

Stonehaven (Healthcare) Ltd

Cross Park House

Inspection report

Monksbridge Road
Brixham
Devon
TQ5 9NB

Tel: 01803856619
Website: www.stone-haven.co.uk

Date of inspection visit:
10 May 2022
11 May 2022
16 May 2022

Date of publication:
30 May 2022

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

Cross Park House is a residential care home which provides accommodation and personal care for up to 23 people. At the time of our inspection there were 17 people using the service.

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

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

People were protected from the risk of abuse as staff were aware of their safeguarding responsibilities and how to report any concerns. There were adequate numbers of staff with the appropriate skills and experience to meet people's needs. Staff were recruited safely and received an induction and training to ensure they could meet people's requirements.

People's medicines were managed safely and given as prescribed. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

People were supported by staff that were caring and treated them with dignity and respect.

People's needs and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risks and how these should be managed to reduce the risk of harm.

Staff understood their roles and responsibilities and felt confident in their role. Staff liaised with other health and social care providers to ensure people's health and care needs were met.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain relationships with their families and had access to a range of activities both within the service and community.

The provider carried out regular audits of the service to oversee the quality of the care provided. This included competency checks of staff to assess whether staff were working in line with best practice.

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

Rating at last inspection and update

The last rating for this service was good (published 30 November 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Cross Park House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cross Park House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Cross Park House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 16 March 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We looked to see statutory notifications had been sent by the provider. A statutory notification contains information about events which the provider is required to send to us by law. We used all this information to plan our inspection

During the inspection

We spoke with six people who used the service and three relatives. We spoke with eight members of staff including the registered manager, deputy manager and the activities lead.

We reviewed a range of records. This included six care records and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and avoidable harm because staff knew people well and understood how to keep people safe.
- People told us they felt safe living in the service. One person said, "I feel safe here, the staff are kind to me". A relative commented, "I think [person's name] is safe and I have no worries".
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to describe how they would respond to concerns which included reporting issues to the registered manager and keeping records. One member of staff said, "I would tell the manager, or you could tell the safeguarding team or CQC". The provider operated an effective safeguarding system which ensured people were kept safe from avoidable harm.

Assessing risk, safety monitoring and management

- Conversations with and observations of staff supporting people, demonstrated they knew people well and were aware of people's individual care and support needs.
- People had up to date and clear risk assessments in place which showed the actions to be taken to manage and reduce any risk to people.
- Environmental risk assessments were in place and health and safety checks were carried out which included maintenance of equipment.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People were supported by a regular team who knew people well. One relative commented, "Always seems to be enough staff when I visit".
- Staff had been recruited safely. Pre-employment checks had been carried out which included reference checks from previous employers and Disclosure and Barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. One person said, "Staff always make sure I have my medicines when I need them". Medicine Administration Records (MAR) showed people received their medicines as prescribed.
- Protocols for 'as required', known as PRN medicines were in place. These ensured people received these medicines when needed.
- Medicines were stored safely and administered by trained staff who had their competencies assessed.

- Audits of medicine management and administration were carried out regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach for visitors to the service was in line with the current government guidance at the time of the inspection.

Learning lessons when things go wrong

- There were processes in place to learn lessons including when incidents or accidents occurred. This included putting measures in place to reduce the risk of re-occurrence in the future. For example, people were referred to the falls prevention team and sensor mats were used to notify staff if a person maybe mobilising unsafely.

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.

At our last inspection we rated this key question good. The rating for this key question has remained the same. 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

- People's needs were assessed, and their individual preferences identified prior to them receiving care and support to ensure they could be met.
- People and their relatives told us they were involved in the assessment and care planning process. One relative commented, "I am involved in [person's] care planning".
- People's current needs were regularly reviewed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet people's needs. One relative told us, "Staff are well trained they know how to support [person's name]".
- Staff receive an induction and completed training to equip them with the skills to support people safely. Staff received on-going training to meet people's specialised needs such as diabetes or end of life care.

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

- People and their relatives were positive about the food and drink choice on offer. One person told us, "The food is very good, I enjoy it".
- People were supported to eat a balanced diet and where people had specific dietary requirements, staff were aware of their needs.
- People's dietary requirements and preferences were recorded in their care records for staff to refer to.

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

- People were supported to maintain their health and had access to healthcare professionals such as GP and dental services when required.
- Relatives told us staff responded promptly to people's health issues; contacting the GP or other healthcare services when needed. Care records documented when people saw healthcare professionals and any follow up action staff needed to take to maintain a person's health or well-being.

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

- The building provided people with choices about where they spend their time.
- A passenger lift was available if people needed it to access different floors along with a range of equipment to support peoples varying needs such as hoists and walking frames.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood their responsibilities under the MCA and staff had received training and demonstrated an awareness of the MCA.
- The registered manager had completed capacity assessments when necessary. For example, where a person lacked capacity to make a particular decision.
- DoLS applications had been submitted to the local authority for authorisation when necessary.
- People's care records included information about a person's ability to make decisions about their care and support.
- Staff sought consent before they provided support to people. One person told us, "[Staff] always check with me before going ahead and doing something". We observed staff asking for consent before they assisted people to mobilise or supported them to eat.

