

W & S Red Rose Healthcare Limited

Stone Gables Care Home

Inspection report

Street Lane
Gildersome, Morley
Leeds
LS27 7HR

Tel: 01132529452

Date of inspection visit:
28 October 2019

Date of publication:
29 November 2019

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

About the service

Stone Gables is a residential care home providing personal care for up to 40 people in one building. There was 19 people at the time of the inspection.

People's experience of using this service and what we found

The new registered manager was responsive to areas of improvements to the service and actively responded to these at the time of inspection.

On the whole we found medicines were managed well. We spoke to the registered manager about further improvements to the systems and processes to ensure this continued to be safe practice. We have made a recommendation in the 'safe' section of the full report about risk assessments for certain medication.

There were enough staff on duty to meet people's needs. Agency staff were being used at the service, However, these were consistently the same staff and we saw up to date profiles of these at the service.

Recruitment procedures continued to make sure staff employed were suitable to work with vulnerable people.

Staff supported people in a compassionate and caring way. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. People we spoke with made positive comments about how staff delivered care. They told us they were happy living at the home and how things had improved since the new manager had come in.

People received safe care and treatment. Assessments had been completed to help make sure risks associated with people's care were identified and managed in a way which respected their choices. People were safeguarded from the risk of abuse. Accidents and incidents were monitored to identify and address any patterns or trends.

Staff had received training they needed to develop and update their skills and knowledge. This was ongoing at the time of inspection. Staff received support in the way of supervisions. The registered manager was looking to complete staff appraisals by the end of the year.

There was a range of social activities and events available for people to take part in if they wished to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection under this new provider which was registered in August 2019.

Why we inspected

This was a planned inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stone Gables Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and two specialist advisors, one in governance and one in medicines.

Service and service type

Stone Gables provides accommodation for up to 40 people in one adapted building. Stone Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This meant they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not request a Provider Information Return (PIR). The PIR is a form provider are required to send us which contains key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with five people who used the service, two relatives and a visiting professional on the telephone about their experience of the care provided. We spoke with the owner, registered manager, two senior care staff, two care staff and the cook.

We reviewed documents and records that related to the management of the service, including a range of policies, procedures and guidance used by staff in their role, records of safeguarding and complaints, audits and quality assurance reports. We reviewed three staff member's files and records associated with the management and administration of people's medicines. We looked at three people's care plans in detail.

After the inspection

After the inspection, additional evidence was sent to us and this information was used as part of our inspection, this included the training matrix and ongoing refurbishment of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- On the whole medication was managed safely. We spoke to the registered manager to ensure a risk assessment was put into place for people who required topical creams. The registered manager was aware this was necessary.
- We observed the senior member of staff completing the medication round. We found documentation of staff competency had been completed around medication management.
- We found there was adequate storage for people's medication and systems were in place for ensuring the room temperature was safe for medicines to be stored.
- Medicines prescribed on an 'as and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required.

We recommend the provider ensure risk assessments are completed for people who require paraffin based topical creams in line with their internal policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes all staff are lovely, I feel safe, can't say any more than that really."
- Staff told us they would not hesitate to speak to the manager if they suspected anything in the home.
- The provider had a policy in place. Any safeguarding concerns had been appropriately reported to the local safeguarding team.
- Information about whistleblowing was available to staff which meant they could report poor practice.

Assessing risk, safety monitoring and management

- Staff were aware of risks to people and knew how to support them in a safe way, while maintaining their freedom and promoting their independence.
- Regular fire drills and tests had taken place to ensure people could be safely evacuated from the service. We saw all staff had taken part in these.
- People had personal evacuation plans in place, so staff could support people in a fire.
- Where falls had been recorded there was an overview analysis to reduce the likelihood of a re-occurrence. One staff member said, "We used to have a lot of falls, we don't now."

Staffing and recruitment

- The provider recruited safely. This included obtaining pre-employment checks prior to people commencing employment. We saw the provider had completed risk assessments where these had been

identified for staff.

- Staff told us they felt there was enough staff. One member of staff said, "We used to be really short staffed, since the new owner has taken over this has changed we have time to chat to people, it really has changed."

Preventing and controlling infection

- People were protected from the associated risks of infection. The infection control audit completed this year was 98% compliant. People told us they felt the home was clean. One person said, "All carpets and chairs are new."
- Communal areas and people's bedrooms were clean and there were no unpleasant odours.
- The provider had purchased new dining room chairs, tables and flooring. We saw evidence of ongoing maintenance and improvement to the home.
- Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- The management team responded to accidents and incidents in a timely way, and measures were put in place to help minimise them reoccurring.
- We saw evidence of discussions in supervisions and memos around the home. We spoke to a visiting professional on the telephone who said, "Problems that had been identified had been rectified. The registered manager is open to advice and support."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans had been re-written with the owner, registered manager and people in the home. We saw evidence of people and relative involvement throughout these.
- Care plans showed people's preferences. This included protected characteristics under the Equalities Act 2010, such as age, culture, religion and disability.
- One person said, "[Name of person] came to the meeting and found it useful."

Staff support: induction, training, skills and experience

- Staff received supervisions in the home. The new registered manager had put an action in place to ensure all staff had received an appraisal by the end of the year.
- We found on the whole staff training was up to date. The registered manager had booked some staff on refresher training which was at the end of the year.
- Staff told us they felt they had the right training to complete their role. One member of staff said, "I have just completed my NVQ." Another staff member said, "I have completed all my training with my new manager."

