

Mrs W L Bellett

Stoneham House

Inspection report

4 Bracken Place
Chilworth
Southampton
Hampshire
SO16 3NG

Tel: 02380760112

Date of inspection visit:
04 December 2015
08 December 2015
18 December 2015

Date of publication:
25 February 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 4 December 2015 and was unannounced, a further visit took place on 8 December 2015 to continue with the inspection and a CQC pharmacist visited on 18 December 2015 to review the management of medicines.

We last inspected the service in June 2015. At that time we found seven breaches of the Health and Social care Act 2008 (regulated activities) regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. The overall rating of the service was inadequate and the service was therefore in 'Special measures'. As such we kept the service under review and inspected again within six months.

Stoneham House is a private residential care home without nursing set on the outskirts of Southampton. It is registered to provide accommodation and care for up to 37 people who may be living with dementia. On the days of our inspection nine people were living there.

There was a new manager in post who was applying to become registered. 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.

We found significant improvements had been made since our last inspection although further improvements were still needed for the service to demonstrate it provided consistent safe, effective and responsive care.

Overall, we found medicines were safely managed, but improvements were needed to ensure safe storage for some medicines and more guidance was needed to ensure staff understood how people liked to take their medicines.

Risk to people's health and wellbeing was clearly assessed and although staff were provided with guidance about how to minimise the risk of harm which could be caused by the identified risks some more information was needed at times to ensure staff provided consistent care.

Staff were well supported and had received more training since our last inspection. There were still a few gaps in some staff knowledge and further training and support had been arranged. Although people's care and support needs were known and acted upon further work was needed to ensure people followed their interests and to ensure they could take part in social activities if this was their wish.

Staff had a better understanding of the systems and processes in place to investigate any allegation of abuse. Staff were appropriately deployed and staff recruitment processes were thorough. People were supported to have enough to eat and drink and to maintain a balanced diet. Staff worked cooperatively with health care professionals to ensure people received on-going healthcare support.

People were treated with kindness and respect and they were encouraged to be involved in the planning of their care and support. The new manager demonstrated a very clear understanding of their role and responsibility and was well supported by the owner to help them to achieve the improvements needed. As they had only been in post for six week at the time of this inspection the improvements made had yet to have maximum impact upon the quality of people's lives. The manager had a clear vision about how they wanted to service to develop. We were satisfied that, whilst some improvements were still needed, there were appropriate plans to put these in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some improvements were needed to ensure the service consistently provided safe care.

Further guidance was needed in some instances to support staff in the administration of medicines and to manage risk to people's health and wellbeing consistently.

Staff understood what to do when safeguarding concerns were made.

People were supported by a sufficient number of staff and robust recruitment procedures were followed.

Requires Improvement ●

Is the service effective?

Some improvements in staff training were needed to ensure the service consistently provided effective care.

There were suitable arrangements in place to ensure the service obtained people's consent to care and to ensure they followed the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and health care professionals were consulted appropriately when people's health needs changed.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff showed concern for people's wellbeing and respected their privacy and dignity.

People were involved in making decisions about their care and were given the information they needed to exercise choice.

Good ●

Is the service responsive?

Some improvements were needed to ensure people were supported to follow their interests and take part in social activities.

Requires Improvement ●

People were involved in the planning of their care.

There were suitable arrangements in place for people to raise concerns should they need to.

Is the service well-led?

The service was led by a new manager who was taking action to address previous shortfalls although the full impact of changes had yet to be experienced by people who lived at Stoneham House

People were encouraged to be involved in developing the service.

The new manager understood their role and responsibilities.

Requires Improvement 

Stoneham House

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.

The inspection took place on 4 and 8 December 2015 and was unannounced. The inspection team consisted of two inspectors. A further visit took place on 18 December 2015 by a CQC pharmacist inspector.

The service was placed under special measures in June 2015 which meant we visited again within six months to check upon improvements made. During this inspection we talked with three people who lived at the service and observed the care of others in communal areas when they were not able to verbally provide us with feedback. We spoke with three visiting relatives. We spoke with two health care professionals and with one social care professional to gather their views about the quality of service currently provided. We looked at the care records for four people as well as other records relating to the management of the service such as two staff files, audits, policies and staff rotas.