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.

At our last inspection we rated this key question good. The rating for this key question has remained the same. 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

- People told us staff treated them with kindness and with respect. One person said, "[Staff] are very kind, they keep checking in on me that's nice". Another person told us, "Staff are so very kind to me".
- People and their relatives told us staff knew people's individual preferences and cared for them in the way that they liked.
- People's care records included information about people's preferred name and other important details such as life histories. Staff we spoke with were able to explain people's individual needs and preferences and how these were met.
- We observed staff were kind and compassionate towards people. For example, staff took their time and supported people at their own pace as well as offering reassurance and comfort when a person became agitated.

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

- People were supported to make choices and decisions about their daily lives including where they ate their meals, activities they enjoyed and when to get up and go to bed. We read minutes of meetings where people expressed their views on the service including menus and activities offered.
- People and their relatives confirmed staff involved them in making decisions and we could see in people's care records relatives were involved and kept informed. People had an allocated 'keyworker' who was responsible for speaking to people and their relatives about their care to ensure people were being supported in the way they wanted.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. Staff knew when people needed their space and privacy and respected this.
- People were well presented and had their personal care needs met. Where required people were supported with their oral hygiene. A person's oral hygiene routine was documented in their care record. Staff understood the importance of oral healthcare and the impact this might have on a person's self-esteem.
- People were encouraged to do as much as possible for themselves. Care records included guidance for staff to refer to in relation to what people could do and be encouraged to do for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained the same. 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

- Staff understood people's wishes and needs and supported them in the way they wanted to be cared for. One person commented, "[Staff] know what I like and dislike and respect my choices".
- People's care records were personalised to the individual and contained information about how a person liked to be supported along with life histories, personal preferences, likes, dislikes and routines.
- Staff told us care records contained all the information they required to meet people's needs and they were reviewed regularly and updated to reflect any change in need.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were identified, and preferred method of communication recorded in their care record. This enabled staff to communicate with people effectively. Where hearing aids or glasses were required, the care record documented the support needed.
- Staff were observant to people's individual needs and were able to interpret vocalisations or gestures used by people to communicate their needs.

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 supported to take part in a range of activities within the home or the wider community. During the inspection some people went on a day trip to the seaside, whilst others enjoyed taking part in arts and crafts. One person we spoke with told us they preferred to stay in their room reading and watching the television.
- People and their relatives told us they were supported to maintain their family relationships. One relative told us, "We are very welcomed at the home, its lovely to visit".

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no concerns or complaints about the service they received. However, they said if they did have any issues they would speak to the registered manager and were confident they would be listened to. They explained they were regularly asked if they were happy with the service.

- There had been no formal complaints received. The provider had a clear complaints policy and system in place to record, investigate and respond should a formal complaint be made.

End of life care and support

- At the time of inspection no one was receiving end of life care but the registered manager informed us that a specific care plan would be produced when needed. However, People's care records did include people's wishes and discussions with their family to ensure people received the care and support they wanted at the end of their life.
- Staff had completed training in end of life care.
- Cards were kept, complementing and thanking the staff for caring for their relative at the end of their lives.

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.

At our last inspection we rated this key question good. The rating for this key question has remained the same. 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

- People and their relatives spoke positively about the service and the registered manager. One relative said, "It's a great service I am very happy with the care [person name] receives. It's very well run."
- The registered manager was available and visible to people, relatives and staff which supported an open inclusive culture.
- The registered manager and staff team demonstrated a commitment to providing person centred care to ensure people received the care and support they required.

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

- The registered manager understood their responsibilities in relation to the duty of candour. Good relationships have been developed between the management, staff and the people living at the service and their relatives.
- The registered manager ensured information was shared with relevant organisations when concerns were identified.
- Staff told us they understood whistle blowing and how to escalate any concerns if they needed to. Whistleblowing is the term used when someone works for an organisation and raises a concern about malpractice or risk.

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

- There was a clear management structure in place.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. The CQC inspection rating was displayed in the service.
- Clear communication systems were in place between the registered manager and staff team. Staff understood their roles and responsibilities and knew who to speak to if they had any concerns.
- The provider had policies and procedures in place to promote the smooth running of the service. For example, safeguarding and incident and accident processes.
- Audits and competency checks of staff were carried out frequently to monitor and continuously improve the quality of the service provided.
- Handovers were completed between shifts which showed detailed information was shared regarding

events and changes to people's needs to ensure staff provided effective care.

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

- All staff received regular one to one supervision's along with staff meetings. Competency checks were also carried out in order to ensure staff were providing safe and good quality care to people.
- A newsletter had been implemented to communicate with families and visitors to the service.
- People, their relatives and staff completed questionnaires asking for their views on the service. We saw most responses were positive and where there were constructive comments the registered manager had responded to these.

Continuous learning and improving care

- The provider had invested in the development of their staff to continually improve the quality of care. This included further training to build on staff skills and knowledge.
- The provider ensured a range of quality assurance audits were in place to continually assess the quality of care provided to people living at the service.

Working in partnership with others

- The registered manager and staff team had developed a good relationship with healthcare professionals who supported people living at the service. This included GPs, Dentists and district nurses.