

## Broadening Choices For Older People

# Anita Stone Court

### Inspection report

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Date of inspection visit:  
18 April 2019

Date of publication:  
30 May 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Anita Stone is a care home that provides personal care for up to 33 people, some of whom are living with dementia. At the time of the inspection 33 people were living there. The home was established over three floors with communal areas that included a dining area, two lounge spaces and a large garden.

### People's experience of using this service:

At the last inspection, we rated the questions of is the service effective and well-led as 'Requires Improvement.' At this inspection, we found there had been improvements made to now rate the service as an overall 'Good.' Although the question, is the service effective will remain 'Requires Improvement.'

People were assisted to have enough to eat and drink and told us the food was good. Although there was some improvement to be made to the dietary needs of people living with diabetes. Since the last inspection, the registered manager and the head of care quality had started to implement new processes to bring a clear and consistent oversight of operations.

The provider's governance systems to monitor and check the quality of the service provided for people were consistently effective.

People and relatives told us they felt the service was safe and there were enough numbers of staff to support people. New staff members had completed their induction training.

Risk assessments and care plans were up to date and reflective of people's support needs. Staff had access to equipment and clothing that protected people from cross infection. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way. Staff demonstrated an understanding of how to support people to make choices. There had been an improvement in the completion of mental capacity assessments and appropriate deprivation of liberty safeguard applications had been completed which meant the provider was compliant with the law.

People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity. People were supported by staff that knew their preferences.

There was a complaints procedure in place and people and relatives told us their concerns were dealt with positively.

People and their relatives were involved in providing feedback on service provision. People, their relatives and staff were satisfied with the way the service was managed and the provider

worked well with partner organisations to ensure people's needs were met.

Rating at last inspection:

Requires Improvement (report published 24 May 2018).

Why we inspected:

This was a planned inspection to check on the progress of the service in making the required improvements.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Anita Stone Court

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

One inspector, one assistant inspector, one expert by experience and one specialist advisor carried out this inspection on the 18 April 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia. The specialist advisor was a nursing professional.

#### Service and service type:

Anita Stone is a care home that provides nursing and personal care to people some of whom have a disability and some of whom may be living with dementia. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Inspection was unannounced and took place on the 18 April 2019.

#### What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) we require providers to send this to us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

We spoke with five people, eight visitors and relatives, 12 staff that included domestic, catering, care and senior staff, one healthcare professional, the clinical lead and the head of care quality. We used this information to form part of our judgement. The registered manager was not available at the time of the inspection.

We sampled seven people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were safely recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives we spoke with told us that they felt the home was a safe environment to live in. One person said, "I do feel 100% safe." One relative told us, "This is a very safe environment for [person's name]."
- The provider had reported safeguarding concerns to the local authority and ensured they were investigated appropriately.
- Staff we spoke with understood what to do to make sure people were protected from harm or abuse and the signs to look out for if someone was at risk of being abused. One staff member said, "If someone had unexplained bruises on their arms or if someone was acting unusual from what their usual behaviour is like." A second staff member told us, "Odd bruising, some residents would act strangely, scared, worried anxious."

Assessing risk, safety monitoring and management

- Risks to people were assessed, reviewed and reflected accurately risks associated with people's identified needs. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.
- Staff told us any changes in people's needs that could increase a risk of avoidable harm, were promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met. Records we looked at confirmed appropriate referrals were being made.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Gas and other appliances were also regularly serviced. Fire safety checks were completed and people had personal emergency evacuation plans (PEEP) in the event of an emergency.

Staffing and recruitment

- Pre-employment checks for staff were followed up before they started to work at the home to ensure staff were suitable to work with people.
- People and relatives were happy with the level of staffing provided. One person told us, "They [staff] come quickly if I use the call bell, they [staff] are usually here within 10 minutes."
- Overall, staff we spoke with told us they thought there were enough staff on duty to support people. Some staff felt the home could benefit from additional staff members however we saw there were additional staff in the process of being recruited. Our observations saw that staff responded promptly to calls for assistance and people told us they did not have to wait for long periods of time for staff to support them.

Using medicines safely

- People told us they received medication at the right times. Records showed medication was given in line

with people's care plans.

- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. There were protocols in place for staff to follow when giving these medicines.
- Some people required their medication to be given to them without their knowledge. We saw the provider had followed the legal process to ensure this was in people's best interests to keep them safe from risk of harm and appropriate healthcare professionals such as GP and pharmacist had been consulted.
- Competency checks were undertaken with nursing staff as part of the training process to ensure they were administering medicines safely.

#### Preventing and controlling infection

- Our observations showed the home was clean and well maintained with no unpleasant smells. Staff understood what they needed to do to reduce the risk of spreading infections.
- People told us they were happy with the cleanliness of the home. One person told us, "I like it here, it's nice and clean and I am very comfortable."
- Staff spoken with told us they had a plentiful supply of personal protective equipment (PPE) such as gloves and aprons that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

#### Learning lessons when things go wrong

- The provider had learned lessons from past failings, recognising that a stable workforce and management team were key to making and sustaining improvements.
- Accidents and incidents had been reported to appropriate authorities and the outcome had been recorded to review for trends and how to mitigate future risk.
- Records showed the management team worked in partnership with the local authority when conducting safeguarding investigations to ensure people remained safe.



# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Some improvement was required in the provision of appropriate foodstuffs for people living with diabetes. For example, we noted one person was given baked beans, cheese and chips, high in carbohydrates which when digested turn into sugar. The person was susceptible to high sugar readings and although they were monitored regularly by visiting healthcare professionals, on speaking with staff it was evident this was an area that required additional knowledge and training. Post inspection, the provider arranged for bespoke diabetes training to be delivered to catering and care staff at the home.
- We observed the lunchtime experience for people. At the last inspection, people that required assistance to eat had been left for periods of time without support. At this inspection there had been an improvement. The provider had introduced 'red trays' for those on a special diet. This highlighted to staff the person required assistance which meant people were not waiting for long periods time for support to eat.
- People at risk of malnutrition were on food charts which were completed. People were weighed regularly and changes in weight were monitored and appropriate referrals made to agencies as required.
- People we spoke with told us they enjoyed the food and if they did not like what was on the menu, they could request something else. One person told us, "It's (the quality of the food) very good." Another person said, "I think generally it's pretty good, although I don't eat an awful lot myself."
- People were offered a choice of hot and cold drinks and snacks on a regular basis throughout the day.

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

- People's needs were assessed prior to admission. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were known and respected.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us they felt the staff were trained to meet people's support needs. One relative told us, "They [staff] are very patient, they are kind, they do find things that [person] is interested in, even though their concentration is limited and they [staff] treat everybody as an individual and everybody gets what they need."
- Staff we spoke with told us they had enjoyed their training and found it to be beneficial to their development. One staff member said, "It (training) is really good, it has helped me." Another staff member told us, "It (training) helps to explain what has to be done or what it is, so far I have had good training here."

Staff also received support from the management team that included appraisals and supervision.

- New staff received an induction which included completing required training and shadowing more experienced staff. The head of care quality explained the provider had recently introduced, for new staff to the service, the completion of the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.
- We saw training plans were in place to ensure staff received up to date training and provided staff with additional training aimed at meeting the individual needs of people living at the home.

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

- People had access to healthcare services when required to promote their health and well-being. One relative told us, "They [staff] are very good with the GP, they ring me up and tell me if they've been out to see [person]." Another relative said, "SALT (Speech and Language Therapist) is coming out to see mom later."
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One relative told us, "The staff are very quick to let us know if there are any changes in mom's health."

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

- The building was well maintained and had also been specifically adapted to meet people's individual needs.
- There was a large landscaped garden that people and relatives told us they would spend time in when the weather was warm.
- People told us they liked their bedrooms and rooms we were invited into were personalised with pictures and ornaments that reflected the person.
- We saw people being able to choose to spend time alone or with others.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We found several examples where MCA assessments and DoLS applications had been completed and where authorisations had expired they had been re-applied for. This meant the provider was compliant with the law. Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff we spoke with gave us examples how they would seek consent from people who may not be able to verbally communicate their choice. One staff member said, "You would look at their (people's) eye movement, their facial expression and if they point at the items."
- People told us staff sought their consent in line with the MCA and confirmed staff would ask their permission before supporting them.

# Is the service caring?

## Our findings

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

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

- People and their relatives confirmed they were treated with kindness and spoke positively about the staff's caring attitude. One person told us, "The staff are lovely really helpful." A relative said, "I have never ever heard staff shout at anyone, you can see how they [staff] all interact with them [people living at the service]."
- We observed staff supporting people with patience. For example, people were being helped to mobilise at a pace they were comfortable with and staff continued to encourage and reassure people who became distressed and confused.
- Staff spoke with genuine affection and kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love the residents, that's why I come to work."