Is the service safe?

Our findings

At our last inspection in June 2015 we said people were not being safely cared for at Stoneham House. We had concerns about the management of medicines, about how people were protected from abuse and about how the service assessed and acted upon risk to people's health and wellbeing. We concluded the service was inadequate as it did not provide safe care. The provider sent us an action plan detailing how they would improve,

During this visit we found improvements had been made but further improvements were still needed.

A CQC pharmacist reviewed the management of medicines. Overall we found medicines were currently being managed safely but we said further improvements could still be made. Although medicines were appropriately stored we needed to be assured they were always stored within their recommended temperature ranges.

Records of medicines administration were kept. Limited information to support the administration of medicines was available. Information on allergies and 'administration difficulties' were summarised at the front of each person's Medicine Administration Records (MAR). However, written information about 'how a person would like to take medicines' and supporting information about 'when required' and 'variable dose' medicines was not available. The manager told us that these sections of the care plans were being developed.

We observed a care staff administering medicines. Each person had their medicines administered via disposable medicines pot and clean spoon. The administration of medicines was recorded via the MARs. A care staff explained how they applied creams to people as part of their personal care. The care worker showed us the records they kept. Details of the creams and when the creams had been applied were recorded within the records we looked at.

At our last inspection we found systems and processes were not being operated effectively to investigate any allegation or evidence of abuse. Staff did not know how to follow the safeguarding procedure to keep people safe. During this visit we found information was on display encouraging staff to 'speak out' if they had any concerns about people's wellbeing and gave information about what to do and who to contact if they witnessed any abuse. Staff were able to describe the safeguarding process and understood their role and responsibilities under whistleblowing arrangements; one said for example regarding Whistle-blowing – "I did that in my last job. I totally understand the whole process and I would do it again if I had to. It's simple really; I just think to myself, I wouldn't want my parents to suffer neglect like that".

At our last inspection we said assessments of risk to people's health and wellbeing were general and did not relate to people's specific needs. During this inspection we found this had improved and risk assessments reflected people's personal health and care needs. There were written assessments to establish and monitor the level of risk to people if for example they were at risk of falling or of their skin breaking down and action had been taken to reduce this where possible. One person had had a number of falls and action had been

taken to look into the possible causes of this. Although staff were provided with guidance there were some instances where more information was needed to ensure staff consistently provided safe care. For example more guidance was needed to ensure staff used bedsides appropriately for one person who at times was at risk of falling out of bed. We discussed this with the manager at the time of the inspection who said they continued to review all peoples risk assessments with a view to improving them further.

Environmental risk had been evaluated and action had been taken to reduce the risk of harm occurring, for example legionella policies and procedures were in place and these were being followed.

People said staff were nice. A visitor said they felt it was "ok here" and said they did not think there was much wrong with it before. Staffing levels were assessed by considering people's dependency levels. This helped to establish the amount of support people required and therefore the number of staff needing to be deployed during each shift. Current staffing levels were a minimum of two care staff each day; one was always a senior staff. There was always one waking night staff with the owner who lived on the premises on call if necessary. The manager was also on call if needed and they said staff did contact them if they needed advice or support; Care staff were supported by housekeeping staff. This was an improvement to our last inspection as care staff and housekeeping staff did not previously have clearly defined roles. Current residents and visitors felt there were enough staff on duty to meet needs and we observed people being given assistance in a timely way.

The manager was recruiting further staff in anticipation of an increased number of people living at the service. They said they were ensuring they were recruiting sufficient senior staff to guide and support current and future care staff. This helped to ensure there was a robust staffing structure with more junior staff being effectively supported. Staff were safely recruited. Staff employed had the appropriate checks such as evidence of Disclosure and Barring Service (DBS) checks, references from previous employers and had provided full employment histories. One new staff was completing an induction but had been told they were not able to start to work unsupervised until the service had received a satisfactory DBS check. These measures helped to ensure that only suitable staff were employed to support people who used the service.

Is the service effective?

