

Elpha Lodge Residential Care Home Limited

Stonehaven Residential Care Home

Inspection report

The Willows
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Morpeth
Northumberland
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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?

Requires improvement 

Overall summary

The inspection took place on 17 March 2015 and was announced. The provider was given 48 hours' notice of the inspection because both the registered manager and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection.

The home was last inspected in May 2013 when we found they were meeting all the regulations we inspected.

Stonehaven provides care for up to three people who have learning disabilities. There were three people living there at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People told us they felt safe. Staff knew what action to take if abuse was suspected.

We saw that the building was well maintained and clean. Medicines were managed safely.

People, staff and relatives told us there were enough staff to meet people's needs.

Many of the staff had worked at the service for a considerable number of years. We saw that Criminal Record Bureau checks now known as Disclosure and Barring Service checks had been carried out, although there were some issues with the service's recording of when these checks had been obtained. The manager was in the process of renewing DBS checks for all staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The manager was submitting DoLS applications to the local authority in line with legal requirements.

Staff informed us that there was plenty of training available. This was confirmed by staff training records we viewed.

People told us that they were happy with the meals provided at the home. They told us and our own observations confirmed that people were involved in the planning and preparation of meals.

People and the relatives with whom we spoke told us that staff were caring. People said that they were happy living at Stonehaven. One person told us, "It's perfect." Comments from relatives included, "It's a lovely place" and "The staff are so kind."

People were supported to maintain their hobbies and interests and housekeeping skills were encouraged to help promote people's independence.

There was a complaints procedure in place. The manager told us that no complaints had been received. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

The nominated individual was not currently monitoring the service because of an ongoing investigation. A nominated individual has responsibility for supervising the way that the regulated activity is managed. We had requested that an interim nominated individual be appointed eight months ago; however, this had not yet happened.

We had no concerns about the registered manager or her leadership; we considered however, that improvements were needed with regards to the nominated individual situation to ensure that clear and transparent processes were in place for all staff to account for their decisions, actions, behaviours and performance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. There were safeguarding procedures in place.

We found the premises were clean and well maintained. There were systems in place for the safe receipt, storage, administration and disposal of medicines.

People, relatives and staff told us there were enough staff to meet people's needs. The manager was in the process of updating people's recruitment checks.

Good



Is the service effective?

The service was effective.

Staff told us that training was provided. This consisted of online, workbook and face to face training. They told us that they felt well supported and supervision and appraisal arrangements were in place.

The manager was knowledgeable about the requirements of the MCA and DoLS. The local authority had authorised one person's DoLS application and the manager had submitted a further two applications to the local authority to authorise in line with legal requirements.

People were happy with the meals provided. We saw that the kitchen was well stocked with meat and fresh fruit and vegetables.

Good



Is the service caring?

The service was caring.

People and the relatives with whom we spoke informed us that staff were caring.

All of the interactions we saw between people and staff were positive. We saw staff spoke with people respectfully.

No one was currently accessing any form of advocacy. The manager informed us that there was a procedure in place if advocacy service were required.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain their hobbies and interests.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Good



Is the service well-led?

Not all aspects of the service were well led.

Requires improvement



Summary of findings

The nominated individual was not currently monitoring the service because of an ongoing investigation. We had requested that an interim nominated individual be appointed eight months ago; however, this matter was ongoing.

We noted that the manager carried out audits on all aspects of the service. This included checks on health and safety; medicines; care plans and social activities. Any actions identified were carried out in a timely manner.

Stonehaven Residential 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.

The inspection was carried out by one inspector. The inspection took place on 17 March 2015 and was announced. 48 hours' notice of the inspection was given because the service was small and the manager and people were often out accessing the local community. We needed to be sure that they would be in.

We spoke with all three people who lived at the service. We contacted two relatives by phone following our inspection.

We conferred with a local authority safeguarding officer and a local authority contracts officer. We also consulted a care manager and a dietetic assistant from the local NHS Trust.

We spoke with the registered manager and a care worker on the day of our inspection. We also contacted three care workers by phone following our inspection. They worked evenings, weekends and sleep in shifts. We wanted to know how care was delivered at these times.

We read all three people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR), because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

All three people with whom we spoke told us that they felt safe living at Stonehaven. We looked at three questionnaires which had been completed by people. One person had commented, "I like all the staff, they keep me company and they keep me safe."

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There were systems in place to manage people's finances to help prevent the risk of financial abuse. The local authority managed people's finances.

We looked around the building and observed that it was clean and well maintained. There was a large kitchen and dining area, lounge and conservatory. The manager explained that the laundry facilities were now situated in the converted garage which was not as accessible as they had been when they were in the main home. She explained that people could still access the laundry, but staff had to accompany people to ensure they were safe when accessing the stairs.

