

Mrs Catherine L Arnold

The Stables Residential Care Home

Inspection report

Castle Road
Hartshill
Nuneaton
Warwickshire
CV10 0SE

Tel: 02476392352

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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?	Good ●

Summary of findings

Overall summary

The inspection visit took place on 25 May 2017 and it was unannounced.

The Stables Residential Care Home provides care for up to seven older people and on the day of our inspection there were seven people living there.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

There was a registered manager at the home. 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.

People and relatives were complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted and were able to make choices about keeping their independence. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain relationships with people who were important to them.

Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they felt safe living at The Stables and relatives supported this. Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

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

People received a choice of meals and drinks that met their individual dietary requirements at times they wanted them. People received support from staff when they required it, and anyone at risk of malnutrition

or dehydration, were monitored and if concerns were identified, advice was sought and followed.

People and relatives knew how to voice their complaints and felt confident to do so.

People's feedback was sought by completing surveys, as was that of relatives and staff. The registered manager had an 'open door' policy for people, relatives, staff and visitors to the home. People and relatives also had access to an independent advocacy service, paid for by the provider.

The management team ensured through regular checks that this remained the case. The registered manager acknowledged these checks needed to be more clearly recorded, and assured us they would do so.

Further information is in the detailed findings below.

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 remained safe.

Is the service effective?

Good ●

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

The provider had effective systems to ensure staff were trained and new staff employed at the home had an induction that equipped them with the necessary skills and support. Newly recruited staff told us they felt effective in their role because their induction programme included training and 'shadowing' (working alongside) experienced staff, before working independently with people. The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff had regular opportunities to meet on a one to one basis with the deputy or registered manager, which helped them to develop. One staff member said, "We talk about any issues, concerns, changes in people. We also talk about any training we might want or need."

People and their relatives told us staff were well trained and knew how to meet people's needs. Staff also spoke with us confidently about how they put their training into practice. For example, one staff member explained, "I asked to do 'end of life' training so they [provider] supported me to do it. I learnt an awful lot, the things people have to go through and how we can help."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff, the registered manager and the

deputy manager all understood their responsibilities under the Act, and people's care records included information on support needed with decision-making. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.

People told us staff sought their consent before supporting them. We observed how staff did this during our inspection visit. For example, when supporting someone to take their medicines, one staff member said, "Are you ready for your tablets? Would you like to take them from the pot?" They added, "We've just got to do your eyedrops now, is that okay?"

People told us the food was good and they always had a choice. One person told us, "They always ask us what we would like to eat." We observed how staff offered choice. For example, one person wanted a pear, so staff brought one with a plate and knife so the person could prepare it themselves. The person bit into the pear and said, "It's not juicy enough." A staff member brought the person another pear, which they ate and enjoyed.

Where people were identified as being at risk of ill health, for example due to low food or fluid intake, records showed action was taken to alert health professionals and their recommendations were followed by staff. Staff were aware of what was recommended to ensure people's dietary needs were met, and put this into practice consistently.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

The Stables Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 25 May 2017. It was a comprehensive, unannounced inspection and was undertaken by one inspector.

We reviewed the information we held about the service and we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We did not ask for a provider's information return (PIR). This is a form we ask the provider to send to us before we visit. We gave the registered manager the opportunity during our inspection visit, to tell us how they met the required standards and how the service looked to improve.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms, with their permission. This was to see how people spent their time, how staff involved them, how staff provided their care and what they personally thought about the service.

We spoke with five people who lived at The Stables, and three visiting relatives. We spoke with the registered manager, the deputy manager, and two care staff.

We looked at three people's care records and other records including quality assurance checks, training records, observation records for people, medicines, nutritional charts and incident and accident records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be good.

People were safe living at the home, and comments people gave us explained why they felt safe. One person said, "Oh yes, I feel really safe here, I have never felt afraid since I have been here." Relatives agreed, telling us they never had any concerns about people's safety and well-being.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. One staff member told us, "People might become anxious or withdrawn, maybe not want to eat [if they were experiencing abuse]. I would definitely go straight to [registered manager] or [deputy manager]." They added, "If I didn't get a response I'd go directly to social services or CQC."

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed plans in place to keep people safe. For example, when assisting people to transfer from a wheelchair to an easy chair.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. Routine maintenance and safety checks were also carried out, such as gas and electrical items. This helped to ensure people were safe in their environment. Everyone living in the home had their own fire evacuation plan which contained details of what support they would need to evacuate the home in the event of an emergency.

The registered manager used risk assessments, care plans and their detailed knowledge of people's needs, to make sure there were enough skilled and experienced staff on duty to support people safely. People told us there were enough staff because they received support when they needed it. Relatives agreed, and added that staff did not change, which meant people were supported by familiar faces. One relative commented, "The staff are constant. That makes a difference."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. People told us staff supported them with their medicines as they needed them to. One person said, "They bring your tablets to you at the time you need them." Medicines were audited regularly by the deputy manager, and records showed that where, for example, a care worker

had administered medicines but not signed the person's Medicines Administration Record (MAR), this was identified quickly and action taken to ensure procedures were followed.

Good ●

Is the service effective?

Our findings

The service remained effective.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be good.

People told us staff continued to be considerate, kind and caring, and that the home offered them a 'homely' family-type atmosphere. One person said, "We [people and staff] are like family, like when we all sit around the table. We would do anything for each other. They [staff] are ever so good, they do nice things for us." Relatives also spoke very positively about the caring attitude of management and staff, as well as the atmosphere in the home. One relative said, "It is perfect here, the staff are like [relative's name] family. [Relative's name] had a birthday party last year, they had live music for [name]. The carers were dancing with people, it made their day."