Our findings

At our last inspection in June 2015 we said people were not being effectively cared for at Stoneham House. We had concerns that staff were not sufficiently trained or supported to provide effective care. We also found people's consent to care and support was not always obtained. People were not always offered appropriate support at mealtimes or effective support if they had particular dietary needs. There was not effective liaison with healthcare professionals to ensure people's health care needs were met.

We said the service was inadequate because it did not provide effective care. The provider sent us an action plan detailing how they would improve.

During this visit we found improvements had been made but further improvements were still needed.

The new manager had compiled a training matrix to monitor training the staff had completed. All senior staff had completed an NVQ (National vocational Qualification) in care. Records we saw showed staff had also completed a number of different training sessions since our last visit, such as in first aid, moving and handling and safeguarding, however there continued to be some gaps in training, for example some staff had not yet received up to date training in infection control. The manager was aware further training was needed and had a plan to put this in place. The manager carried out observational supervisions to ensure staff practice was of a good standard and used this to plan any further training which may be needed. Staff also had formal supervision meetings to support them to carry out their roles and responsibilities.

We observed staff asked people for their consent before they provided care and support and we had evidence people's views and opinions were listened to. Senior staff had a good understanding of the Mental Capacity Act 2005 and were in the process of discussing with people and completing consent forms so it was clear they had given permission for staff to support them with aspects of their care, for example in administering their medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. The manager understood Deprivation of Liberty Safeguards (DoLS) had consulted with relatives and was in the process of making applications to the local authority responsible for making these decisions.

We asked people what the food was like. They were generally positive with one person calling it "excellent". We observed people were provided with appropriate support at mealtimes. People's nutritional needs had been assessed and they were supported to have enough to eat and drink. There was information available, which staff knew about, regarding any food allergies and dislikes people had. We saw one person was provided with a diet containing extra calories as they had been assessed as being at risk because they were losing weight.

People's health needs were accurately documented in their plans of care and there was guidance for staff about what they needed to do to ensure people's health remained good. For example for one person who had diabetes there were guidelines for staff about what normal blood sugar levels should be. We spoke with some visiting health care professionals who said things had improved recently, especially with the new manager in post. One said "It's a different place altogether". They said staff talked knowledgably about people's needs and called them for assistance appropriately when they needed to. People we spoke with said they had access to health care professionals when this was needed and records supported this.

Is the service caring?

Our findings

At our last inspection in June 2015 we saw some caring interactions but said there were some shortfalls in the caring attitude of staff and of the registered manager. We concluded people were not always treated with kindness, respect and compassion. The provider sent us an action plan detailing how they would improve.

We said the service required improvement in this area because it was not always caring.

During this visit we found improvements had been made.

One visitor said their relative looked better cared for and said "everyone looks better".

Staff were kind and courteous to people. They showed respect by knocking on people's doors before entering. They explained to people what they were going to do before they supported them and gave people choices.

We found there had been more attention given to people's interests and comfort. At our last inspection we said some people spent most of their days in wheelchairs and said they did not appear comfortable. During this visit we did not see people spending much time in wheelchairs as staff assisted them to transfer to other chairs during the day. They appeared more comfortable as a result.

People's beds were more appropriate to meet their needs. One person whose bed had improved since our last visit said "to me a beds a bed, but it is very comfortable"

We observed one person being assisted to eat their meal. Staff were sitting at the same level as the person and did not rush them to eat. The person had the member of staff's undivided attention. This showed respect.

Some bedrooms had been improved and redecorated. The improved bedrooms were not reserved solely for potential new residents as we observed a current resident was offered one of the newly decorated rooms as an alternative to their current room. They agreed to the change and expressed their delight.

One bedroom, on the ground floor, had been changed into a clinical treatment area which meant visiting professionals could see people requiring clinical attention in a centrally based room, if they did not wish to go to their bedrooms. This meant people were given privacy and choice when they needed to see someone about their health care.

There were reminders for staff in care plans about how to maintain people's privacy and dignity and staff discussed the importance of doing this with us. For example, staff were reminded to place a screen around people when they were assisting them to move using a hoist from a wheelchair to a chair in a communal area.

Is the service responsive?

