Mr & Mrs R C Northover

Stoke Knoll Rest Home

Inspection report

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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

This inspection took place on 29 May and 04 June and was an unannounced inspection. At our last inspection in January 2014 no concerns were identified.

Stoke Knoll is a care home which provides accommodation and care for 25 older people, some of whom were living with dementia. At the time of our inspection they were fully occupied and held a waiting list for people who had requested to move into the home.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies in place to provide guidance for staff in most topics. Whilst these had been reviewed recently, we found not all of the policies were amended to reflect legislation and care Practices. For example the

Summary of findings

provider's safeguarding policy did not refer to the local authority's latest safeguarding policy. There were no updates to the policies on the Mental Capacity Act or Deprivation of Liberties Safeguards.

People and their relatives felt safe with the support provided by staff in Stoke Knoll. Staff were aware of the local authority and provider's safeguarding policies and guidance. They knew how to identify concerns and were aware of who they should report these to within the home and to external agencies. Recruitment processes helped ensure staff were suitable to work with older persons. There were sufficient numbers of staff to meet the needs of the people in the home.

People were supported to take their medicines safely by staff who had been trained to administer them appropriately. Staff were tested on their knowledge of the medicines they were giving and were observed by the registered manager for their competency in administering medicines. Storage and security of medicines was as stated in the provider's policy. Appropriate actions and learning had occurred from a medicine error.

Staff received appropriate training to support the care they provided. There was an induction process in place for new staff which provided them with the necessary knowledge to support people in the home. Supervisions for staff occurred regularly and identified good practice and development needs for staff.

People's needs were assessed and their care plans reflected the needs identified in the assessment. Where there were risks associated with care required, these had been assessed and measures were put in place to remove or minimise the potential risk of harm to people.

Staff and the registered manager worked in a personalised way and were aware of people's individual likes, dislikes, histories and personal preferences. They found time to engage people in conversations and joined in activities with them. Staff treated people with dignity and respect and we heard terms such as 'treated like one of the family' and 'this is their home.'

People were happy with the quality of the food and were able to request changes to the menu and options for their meals. Where people required it, food and fluid intakes were monitored and they were weighed regularly. Health support from GPs and other health care professionals was available and the registered manager worked closely with the local doctor's surgeries to ensure people's health needs were met.

People and their relatives had a good relationship with staff. There was a relaxed and friendly atmosphere in the home and people. People were happy with the care they received from staff. They were supported to express their views regularly by talking with staff and regular reviews of their care plans. People's privacy and dignity was respected by staff who knew how people liked to be spoken to and were informed of how care was to be given.

The provider had a complaints policy which was accessible for people in the home. Complaints and concerns had been recorded and there were actions identified to alter aspects of care and the service following these. The provider acted within their policy in responding to a complaint and ensured a resolution to the complaint was to the person's satisfaction.

The registered manager and provider were known to all people, relatives and staff. They were approachable and engaged in aspects of care which maintained their knowledge and understanding of people's needs. They were aware of current trends and legislation changes within older person's care and had taken action to adapt the environment to support people's needs.

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 were protected from abuse as the provider had clear policies in place and staff had been trained in safeguarding. Known risks had been identified and plans were in place to minimise the risk of harm.

There were enough staff on duty to meet the needs of people. There was a robust recruitment process in place to ensure staff had suitable skills to work with people.

Medicines were given in accordance with GPs instructions and the provider's policy. Staff were trained and assessed as competent to administer medicines safely.

Good

Is the service effective?
The service was effective.

Staff received sufficient training to meet the identified needs of people they cared for.

People were asked for their consent before care was given to them.

People received nutritious and healthy meals all freshly cooked with fresh ingredients. People had access to health care when they needed it.

Good

Is the service caring?
The service was caring.

There were positive relationships between people, their relatives and staff within the home. Staff spent time with people engaging them in conversations and activities.

People were supported to make their views known. They were listened to and felt included in their care planning.