We noted that checks were carried out on gas, electrical and fire safety. We read a recent gas check which had been carried out in December 2014. This stated the gas fire was not safe to use. The manager told us and our own observations confirmed that a new gas fire had been purchased. Following a recent fire audit by the local fire service, the manager told us that new fire doors had been fitted, fire detection had been extended to bedrooms and emergency lighting installed.

People were independently mobile. There was therefore no moving and handling equipment at the home. There was a bath and a shower unit available. The manager said that people did not use the bath, because they preferred a shower. This was confirmed by the three people with whom we spoke. The manager explained that although people could get into the bath; they may not be able to get out. She said that if this situation changed and baths were requested; she would request an occupational therapy assessment for the use of the bath.

We checked medicines management. People told us that staff supported them to take their medicines. One person said, "I have my water tablets and me inhaler." There were

systems in place for the safe receipt, storage, administration and disposal of medicines. We noted that medicines administration records were completed accurately.

People, staff and relatives said there were enough staff to meet people's needs. There was one staff member on duty each day. The manager explained that she was included in these staffing numbers. She said, "I love being hands on. I want to be a working manager." She said that she was able to carry out her management duties during each shift. This was confirmed by the audits and checks which we viewed.

There was an extra member of staff from 8 – 4pm on Tuesday, Wednesday and Thursday to provide additional support for one person. A relative told us that she thought there "could be more staff" at certain times. We spoke with the manager about this comment. She told us that the rotas were flexible and she could bring in extra staff if activities and outings were planned. She explained that one staff member could manage to support all three people because they were independent with their mobility. This was confirmed by all staff.

There were no waking staff overnight. After midnight the staff member went to bed and would wake up if assistance was required. A staff member explained that one person had epilepsy. A monitor was in place through the night to alert staff if assistance was needed. There was no evidence however, that staffing levels through the night had been fully risk assessed to make sure that people's needs were met and the staff member could evacuate people safely in case of an emergency. We spoke with the manager following our inspection. She told us that she had updated the fire risk assessment.

During our inspection, we saw that people were able to access the local community and were encouraged to be as independent as possible. We concluded therefore, that there were sufficient staff employed to meet people's needs.

We checked staff recruitment files. Most of the staff had worked at the home for many years. The last member of staff recruited had worked at the home for seven years. We checked the recruitment procedures for two staff. We saw that Criminal Record Bureau (CRB) checks, now known as Disclosure and Barring Service (DBS) checks had been carried out. A copy of the CRB was not kept on file; in line with legal requirements. The date which the CRB had been

Is the service safe?

received however, was not recorded and the number of the CRB was not documented. These omissions meant that it was not clear whether the CRB had been received prior to the staff member starting work, to help ensure that they were suitable to work with vulnerable people. The manager told us and staff confirmed that employment checks were always carried out before staff commenced work. The manager explained that they were renewing every staff member's DBS check to make sure no concerns were highlighted.

We noted that the details of the applicant's work history were not included on the application form. This omission meant that it was not possible to ascertain if there were any gaps in the applicant's work history or the reason why. The manager told us that if they employed any new members of staff the application process was "more intense" and the application forms now included details of the applicants work history.

Is the service effective?

Our findings

Relatives informed us that they thought staff were well trained. One relative said, “They know what they’re doing.”

Staff told us that there was training available. One member of staff said, “I’ve done all the training. I’m up to date with everything.” Other comments included, “Training is more than adequate,” “We’ve done epilepsy and diabetes training and we’ve done our medicines training and we have competency checks. She [manager] will watch to make sure we’ve given the medication properly and signed the MAR correctly...I have done my level 3 diploma [in health and social care]” and “We do online training, workbooks and go away to training sessions.” The manager told us that they had signed up to the local NHS Trust’s online training programme. Staff had completed training in safe working practices and to meet the specific needs of people who lived at the service such as learning disabilities; diabetes and behaviour which challenged.

Many of the staff had worked at the home for a considerable period of time. Two staff had worked there for 15 years and others for eight and nine years. This experience contributed to the efficiency and skill with which staff carried out their duties. Relatives recognised this experience. One relative said, “They do work together very well.”

Staff told us that they felt well supported and had regular supervision and an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. One member of staff said, “She [manager] asks me in supervision if there is any training I want to do or need.” Another said, “We have regular supervisions, we can talk about anything. I find them helpful.”

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not

inappropriately restrict their freedom. The local authority had approved one DoLS application. The manager had submitted a further two applications which had not been authorised as yet.