Our findings

At our last inspection in June 2015 we said the service was not always responsive because people did not receive care and support in line with their needs and preferences. The environment was not well adapted for people with mobility problems or for people with a cognitive impairment. Although there was a complaints process, complaints had not always been documented properly or responded to. The provider sent us an action plan detailing how they would improve.

We said the service required improvement in this area because it was not always responsive to people's needs.

We found improvements had been made but further improvements were still needed.

A relative said their mother was much happier recently and whilst communication with staff had improved they felt this could still improve further. A person who lived at Stoneham House said "No one chooses to be here, but it is comfortable enough I suppose"

Since our last inspection everyone living at Stoneham House had had their needs reassessed and new plans of care were in place. These were reviewed at least every month to ensure they remained up to date. Plans of care we saw contained sufficient information for staff to care for the person's individual needs in a consistent way.

Each person had records entitled 'My Room file'. This file contained an 'At a glance' care plan and a section called 'My Story'. The 'My Story' section included details about the person that may help stimulate conversation and aid communication. People who lived at the service and relatives were encouraged to contribute any information to the life story file they felt may benefit and enhance the experience of the person living at the home. The impact of the changes were yet to be fully experienced. One relative said "It's good to be informed about things in the home but things don't change much"

We considered how people were supported to follow their interests and take part in social activities. Although some positive changes had been made this is an area where the service needed to develop further. Five out of six feedback forms from relatives requested more activities. We observed people spent a lot of the day sitting in the lounge with the television on, although staff had ensured one person was able to watch their favourite DVDs in a separate room.

Seating arrangements did not allow for breakaway groups to form where people could sit quietly or in small groups to enjoy a conversation. The manager told us they had developed a 'newspaper' which was delivered to people each afternoon and this included events from the past and old style adverts. The aim of the 'newspaper' was to stimulate interest and encourage conversation. People who were unable to read the paper for themselves could listen to staff who would read it for them.

The complaints policy was on display in the foyer and staff and people who lived at the service said they felt

able to raise any concerns they had with the manager or senior staff.

Is the service well-led?

Our findings

At our last inspection in June 2015 we said the service was not well led as it had significant and widespread shortfalls in management. We judged this aspect of the service as inadequate

Since our last inspection we found improvements had been made. There was a new manager in post who was working to a detailed action plan to address the identified shortfalls and to improve the service for people living at Stoneham House. The manager said all involved professionals had also received a copy of the action plan so they were aware of the improvements being made and of the changes proposed. Whilst there was further work to do we were satisfied the manager was addressing concerns in a systemic manner. The manager was in the process of applying for registration with CQC.

Staff we spoke with were positive about the new manager's contribution to improving the service - one for example said "she's really good and has provided us with a lot of information" and "everything's getting better" Visitors were positive about the changes, one said for example there were big improvements. They said the home felt more together. It was cleaner and more organised.

A major refurbishment of the building was underway and we saw three bedrooms so far had been completely redecorated and re furnished.

The most recent inspection report was available for people to read There were feedback and suggestions forms for people to use on a table in reception. The forms were for use by relatives and visiting professionals. 'Have your say' leaflets were also available for people to use if they wished. The forms provided people with an additional source of communication should they wish to express any concerns or comments. The manger had started to hold regular residents meeting and staff meetings to ensure all people involved in the service had a say in the way it was being developed.

Since our last inspection the manager had introduced a new set of policies and procedures to cover all aspects of the service. These helped to ensure staff worked in a consistent way and followed recognised guidance and relevant legislation. The manager told us, policies and procedures would be updated annually or as required when things changed. The manager said they were checking with staff about their knowledge of policies and procedures as well as ensuring they understood new responsibilities such as duty of candour. This helped to ensure the service was open and transparent with people who use the service and with other relevant persons.

There were effective quality assurance processes in place. There was a maintenance log which was checked every day so all minor environmental improvements needed were acted upon quickly. The manager and senior staff undertook regular health and safety audits to ensure for example people were being provided with enough to drink and to ensure infection control procedures were being followed consistently. The manager said they would be carrying out an overarching audit to cover all aspects of the service every six months and said that there would be an independent external audit every twelve months. This would help to ensure quality assurance processes remained robust.