People's privacy and dignity was supported by staff who showed respect and understanding towards people's needs.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and their care plans reflected areas of care identified. The care records were personalised and contained information about people's personal likes, dislikes, preferences and history.

The registered manager and staff listened to concerns and complaints about the service. Actions were taken to improve the service following concerns and complaints received

Good

Summary of findings

Is the service well-led?

The service was not always well led.

Policies and procedures were reviewed regularly, However, the provider's policies were not up to date and required updates to meet current legislation.

There was a positive culture within the service based around family principles and including people. Staff were aware of this and were knowledgeable of people's likes, dislikes and preferences.

The provider and registered manager were approachable and had an open door policy for people, staff and relatives. Staff felt supported by the registered manager.

The provider monitored the quality of the care provided and ensured regular health and safety and maintenance checks were undertaken.

Requires improvement

Stoke Knoll Rest 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.

This inspection took place on 29 May and 04June 2015 and was unannounced.

This inspection was carried out by an Inspector, a specialist advisor and an expert-by-experience. The expert's area of expertise was dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at reports from previous inspections and notifications about important events which the service is required to send us by law.

During this inspection we looked around the premises, observed people having their lunch and whilst they were in the lounge area. We observed medicines being administered to people. We spoke with 15 people, five relatives, the provider, the registered manager, a senior care staff, six members of staff and a visiting social care professional.

We looked at nine people's care plans and associated care records. We looked at the recruitment, training and supervision records of eight members of staff. We looked at management records, policies, procedures and health and safety checks. Information on accidents, incidents, complaints and feedback from auditing processes was also looked at.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at Stoke Knoll. People told us, "I know I am safer here than at home since I broke my hip." and, "The staff keep me safe and they always have time to ask me how I am feeling." Relatives told us, "Mum is more than safe here. She is more mobile and her confidence is so much higher. She loves having showers as there are enough staff to help her which she never had at home." and, "Mum was not safe at home any more so we found a home that we liked and a manager and staff team we can trust to keep mum safe."

The provider's policy for safeguarding was written to reflect the Hampshire, Southampton, Portsmouth and Isle of Wight local authorities' joint policy on safeguarding. This gave clear definitions of types of abuse, how to recognise abuse and guidance on reporting concerns. This was supported by training staff undertook on an annual basis. Each member of staff had completed training in safeguarding within the last year. One member of staff said, "I have not had to report anything. If I had to I would have no hesitation in speaking to my manager." Another member of staff said, "I know how to recognise abuse and I am certain that if I saw something I would do what would be needed to protect the person. I would report it to the manager or to the local authority if necessary."

People's needs were assessed prior to them moving into the home. Risks associated with care were identified in an overall risk assessment for each person. Where an individual risk was identified as being high or medium, a comprehensive risk assessment was written for that risk. Each risk assessment showed how the risk was managed to reduce the impact of it occurring and ensured people were able to carry on with the activity in safety. The registered manger had completed a regular review of some of these risk assessments and we saw cases where the risk assessments had been changed to reflect changes in people's health or mobility.

Environmental risk assessments had been carried out to ensure the building and equipment used were safe. There were processes in place to monitor the environment for maintenance and safety concerns. The provider was undertaking some minor maintenance repairs on the day of our inspection. A fire risk assessment had been completed for the home and each person had a personal evacuation and egress plan, which identified what support they would need to evacuate the home in the event of an emergency.

People, their relatives and staff told us there were sufficient staff on duty. The registered manager and provider had a process for identifying how many staff they required for each shift which was based on the support needs of people within the home. The staff rosters showed there were three care staff and a senior care staff on each shift. Staff told us the registered manager would assist with care if they were busy. We observed there was always a member of staff in the main lounge to respond to people and maintain their safety. They sat alongside people and engaged them in conversation or an activity. This was confirmed by a relative who said, "They always have a member of staff in the lounge. I feel safe knowing that dad would be noticed getting out of his chair and staff would respond immediately to help him."