Relatives told us they were always made to feel welcome, and we observed a number of relatives visiting people on the day of our inspection visit. They spoke freely with staff and the management team, and had a good rapport. The home supported people to use technology to make video calls to friends and family, and had recently installed an additional Wi-Fi connection in the kitchen, so the signal was strong enough for people to do this wherever they were in the home.

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "It is all about being attentive, observing, listening, and helping people. Being respectful, courteous and kind." We observed staff putting this into practice. For example, one person was talking with a staff member about a recent short stay in Blackpool. The person smiled and became emotional when thanking the staff member for all their support. The staff member also became emotional when sharing the memory of the trip.

Staff were observed to be attentive to people's needs, and ensured people felt comfortable. For example, one staff member said, "You might want to cover your ears [name], I am about to use the blender." Another staff member said to someone, "Would you like some perfume on? Would you like it on your neck or behind your ear?"

People told us they were supported to be as independent as possible, by encouraging them to be involved in the day to day running of the home. One person commented, "I sometimes peel the potatoes or scrape the carrots. Sometimes I like to sweep the leaves on the patio." Care plans included personalised information for staff on how they could help people achieve things for themselves.

People told us staff respected their privacy at all times. For example, one person said, "They [staff] always knock on my door and wait for me to say, 'come in.'"

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that personalised and responded as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain any hobbies, interests or activities they wanted to. The rating continues to be good.

People's care plans were personalised to their needs, and had been regularly reviewed. People told us they knew about their care plans, and were involved in ensuring they remained accurate. Relatives told us they were also involved in care planning where appropriate.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. For example one person's care plan stated, "I wear hearing aids to listen and I like people to be on the same level as me." We observed how staff followed these guidelines to help this person communicate with them. This helped them to respond when and how the person wanted them to.

Staff were confident that they provided person-centred care, and offered choice. One staff member commented, "The thing is, person centred care has always been here [at the home]. It is never anything other. It is not new here." Another staff member told us, "We aren't regimental. If you want to stay in bed until 10 o'clock and have a cup of tea you can. If you want to get up at 6 o'clock for a cappuccino then you can." Throughout the day of our visit, we observed people exercising choice and control over the support they received.

Staff were quick to respond when people needed extra support, or when their needs changed. For example, one person had experienced a number of falls over a relatively short period of time. These falls had been recorded and analysed, which helped staff to respond by contacting health professionals, who ensured the person was provided with new equipment and was prescribed medication to help treat any possible medical reason for the falls. Staff told us there were systems in place to make them aware of any changes in people's needs which so they could respond accordingly. One staff member commented, "Any changes are documented in the person's care plan, daily reports and the communication book. We have a verbal handover too between every shift.

There was a complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. Each person had a copy of the complaints procedure in their bedroom. No complaints had been made over the past 12 months, but people and their relatives told us they knew who to speak to if they had any concerns, and felt confident to do so. One person said, "I would tell them [staff] if I wasn't happy with anything, but I haven't needed to." The home paid for an independent advocacy service which was there to support people and relatives if they wanted to share any concerns.

People were supported to maintain any hobbies or activities they enjoyed, and we saw people doing what they wanted to do. The home also offered holidays or short stays to those who wanted them. Recently, staff had supported those who wanted to, to go on a short break to Blackpool. People who went spoke positively

about the experience, and shared photographs and memories of the stay with us during our inspection visit.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be good.

People and relatives were happy with the quality of the service. One person told us, "I am very happy with my choice to come here. It is a perfect home." Relatives were pleased with the care their family member received. One relative said, "I cannot fault anything. It is fantastic here."

People and relatives spoke highly of both the registered manager and also the deputy manager, and told us the home was well managed. One person explained, "[Registered manager] is very good, very nice." One relative commented, "I have always been very impressed with how the place is managed."

Staff told us they felt well supported by the registered manager and the deputy, and that the home was managed and led effectively. One staff member told us, "We have a good team here. We can speak to [registered manager] or [deputy manager] about anything. You have to have confidence." They added, "[Registered manager] is a remarkable person." The registered manager told us it was important for them to be part of the team so they knew what people and staff experienced. They said, "By working alongside the carers you know what they are dealing with. You can't come in and bark and shout."

Staff were also supported through regular team meetings. They told us these gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information. One staff member commented, "We had a particular issue where we got a good sense of direction from [registered manager] and [deputy manager]. We had the opportunity to iron things out." Records of staff meetings showed they happened on a regular basis to ensure staff were kept up to date.

The registered manager asked people, relatives and staff for their views of the service through regular surveys and meetings. The last surveys conducted in late 2016 and early 2017, showed people and relatives were universally happy with the staff, the food and the premises, and felt involved and well cared for. The deputy manager told us that, if anything of concern was shared, people had the opportunity to discuss this with an independent advocacy service the home paid for, a staff member, or the management team as they preferred. As part of this process, the home also kept a record of any compliments or positive comments made so they could share them with staff. For example, one person who responded to a recent survey had commented, "I have lived at The Stables for the last eight years, and I want to continue to live out my days at a very loving home with very supportive staff."

There was a programme of audits and checks such as fire safety, care plans, medicines, health and safety, infection control and equipment checks. Whilst records showed where areas for action or improvement had been identified and addressed, the audits themselves were not always documented. The deputy manager explained that, as the home was small, and either they or the registered manager were always on shift, they could check things regularly and take action as required. However, they acknowledged it would help them if

they recorded audits more clearly, and had an action plan they could work to to ensure progress was made. The deputy manager told us they had one day a week protected for administrative tasks so could use this to develop this area.

The home had recently been awarded the top food hygiene rating possible, and had submitted an application to be awarded a 'Healthy Heart' certificate. This is a locally run scheme, open only to provider with high food hygiene ratings. The deputy manager told us they hoped to be awarded the certificate for their work to ensure people had a choice of healthy, appetising foods.