The manager told us that best interests decisions were carried out for important decisions. She explained that one person had to have a medical procedure and a mental capacity assessment had been carried out by a social worker. Mental capacity assessments and best interests decisions had also been carried out with regards to financial issues.

We checked whether people’s nutritional needs were met. People told us that they were happy with the meals provided. We looked at three questionnaires which had been completed by people. One person had commented, “I love the food at Stonehaven. I help with the menus. My favourite day is Friday – fish and chips.”

We checked the kitchen and saw that it was well stocked with meat, fresh fruit and vegetables. Staff told us they were supporting one person to follow a healthy weight reducing diet. The person proudly told us that she had lost “Two pounds.” One person said, “I don’t like liver, or sprouts and stuffing.” He told us that he was not given these foods. This information was recorded in his care plan.

We spent time with people over lunch time. We saw that people were supported to prepare lunch. Lunch time was a sociable event, people sat in the kitchen/dining area, talking about upcoming events.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; visited the dentist, optician and podiatrist. This was confirmed by people with whom we spoke. One person told us, “They take me to the health centre to see about my leg.” We read questionnaires which had been completed by people. One person had stated, “[Name of staff member] takes me to the doctors and the dentist.” Another had commented, “[Name of staff member] my one to one carer takes me to the health centre and the RVI [hospital] in Newcastle.”

Is the service caring?

Our findings

We spoke with people who told us that staff were kind and caring. One person said, “The staff are nice.” Another said, “I have friends here [names of people and staff].” We looked at three questionnaires which had been completed by people. All three had stated that they were happy living at Stonehaven. One person had commented, “Staff are very kind and help us all the time.” We spoke with a relative who said, “The staff are all lovely, they are very, very good. [Name of person] has been there for 14 years, she loves it - it’s her home.” We spoke with a care manager from the local NHS Trust. She told us that staff had the best interests of people at heart.

We read the quality assurance summary for 2014/2015. This included feedback from a recent relatives’ survey. Comments included; “Very happy with the care given;” “Very happy with the care my sister is receiving with Stonehaven. She is very happy;” “More than happy with the care my brother receives at Stonehaven, he is very well looked after” and “I am very happy to say that [name of person] could not be in better hands. He seems to be especially close with his one to one carer. As a family I think we are very fortunate to find such a great place for [name of person] to live all those years ago. It has been a Godsend and I am very grateful.”

We observed that staff communicated well and people reacted positively to all interactions. A member of staff spoke with one person about what they enjoyed doing. A conversation ensued about swimming in Amble harbour and the birthday parties to which he had been invited.

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner.

The manager told us that people were involved in all aspects of the service. This included staff meetings, recruitment, shopping and the planning of social and recreational activities. This was confirmed by people with whom we spoke. Meetings were also held for people who lived there. One person said, “We have meetings in the kitchen with [name of people and staff]” and “We talk about everything; where we want to go on holiday and what we want to do.”

The manager informed us that no one was currently accessing any form of advocacy. She told us and records confirmed that there was a procedure in place if advocacy service were required. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

Our findings

We spoke with two relatives who said staff were responsive to their relative's needs. One relative said, "They have a shower every day and staff always make sure people are clean and tidy."

Questionnaires were sent out to relatives to obtain their feedback. We read one questionnaire which had been completed by a relative. This stated, "I am happy with the way [name of person] is cared for. I think she has enough to do and enough things to keep her occupied. I can't think of any other way she could benefit from the care services you provide."

We read the home's statement of purpose which stated, "Residents who have independent skills will be supported and encouraged to maintain or promote these skills. Residents who wish to learn new skills will be given every opportunity to do so."

People and relatives told us that housekeeping skills were encouraged. Comments included, "We go to Asda to do the shopping;" "I like to do my laundry...I'm a good cook, I do muffins;" "I like doing jobs here" "I love doing the washing. I do [name of person] and mine" and "I Hoover my room." A relative said, "She loves to do the washing and cooking and help out."

We ourselves saw that people were encouraged to carry out housekeeping skills. They assisted with making lunch and afterwards one person washed the dishes.

People informed us that they were encouraged to maintain their hobbies and interests. One person showed us the exercise equipment that he used. Comments about interests and hobbies included, "Me and [name of staff member] go to Amble harbour;" "I'm going to [name of person] birthday party. We'll be going to [name of restaurant]" and "Me and [name of staff member] are going to the swimming pool." We read questionnaires which had been completed by people. People had commented on the activities and holidays they had been on. One person had stated, "I have been on holiday with [name of staff member] in Blackpool."