There were robust recruitment processes in place to ensure staff were fit, knowledgeable and where necessary experienced. Checks were carried out before people could work in the home, which included references from previous employers, Discrimination and Barring Service (DBS) checks and criminal record checks. Records of qualifications and courses attended were held in staff records to show staff had the knowledge and skills suitable for their role.

People told us they received their medicines safely. One person said, "I'm lucky, I don't need any pills regularly, but if I need a pain killer I only have to ask for it." People's medicines were ordered, stored and administered safely. We observed two staff administering medicines to people at the appropriate time. Staff told us this was usual practice as per the provider's medicine policy. Medicines were not signed for on the medicine administration record until the member of staff had seen that the person had taken the medicine. There were records of medicines coming into the home and when they were returned to the pharmacy. Refrigerated medicines were stored at the correct temperature and the temperature was checked and recorded on a daily basis. Staff received training in administering medicines and were tested on their

Good

Is the service safe?

knowledge of the medicines used in the home. They were assessed as to their competency to administer medicines by the registered manager. They were then able to administer medicines with another member of staff.

There had been one medicine error of administration within the last year. Records showed a clear process had been followed from identifying the error, action taken to protect the person and support for staff to ensure the error did not occur again. This was a clear and transparent process and showed the lessons the provider and registered manager had learned from this incident.

Good

Is the service effective?

Our findings

People said, “The staff are very good at what they do and really know what we need. They always tell me what they are going to do before giving me care.” and, “We have a chiropodist come regularly and the people from Specsavers. The district nurse and the doctor also visit. We have all the care we need.” Relatives told us, “Staff are very good at keeping us informed and ask mum if it is okay before they do anything with her.” and, “staff are very knowledgeable and know my mum so well. They always take time to talk to us and mum when we are here.”

The provider ensured the needs of people were met by staff who had the right skills, knowledge and competencies. Staff told us they were supported during their induction and worked alongside an experienced member of staff until they were assessed as competent to work without direct supervision. One staff member said, “Training is not a problem here. I have been on so many courses and each one has helped me to understand my role better.”

Staff attended a wide range of training events. Subjects covered included dementia awareness, moving and handling, infection control, mental capacity act, safeguarding, medication administration and others relevant to staff roles. One member of staff’s records showed they had attended 29 training sessions since January 2014. A new staff member said, “I’ve only been here two months and have received a lot of training that has helped me understand people better and how I can best help people. The manager has put me forward to do my diploma in adult social care, which I am really looking forward to.” The registered manager used feedback forms which staff completed to demonstrate what they had learned at each training event. An example of this was where a member of staff had attended a course on dementia care. They had discussed in the staff meeting how they could help people identify their own rooms more easily.

Staff received supervisions every two months. The supervisions sessions were tailored to meet the needs of each member of staff. One member of staff said, “The manager is very good at giving feedback on what I have done as well as listening to how things are going for me.” We saw positive comments were fed back to staff in their supervisions.

Staff positively supported people who were anxious or upset. For example one member of staff said. “If I am working with someone who is distressed or anxious, sometimes another carer may step in to see if a different face helps them.” Another member of staff said, “Sometimes just talking to someone and knowing what they like to do or talk about can help people to feel calmer.”

Where people were unable to give consent to care due to their lack of capacity, mental capacity assessments had been carried out. The Mental Capacity Act 2005 (MCA) exists to protect people who may lack the capacity to make certain decisions and to ensure that their best interests are considered when decisions that affect them are made. Staff received training in the MCA, however two out of three staff did not understand clearly the details of the MCA. They were aware some people, who did not have capacity, required support to make major decisions. Care records showed if people had representatives who had power of attorney and for which areas of their care.

