Stonecross Care Home (Kendal) Ltd

Stonecross Care Centre

Inspection report

107 Milnthorpe Road
Kendal
Cumbria
LA9 5HH

Tel: 01539232954

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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 comprehensive inspection took place on 24 August 2016 and was unannounced. We last inspected Stonecross Care Centre on 3 and 11December 2015. At that inspection we found two breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and a breach of Regulation 18 of the Care Quality Commission (CQC) (Registration) Regulations 2009. At this inspection we found that the provider had complied with the requirement notices in relation to those breaches.

Stonecross Care Centre is a residential care home that provides personal care and accommodation for up to a total of 32 people. Accommodation can be provided over three floors and there is a lift to access each level. The home is located close to the town centre of Kendal. There is a large accessible outdoor area which is well furnished for people who wish to spend time outside. There is a raised bed gardening area that was being developed by people who live at the home and ample car parking space. There were a variety of communal areas available throughout the home and these were well equipped with items of interest to the people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the (CQC) 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. On the day of the inspection visit the registered manager was on annual leave and the home was being overseen by the deputy manager.

When employing fit and proper persons the recruitment procedures of the provider were not always followed.

We made a recommendation that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability made were robust.

Medicines were being administered and recorded appropriately and were being kept safely.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

People's rights were protected. The management team was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body and was required to maintain their safety and welfare.

Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access meaningful and individually tailored activities and pass times of their choice.

More formal audits and quality monitoring systems had been implemented to allow the service to demonstrate effectively the safety and quality of the home.

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.

We made a recommendation because the provider had not always followed their own procedures when checking the suitability of people being employed.

People and their relatives told us they were safe and well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Is the service effective?

Good

The service was effective.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving where required appropriate others.

Staff had received the relevant training to fulfil their roles.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were well cared for, and were valued as individuals.

People wishes for how they wished to be cared for at their end of life had been planned for.

Is the service responsive?

Good

The service was responsive.

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed. People could access a full of activities which were meaningful to them.

People and relatives felt able to speak with staff or the management team about any concerns they had.

Care plans and records showed that people were seen by appropriate professionals when required to meet their physical and mental health needs.

Is the service well-led?

Good

The service was well led.

More formal systems had been implemented to record quality monitoring and safety of the service provision.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Stonecross Care Centre

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 24 August 2016. The inspection team consisted of two adult social care inspectors.

Before the inspection we looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the registered provider, deputy manager, six staff members, seven people who used the service and two relatives. We looked at all of the records relating to the requirements and actions we had asked the provider to take following the last inspection in December 2015. We observed how staff supported people who used the service and looked at the care records for six people living at Stonecross care centre.

We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team.

We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Good

Is the service safe?

Our findings

People living at Stonecross Care Centre that we spoke with told us they felt safe and did not have any concerns about the care they received. One person told us, "I've never not felt safe''. Another person told us, ''There's enough staff and I like having a mix of male and female''. A staff member said, ''It's a lovely place to work and I think people are well cared for here''.

We looked at staff files for the recruitment of staff since our last visit in December 2015 and saw that the appropriate checks of suitability for fit and proper people to be employed had been made. Information about their previous employment history and reasons for leaving employment had been noted. All staff had records to show Disclosure and Barring Service (DBS) checks had been conducted before commencing employment. References had been sought and we noted that they were not always from the most recent previous employer in accordance with the homes recruitment policy.

We recommended that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability made were robust.

We observed there was sufficient staff on duty to provide care and support to meet people's individual needs. People we spoke with told us they felt that there was always enough staff. One staff member told us that morale was really good in the staff team and staffing levels were always adequate. We observed that call buzzers were answered promptly and care staff did not appear to be rushed in their duties. Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Staff demonstrated they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person's care. We saw staff responded quickly if a person's behaviour was changing to reduce the possibility of either
the person, or people near them getting upset or anxious. For example where one person started to become distressed we saw that staff knew them well enough to distract them quickly.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. All the records we looked at showed

appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

Care records relating to any risks associated with their care were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

Good

Is the service effective?

Our findings

People who lived in the home told us that they thoroughly enjoyed the meals provided. One person told us, "The food is lovely and there's always plenty''. People were free to eat where they wanted to and there were different areas where food could be served. Most people chose to eat in the main dining room, a few people chose to eat in other areas in the home and on the day of the inspection some people ate outside. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

We saw nutritional assessments had been completed and where people had additional needs or required additional support they had been referred to the appropriate health care professionals. Care records showed that nutritional risks had been assessed and plans implemented for staff to follow to reduce those risk. We spoke with the chef who could tell us about the different dietary needs of people living at the home and how these were met.