Both relatives with whom we spoke said their family member's social needs were met. Comments included,

"She has a better social life than me. There's always something going on," "I think she's doing very well. She likes to do arts and crafts and loves crocheting" and "There's definitely enough going on."

The manager told us of the importance they put on integrating the service with the local community. She said, "It's important for the community to see what we do and to realise that people are independent and also valued members of the local community. We have summer, Christmas and Easter fayres where the community come in and get to know people. It's nice that local people know them so they can say hello when we're out and about."

Staff were knowledgeable about people's needs. They explained people's needs to us and how these were met.

There was a key worker system in place. The appointment of key workers meant that each person had a designated member of staff who helped ensure that people's needs were met in a personalised manner. The manager explained, "Residents choose who they want to be their keyworker...Keyworkers have monthly meeting with residents. They talk about what special activities they [people] want to do for the upcoming month. They also do a weekly bedroom rota where staff support the residents to tidy their room."

We saw that "pen pictures" were in place. They gave an overview of people's likes, dislikes, hobbies and interests. We read one pen portrait. This stated, "I don't like crowded places or children crying and shouting." We saw that this person enjoyed sitting alone in the conservatory. We sat in the lounge for a period of time and could see the individual sitting in the conservatory. He kept turning around and putting his thumb up to indicate he was happy.

We noted that "hospital passports" were in place. These contained details of people's communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual's needs.

There was a complaints procedure in place. The manager told us that no complaints had ever been received. None of the people or relatives with whom we spoke said they had any complaints or concerns. We asked each person individually whether they had any complaints or if there was anything they were not happy with and they all said "no."

Is the service well-led?

Our findings

One of the directors of the company was the nominated individual. There was an ongoing investigation because of events which were not connected with Stonehaven. This meant that the nominated individual had not been involved in the supervising and monitoring of the service for nearly a year. We had requested that an interim nominated individual be appointed eight months ago; however, this had not yet happened.

We asked the manager about the support systems in place for her such as supervision and appraisal arrangements. She stated that she had not received any supervision or an appraisal because of the situation described above.

Following our inspection, we spoke with the nominated individual. She told us, “We have been looking into arrangements for supervision and appraisals and who should be the nominated individual.” She told us that this issue would be addressed immediately.

We spoke with a member of the local authority contracts team. He told us that they had placed a suspension on admissions at Stonehaven and the provider’s other two care homes because of the ongoing investigation. This related to any admissions of people who were funded by the local authority.

While we had no concerns about the registered manager or her leadership; we considered that improvements were needed with regards to the nominated individual situation to ensure that clear and transparent processes were in place for all staff to account for their decisions, actions, behaviours and performance.

Stonehaven had been open as a care home since 2000. The manager had worked at the home since 2006 and been registered manager since 2011. Staff spoke highly of her, comments included, “[Name of manager] is lovely, she’s very supportive” and “We have a really good relationship with [name of manager]. I feel totally comfortable raising any issues or concerns with her.”

One relative said, “[Name of manager] is great. She is really good with [name of person].” She said that she was kept informed of her relative’s care. She said, “[Name of person] had an accident the other week and [name of manager]

was straight on the phone to let me know what had happened. I’m always well informed.” We observed that the manager communicated well with people and they responded positively during all interactions.

Staff with whom we spoke informed us that they were happy working at the service. Comments included, “I love it;” “We’re just like one big happy family;” “I absolutely love it here. It doesn’t feel like a care home, it’s just like a home setting;” “We all help each other out;” “I’m just happy to be in a job I love;” “It’s a happy place, it’s just like home” and “I’m 67 and I’ve been going to retire for a while, but I don’t want to because I love it here.”

People, relatives and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon. We read the minutes from the most recent staff meeting which was carried out in January 2015. The new medicines recording system was discussed. We read the minutes from the most recent meeting for people. Social activities were discussed. None of the people raised any concerns or complaints. A biannual newsletter was written. The manager said, “It just explains what special events they have done. I sit down and talk to the residents and see what they want me to write.” The January 2015 edition included events which occurred over the Christmas period. This included attending the pantomime, Snow White and the Seven Dwarfs and going to the Metro Centro [shopping centre]. She said that pictures and photographs were used to make the words easier to understand.

We noted that the manager carried out audits on all aspects of the service. This included checks on health and safety; medicines; care plans and social activities. Any actions identified were carried out in a timely manner for example the purchase of a new gas fire.

The manager had informed us of any notifiable incidents in line with legal requirements. She had notified us of the DoLS authorisation for one person who lived at the home. There had been no other notifiable incidents. Notifications are forms detailing changes, events or incidents that the provider is legally obliged to send us within the required timescale.