Do not attempt coronary pulmonary resuscitation (DNACPR) forms, where applicable, were at the front of people’s care records. These had been signed by the GP and the person or their legal representative. We saw a best interest meeting had been held concerning one person accessing the community on their own. A best interest meeting involves health and social care professionals along with the person’s representatives and staff with the aim of ensuring decisions are made in the person’s best interest.

One person had an opportunity to move to another care home nearer their family home. The person was involved in the discussion about this and stated they wished to remain in Stoke Knoll. Care records showed how this was managed with the person’s care manager, GP and relative. The person’s wishes were respected and it was agreed they could stay at the home.

The provider had Deprivation of Liberty Safeguards (DoLS) authorisations in place for two people. One of these was in order to provide support for one person who liked to go out and ensured staff were able to support them should they require it. The home is situated in a lane which did not have a footpath and the person would be at risk from traffic. The registered manager was aware of legislation concerning (DoLS) and had discussed the impact of this

Good

Is the service effective?

with care managers and commissioners. They had agreed that they would apply for DoLS authorisations where people's mental capacity assessments and best interest meetings identified they were necessary.

People told us they enjoyed the food at Stoke Knoll. People said, "I love the chicken and fish especially," and "The food is great here, I have to watch it, or I put weight on. The staff do weigh us regularly." Another person told us, "The chef changes the menu every week and we only have to tell them we would like something different and they prepare it for us." The chef wrote menus a week in advance but changed menus when requests were received from people. One person enjoyed Italian food but was on a soft diet due to health problems. The chef told us, "I put garlic and Italian herbs and seasoning in their food and you should see their smile when they taste it." The chef had a record of people's food likes and dislikes as well as special diet needs in the kitchen. Staff maintained records of food and fluid intake for people who required it. Where people had been identified at risk of malnutrition they were weighed regularly and supplements were added to meals as directed by the GP. All people ate their meals in the dining room or in the lounge. Staff supported people where required and encouraged people to be as independent as they could. Where staff supported people to eat they engaged them in conversations about the meal, the weather and their interests. There was a relaxed feel and staff were unhurried. People had two choices of meal and where one person did not want either choice they were asked what they would like to eat. The chef cooked what they requested.

People accessed healthcare from two local GP surgeries. One person told us, "I didn't feel well the other day and told a member of staff. The manager had a chat with me and the next thing I remember was the GP came to see me. They examined me and gave me some tablets, I am much better now." Records showed the person had been seen by the GP on the same day they told a member of staff they were unwell. The registered manager had a good relationship with the local GP surgeries and other health care professionals. A health professional said, "The manager and staff are aware of people's health needs and work well with the GP and district nurses. I know that staff will follow any instructions I give regarding my patients at Stoke Knoll."

The registered manager worked with the GP concerning monitoring people's medicines. For example, a short course of medicine had been prescribed for one person but there had been no improvement in their condition. The registered manager discussed this with the GP, who agreed to stop the medicine and the registered manager identified a meaningful activity which stimulated the person's well-being and assisted their treatment. People's health care needs were monitored and action was taken to ensure care was suitable for people's needs.

Good

Is the service caring?

Our findings

People and their relatives told us they found staff to be caring. One person said, "The carers are all so nice and friendly." Another person said, "I didn't like it at first when I came here, but now I like it very much." The person's relative said, "Mum wasn't happy at first but now she is putting on weight and I know she is eating well. They are very, very good to her and I wouldn't want to change anything." Another visitor said, "They [the staff] know what they are doing and I am not worried as long as Mum is happy." And, "Dad is able to do far more here than he did at home with carers coming in. We chose this home as the staff and the environment were much nicer than other care homes. We trusted the manager and staff to help dad to remain independent and safe and they have done this brilliantly."

Relatives told us they were happy with the quality of care provided in the home. One relative said. "We'd been caring for mum for 15 years. It was difficult to find a place we trusted. Now I don't worry at all. Since she has been here, she's chattier and her mind is being stimulated, she's more than content." They also said, "When mum had cellulitis the care staff put her creams on and it is healed now."