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

- People and relatives told us they felt staff listened to them.
- We saw people were given lots of opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "You have to treat people as individuals and always talk to them and offer them a choice, they may not be able to tell you verbally but they can always let you know by a smile or how they look at you."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with and our observations confirmed staff encouraged people to try and do some tasks for themselves to maintain some level of independence.
- People's dignity and privacy was respected.
- People's independence was respected and promoted. For example, we saw people being prompted by staff who then stepped back and let people complete tasks on their own when they could do so. For example, encouraging people to try and stand up independently whilst providing support and guidance when necessary.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who were knowledgeable about people's care and support needs. A relative told us, "The staff are really really good and they know each resident, that's why I wanted mom here. They're [staff] aware and very responsive."
- Staff knew how to communicate with people and ensured they used their knowledge about people when providing choices.
- People and relatives, we spoke with told us they were asked if the level of support being provided met their needs and if there was anything people wanted to be done differently.
- People's spiritual and cultural needs were respected. For example, culturally appropriate food was available to meet people's individual needs.
- A weekly religious service took place for those that wished to take part and a prayer room was also available to people and their visitors should they wished to pray together.
- There was an emphasis on the provision of activities that were meaningful to the people living in the home. People and relatives told us they were happy with how they spent their time. For example, the provider introduced the wish tree project where people made individual wishes which were then organised by staff. We saw that one person had enjoyed the ballet, another person a visit to a Christmas market and two people spent time visiting the new Grand Central station.

Improving care quality in response to complaints or concerns

- People and their relatives said that they knew how to make a complaint and felt listened to.
- People's concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the concerns and complaints records and saw that they had been investigated and responded to.
- Complaints were also reviewed and analysed to look for trends.

End of life care and support

- The service had appropriate processes in place to ensure people receiving end of life care would be supported until the end of their lives in a dignified, personal and sensitive way.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us they felt listened to and that the management team were approachable.
- Staff had received supervision and attended team meetings. One staff member told us, "We have meetings but the manager also helps staff members by having a chat and we can ask for more support. I requested training for manual and handling."
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. These included incidents such as alleged abuse. We found notifications were received as required by law, of incidents that had occurred.
- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Providers must have systems and processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The management team had been in post for just over 12 months and had inherited several longstanding issues found at previous inspections. We saw they had made some headway regarding making those required improvements. For example, the processes monitoring people's weights had improved from the last inspection which meant people were being referred in a timelier manner to the appropriate healthcare professionals.
- At the time of the last inspection several new systems and processes had been put in place to drive improvements but it had been too soon to comment on their effectiveness as they were not yet embedded in practice. At this inspection, we found the systems implemented had proved to have an effective impact on the monitoring of the delivery of the service.
- Throughout the inspection we found the management team honest, open and transparent about any issues we brought to their attention. They demonstrated enthusiasm and commitment to making the required improvements to ensure safe and good quality care.

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

characteristics

- The provider engaged with people and relatives through resident/relative meetings held at the service and were encouraged to complete feedback surveys for carehome.co.uk website. There were 22 positive feedback comments since our last inspection including: 'I would recommend this care home,' 'I have absolute faith in the staff at all levels', and 'Anita Stone is a friendly environment for people and is beautifully laid out.'
- Trust and confidence in the service had been shaken due to the frequent changes of staff and management. However, feedback from people, relatives and staff was positive about the current management team. One staff member told us, "There have been many changes in the past which I have found difficult but now it is more consistent and I enjoy working here (at the home)."

Working in partnership with others; continuous learning and improving care

- The service liaised with organisations within the local community. For example, the Local Authority and the Clinical Commission Group to share information and learning around local issues and best practice in care delivery.
- Children from the local school visit the service on a regular basis and spend time sitting and speaking with people and taking part in craft making activities.
- The service had a strong emphasis on team work. There was a handover between shifts and staff discussed matters relating to the previous shift. Staff told us they all worked together as a team. One member of staff told us, "The manager is supportive and has helped me to develop. The staff members are really helpful and I feel there are no improvements to be made." Another staff member said, "I like working here, all the staff who work here are caring and talk to residents. I think the manager is lovely and no improvement is needed."