Supporting people to eat and drink enough to maintain a balanced diet

- The chef was clear about people's dietary needs and how to meet these. People's food allergies were recorded so the kitchen staff were aware of these.
- People were protected from the risk of weight loss and records supported this.
- We observed staff going around the home regularly with a variety of drinks and snacks on offer.
- People told us about the food. One person said, "The food is very good, like a five-star hotel." Another person said, "Food is fantastic here except I didn't like the baked potato today, but the manager offered to get me something else."

Adapting service, design, decoration to meet people's needs

- The new owner told us of the improvements they would like to make in relation to the adaptations and improvements of signage around the home. We saw these in progress on inspection.
- We saw people's rooms had just been re-decorated and in some new furniture had been purchased. One person said, "My bedroom is nice and clean, and they change my bed."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support from outside professionals. We spoke to one professional on the telephone who told us, "New equipment has been purchased. For example, nurse call bells and hoists."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found all the DoLS were appropriate to the needs of the people living in the home.
- Staff had a good understanding of the MCA. One staff member said, " People are always given choices, for example: when they would like to go to bed and what time they would like to get up. We try and support people to do what they would like to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had completed training in equality and diversity.
- People said they were treated with kindness. One person said, "A big difference since the new owner took over. Much friendlier atmosphere." Another person said, "All staff are lovely and kind."
- We observed staff knocking on people's doors before entering and bending down when speaking to people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care plan. A visitor told us, "It's like a five-star hotel."
- People told us they could express their views during family and friends' meetings.
- We observed people chose where to sit and have their meals, one person had asked to move to a different table, we observed staff supporting the person elsewhere.

Respecting and promoting people's privacy, dignity and independence

- We observed some nice interactions with staff and people in the home. We saw staff chatting with people. On one occasion we saw a person going into the garden, the maintenance man asked if they would like some company and sat with them on the bench outside chatting.
- People we spoke with told us they felt staff respected their privacy and dignity. One person said, "Everybody is looked after here." Another person said, "I am independent, so I can do it all myself, I get up when I want to."
- Staff could tell us how they supported people and promoted their independence. One staff member said, "We always ask people if they would like a bath or shower, we encourage people to go out into the garden as much as possible."
- Care records were kept securely, so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found the care plans we looked at were up to date and accurately recorded the needs for the person at that time.
- We saw people's like and dislikes were in place and also life histories. Staff could tell us what people liked. One staff member said "I know what [name of person] likes as it states in their care plan, however we do ask them as things do change."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The owner told us if anyone required any information in a different format this would be completed.
- Staff knew people well and we observed nice friendly interaction with people. We found staff supported this by changing their tone or pace when talking to different people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities in the home. We observed the activity coordinator involving several people in various activities. One person said, "We are having a Halloween party and all family and friends are invited."
- We saw evidence of people who had celebrated their birthdays in the home with balloons, cakes and family presence.
- A visiting relative said, "We are welcome, the owner is here all the time, he's really nice always offers us a drink."

Improving care quality in response to complaints or concerns

- We found a completed and up to date complaints log in place. There had been two complaints, these had been resolved through the complaints policy.
- People, staff and professionals were aware of how to complain. One person said, "I don't have any concerns. Nothing would make it better for me here." A staff member said, "I would not hesitate to complain to my manager if I needed to." A visiting professional said, "There has been a good improvement to responsiveness from the manager."

End of life care and support

- We found end of life preferences and wishes were in place in people's care plans. For example; One person's GP had reviewed the end of life plan and this had been discussed in a capacity assessment with the staff and relatives.
- We saw some staff had received training on end of life. The registered manager was aware of this and had plans in place for all staff to receive this training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The managements team had a visible presence in the home and knew people, their needs and their relatives well. Staff told us the owner was always at the home and supported them.
- The management team were committed to providing good quality care to people and promoted a positive person-centred culture.
- Staff spoke highly of the management team. One staff member said, "What a difference, any issues the manager supports us. We are happy with the manager. The owner is very good. We all communicate and share practices."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- We received appropriate records when any incidents or accidents occurred.
- People, staff and relatives were all complimentary about the home since the new owner had taken over. One staff member said, "We have everything in place now."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits had been carried out in the home by the registered manager. These were effective and showed the home had made significant improvements in all areas. These included, health and safety, infection control, medication, staff files, care plans and falls analysis.
- From these audits the registered manager had put effective systems in place to ensure all areas were compliant.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sought feedback to help maintain and improve standards at the home.
- We saw regular meetings were held with staff and the management team. Discussions included, outcomes from any actions plans that needed to be added. Where large expense was sought this was identified in a more long-term action plan.
- The home had a family and friends' meetings every three months. At the last meeting in September it was

agreed a lifestyle coordinator would be employed to increase the number of activities available to people, this would also increase the number of outside activities. This person was now in post.

Continuous learning and improving care

- The registered manager told us, "We are always looking to improve the service, I haven't been here long, and we have made a difference already. We will continue to do so."
- One person said, "You are able to talk to the new manager she listens to you."
- Staff had received supervisions with the new registered manager and staff told us they felt the home had improved.

Working in partnership with others

- The registered manager told us, "I have come from a sister home, I know what they do there and it's a good home, I have brought my knowledge and experience from there and implemented it here."
- The service had built up relationships and worked in partnership with health and social care professionals. This was evident from the care files we looked at.