Staff knew people's histories, and their likes and dislikes. This was demonstrated as staff told us about why some people behaved in particular ways. For example we saw one person was very involved in the laundry and would often pop into the office. Staff told us this person used to be a nurse and she believed she was working in the home. Staff involved the person with their cleaning work and the registered manager always had time to listen and speak with the person. This was managed with care and understanding by staff.

Relatives and people told us they felt there was a family feeling about the home. This was seen by the relaxed and natural way staff spoke with people. A relative said, "This place is lovely. The atmosphere is good; it has a family feeling which was a relief all round for me." Staff told us how much they enjoyed working with people. "One senior member of staff said, "I would expect staff to treat people as I wish my parents to be treated." Another member of staff shared this view by saying, "I look at people and think they are someone's mum, nan or aunt. Then I think of my own nan and I know she deserves the best care so I want to treat people here the same."

People said they were involved in planning their care. One person said, "I used to smoke and when I came here I was shown where I could smoke. No-one judged me or nagged me to give up. When I wanted to give up I spoke to staff and the GP for advice on how to do it. Now I've given up I realise how much better I feel." Another person said, "I like to have a bet on the horses now and again. I talk to the staff and manager and they arrange for me to go to the bookies." Another person wanted to walk into the village and their care plan reflected the risks involved and how these were reduced to enable the person to do this independently.

We saw staff treating people with dignity and respect throughout the inspection. When staff talked with people sitting in the lounge they placed themselves at the same level as the person before addressing them, either by sitting next to them or crouching beside them. Sometimes staff touched the hands of people, which people responded to by smiling. Staff spoke gently with people and told them what they were going to do before delivering care. Staff told us they always knocked on people's doors if they were in their rooms before entering.

Good

Is the service responsive?

Our findings

People told us, “There is a lot to do here; we always have something to do every day.” and, “I told the staff I didn’t like baths, so I have a shower and the staff leave me to enjoy it.” and, “The manager’s really lovely and I can tell her anything and she listens to me.” Relatives said, “Whenever I visit mum she is happy and tells me all that she has done that day. Sometimes I wish I lived here as they have so much fun here.”

Care plans were personalised and contained essential information staff required to deliver individualised care to people. The registered manager was in the process of reviewing their care planning system and shared with us two people’s care files in the new format they were going to introduce. This was an individualised care plan built on assessments and knowledge of the individual. There were clear sections about what people’s care needs were, how staff could support them and minimise risks associated with the care need. People had been asked about all of their likes and dislikes. There was a section about the person’s family and work history which identified the key people in their lives and their relationships with them.

People were encouraged to maintain relationships that were important to them. During the discussions with one person about their family, they identified they had a son who they had not seen since they moved into the home. Staff found out the son was in a care home nearby. A visit by the son was arranged, which the person really enjoyed. Plans are in place to make this a regular visit.

Staff had a good knowledge of people’s likes and wishes. Two carers had arranged with a person who liked their shower to have it at a quiet point in the afternoon. They assisted them with the shower and gave them as much time as they needed. When they returned to the lounge they were happy, relaxed and smiling. The relatives smiled and said, “They [staff] know mum loves her showers, this is just one of the reasons why she is so happy here.”

People were engaged in a number of activities throughout the day. Although there was not an appointed activities co-ordinator, all staff joined in the activities and took a role in leading some activities. One person said. “I love the quizzes as it keeps the brain ticking over.” During our inspection external entertainers came in to lead a sing-song and a session of chairobics, exercises when sitting. The activity programme showed they had bingo, a visit from pets as therapy and a regular church service which people could attend if they wished to. A member of care staff led a sing-along and we saw many people laughing and joining in.