The staff we spoke with told us, and records we saw showed that staff received a range of training to ensure they had the skills to provide the right support people required. One member of staff told us, "We've had lots of different training''. Staff had received training considered essential to support people's health and safety as part of their induction. We observed staff putting their training into practice. Staff approached people with respect, dignity and genuine friendliness which encouraged people to have meaningful interaction with them. We observed staff quickly identified when people were getting upset or agitated, and took positive steps to engage people with distractions which moved them into a more positive frame of mind.

The care staff we spoke with told us that they had regular team meetings and could speak openly with the registered manager to discuss any concerns. Staff said that they knew who they could contact should they require support out of hours. Staff also told us that they felt very much supported by the management team through formal systems such as supervision and appraisal.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection four people living at Stonecross Care Centre had DoLS in place.

The management team and care staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest meetings had been held to

assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged. This meant that people's rights were protected. However we did not see that the best interest decision process had always been recorded this was discussed with the deputy manager at the time of the inspection. They showed us that there was a format in place and we saw that it had been used to record decisions made relating to other people living in the home.

Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home. The décor of the home and signage placed around the home was very conducive to supporting people living with dementia.

Good

Is the service caring?

Our findings

People we spoke with living and visiting Stonecross Care Centre told us they were extremely happy with the care and support being received. Some of the comments included, "The staff re lovely". Another person told us, "The staff are all very pleasant and helpful''.

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed for short periods of time the interactions between staff and people living in the home. We saw that the interactions demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

People told us that they had been asked for their opinion on the services they received. We saw that residents meetings had taken place that included relatives. The registered manager and providers had held a recent meeting where people had been asked if they were happy with their care and if there were any changes they wanted made to the support they received. We could see and were told by people that changes to the menu choices had been discussed.

Staff knew the people they cared for extremely well. They were able to tell us about people and their past lives, likes and dislikes and how they used this information to support and care for people in the home. Staff told us this was important as it meant they could reminisce with people and understand what might make people feel happy or sad. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. The deputy manager was attending training in palliative care in order for the home to use the recognised Six Steps programme in planning for end of life.

Good

Is the service responsive?

Our findings

We asked people whether they felt they could raise concerns if they had any. One person said, "I've never had any concerns but if I had I can speak to any of the staff." Another person told us if they had a problem they felt happy to raise it directly with the registered manager. The home had a complaints procedure and we saw that complaints had been managed in accordance with the homes procedures. People we spoke with were aware of who to speak with if they wanted to
raise any concerns. The deputy manager told us they preferred to deal with people's concerns as and when they arose.

We saw that there were regular planned activities for people to get involved in and we also saw how the activities coordinator had developed meaningful individual activities for people living in the home. Activities had been specifically designed to include people's interests, preferences and abilities. For example taking someone's previous hobby of birdwatching and creating an individual activity to take their interest into account. We also saw that people were supported to be able to spend leisure time in the local community. People who preferred not to join in group activities were also supported by staff to access their preferred choice of activity in the privacy of their own rooms.

We looked at the care records for six people living in the home. We saw that information available for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. Care plans had been regularly reviewed to make sure they held up to date information for staff to refer to.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with health care professionals who supported people who lived in the home. They told us that the staff were good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.

Good

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us they thought the home was well managed and said that they enjoyed working in the home. They also told us that they felt supported by the management team including the registered providers who they said visited the home often. One member of staff said, "I love my job, this is a good home, all the staff are here to provide good care to people." Another said, "It's a great place to work.''

The registered manager was on annual leave at the time of our inspection visited. The deputy manager was very able to assist in the inspection process and could tell us all about the management processes. We saw during our inspection that the deputy manager was accessible to staff and spent a lot of time with the people who lived in the home and engaged in a positive and open way. There was also an identified management structure for the staff who regularly worked night duty. This provided the night staff with accessible management support during their shifts.

Since the last inspection we saw that a number of new systems and procedures had been implemented to record the quality and safety monitoring of the home. We saw new records for the auditing of medications and how these checks evidenced the safer management of medications in the home. We saw that considerable improvements had been made overall relating to the care records about people receiving care and treatment at Stonecross Care Centre. There was a more robust process in place for the regular review of people's needs and we could see actions that had been taken to ensure people's needs were being met.

The premises were very well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the managers to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

As well as informal discussions with people and their relatives about the quality of the home, surveys were undertaken to find out what people felt about living at Stonecross Care Centre. We saw that people' views about the quality of food and the care at the home had been obtained via questionnaires. We also saw that regular resident and relatives meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

People who lived at the home were provided with excellent resources to support their care needs. Staffing levels were sufficient and this meant staff could spend quality time with people to meet all their support needs, and keep people safe. Staff training had improved since the last inspection and it provided staff with

the skills to engage effectively with people living in the home

Activity provision in the home was excellent. The provider was focused on building a community within the home of which every person, visitor and staff member played their part. They had developed a service where people were enabled to carry on living their lives, pursing their interests and maintaining their relationships as they chose. A relative told us, "You're always made welcome and encouraged to get involved in whatever is going on''.