to improve the quality of the service. A monthly residents meeting was held at the service where the registered manager asked people for suggestions for improvements. Alongside this, the registered manager also sent out questionnaires to people, staff and relatives asking for feedback about the quality and safety of the service. Feedback was collated into actions plans detailing changes which were to be implemented from suggestions. Changes from recent feedback included, purchasing of a carpet bowls set and the purchase of a steam cleaner. Actions from feedback were clearly displayed in communal areas of the service. This helped to ensure people were able to see suggestions and action the registered manager had taken in response.