People told us they knew how to make a complaint. One relative said, “I know how to make a complaint and I am sure [registered manager’s name] would sort it out, but I have never needed to. I mention something to staff and it is done straight away.” One person said, “Why would I want to make a complaint, everything here is great.” Another person said, “If I wanted to make a complaint I would talk to my relative and the manager. The complaints policy was displayed on a notice board in the main hall way of the home. The registered manager took us through a recent complaint and showed how this had been managed within the timeframes identified in the provider’s complaints policy. The outcome of this complaint was to the person’s satisfaction and the registered manager told us how they had used lessons learned from this complaint to improve the service to this person and others.

The registered manager had responded to research they had read about making a home more sympathetic to the needs of people living with dementia. We observed in the lounge, chairs were placed in groups facing each other and not all lined up in a row. The lounge was decorated in a homely fashion with a plain carpet, light coloured walls and furniture and fittings to assist people to orientate them that this was lounge. In communal hallways we noticed people’s doors to their rooms were different colours, which had been chosen by the person. There were pictures associated to the person’s likes to help people identify their room. For example, on one person’s door there was a picture of an aeroplane along with a picture of them in their uniform, as their service in the Royal Air Force was important to them.

Requires improvement

Is the service well-led?

Our findings

People said, “The manager really knows her job. The staff are well organised and know what they are doing.” and, “The staff really are caring. They are the best staff giving the best possible care. I don’t want for anything and I am so glad that I am here.” Relatives said. “[The manager’s name] is lovely. She works so hard and is everywhere at once! I don’t know how she does it.” And, “the manager and staff communicate really well with us.”

The provider’s policies were accessible for all staff to read. Staff we spoke with were aware of these policies. The policies had been written for the group of three homes and were not specific to each home. Although these had been signed as being reviewed and up to date in March 2015, we found some of the policies did not refer to more recent legislation or changes in policies and practices. For example the safeguarding policy referred to the previous local authority policy and guidelines not the 2015 version. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards policy also referred to previous guidance and needed to be updated.

The provider described the philosophy of the service as being person centred in a family environment. They acknowledged this was built on a consistent staff team who all worked and supported each other. This was reflected in what staff told us. Staff said, “We are very close and support each other.” and, “Everyone works as a team and that means I can do my job.” and, “The best thing about it is it feels like a family.” This was a feeling that was shared by people and their relatives who mentioned the word family a lot when describing their relationships with staff.

People and their relatives were included in making decisions and were listened to when they suggested changes within the service. One relative had suggested in their annual quality questionnaire feedback that they would like a regular newsletter. We saw this had been done and the monthly newsletter covered what was happening in the home and activities such as a recent visit to a garden centre.

The registered manager was described as easy to approach by staff, people and relatives. Staff records of supervisions showed good support and an individual plan for each member of staff’s development. Staff were supported and their opinions were valued by the registered manager. One newer member of staff explained they had made a suggestion about taking a person who had not been out for a long time to a local café. They said, I spoke to [registered manager’s name] and she arranged it. [Person’s name] had a great time and still talks about it. I felt good as I had been listened to and it was a positive outcome for the person.”

The registered manager often referred to her “excellent staff team” and we saw positive remarks within people’s supervision records. One member of staff said “I have stayed her for a long time. I like to feel I can make a difference. I can’t think of anything negative about working here, I love it.”

The provider sought feedback on the quality of the service from health and social care professionals and relatives, through an annual satisfaction survey they sent to them. The last survey was carried out in September 2014. There were positive comments including, “the home is always clean,” “the manager is always helpful and knows the residents very well”, and “staff are dedicated to the residents.”

The provider undertook regular checks with the registered manager, walking around the home and noting any health and safety concerns or maintenance issues. Where items were identified as requiring attention an action plan was prepared and implemented by the registered manager. The registered manager audited care records and medicines records to ensure these had been completed and were up to date. There were various regular health and safety checks to ensure the building, equipment and all areas were maintained to a safe standard. These included weekly checks of fire detection and alarm systems. There were also records of water temperatures, which were part of the provider’s monitoring of risk of Legionella. The provider monitored the quality of the service to ensure care delivered was safe, appropriate and met people’s needs.