

The Franklyn Group Limited

Stobars Hall

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?	Good ●

Summary of findings

Overall summary

About the service

Stobars Hall is a residential care home which can accommodate up to 38 older people in one adapted building. At the time of our inspection 26 people were living there. One area, on the ground floor, specialises in providing care to people living with dementia.

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

The newly appointed registered manager and staff had worked hard since our last inspection to deliver the improvements required. People, relatives and staff had been included in improvement work and were proud of what had been achieved. They were very positive about Stobars Hall. They spoke highly of the registered manager and staff team and how well they were cared for.

The provider had strengthened the checks they carried out to monitor the quality of the service. They had put in place innovative new ways of working and developed very good links with healthcare professionals and the local community.

Processes were in place to keep people safe. There were enough staff to support people. Medicines were well managed. Staff regularly checked the building and equipment to make sure everything was working properly.

Staff now received regular training and supervision to make sure they had the skills and understanding to care for people. People spoke very highly about the food on offer. They told us it was always good quality and there was lots of choice on offer.

Staff had a better understanding about legal processes around people's right to consent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service now supported this practice.

Care was provided in a person-centred way. Staff supported people with their choices. People could go to bed, and get up when they wanted. Staff knew people well. People and relatives told us staff were kind and treated them well.

Staff knew people's needs and their preferences for how they would like to receive their care. Care records now clearly provided staff with the information they needed to care for people. There were a range of activities and events on offer for people to take part in.

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 requires improvement (published 13 September 2018). At that inspection we found four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stobars Hall

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Stobars Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with two of the directors of the provider organisation, one of whom was registered as the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with five members of staff including the registered manager, the chef and three care staff. We 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.

We reviewed a range of records. This included three people's care records and medicines records. We looked at records relating to the management of the service, including staffing rotas, recruitment records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and Recruitment

At our last inspection we recommended the provider improved their processes around background checks for staff. These improvements had been made.

- The provider had introduced a new process for DBS (Disclosure and Barring Service) checks. These checks informed an employer if staff had a criminal record or if there were known reasons they should not work with vulnerable people. Since our last inspection the provider had sought DBS checks for all staff. These checks would be repeated every three years for existing staff, so the provider would be made aware of any new concerns.
- References from previous employers had been sought for all staff, although these had not always been returned before staff started working at the service. The registered manager explained the induction process included assessing staff character, and that new staff always worked alongside existing staff. However, following discussions the registered manager told us they would change the provider's policy to reflect that satisfactory references were required before new staff started work.
- There were enough staff. People and relatives told us they could always find staff when they needed them, and any requests were dealt with quickly. Staff had time to carry out their duties and spend time chatting with people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems to minimise the risk of abuse had been improved. Staff now had information about how to raise a concern anonymously if they needed to. Staff understood how to spot abuse and what they should do if they had any concerns.
- People, relatives and staff told us the home was a safe place to live.
- Accidents and incidents were reviewed and investigated. Where possible action was taken to reduce the likelihood of accidents or incidents happening again.

Assessing risk, safety monitoring and management

- Risks were well managed. Staff understood the risks people faced and had clear information about how to mitigate them.
- Safety checks were carried out regularly on the building, and any equipment used, to make sure they were in good working order.

Using medicines safely

- Processes were in place to manage medicines safely.

- People received their medicines as prescribed.
- Medicines were administered by trained and competent staff.

Preventing and controlling infection

- The home was clean.
- Staff followed processes to minimise the risk of infection

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff training and supervisions had not been well monitored and were not up to date. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- Staff now received a programme of training, to provide them with the skills they needed to support people. The provider had employed a training manager who monitored training to ensure skills remained up to date.
- Staff now regularly met with their supervisor to discuss their performance and the care they delivered. The registered manager planned supervisions and appraisals for the upcoming year to make sure staff received these regularly and in line with the provider's policy.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found the provider was not always working within the requirements of the MCA.

This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- The provider was now following the principles of the MCA. People were supported to make their own choices whenever they could. Decisions were only made on people's behalf following an assessment of their capacity.
- The registered manager now sought legal proof when people had appointed a Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf.
- DoLS authorisation had been granted for people deprived of their liberty. Conditions on authorisations were being met. Where people did not have a DoLS in place, they were able to come and go from the home as they wished.
- Some documentation in people's records did not follow the principles of the MCA. One record asked families to consent on people's behalf. The registered manager explained these were out dated and removed them. They sent us updated consent forms after the inspection which were in line with the MCA.

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

- The food on offer was good quality, home cooked and nutritious. People and relatives spoke highly of the choice on offer. The chef prepared food to meet people's needs and their preferences. On one day of our inspection we saw fish and chips were on the menu. One person was following a healthy eating plan, so the chef prepared them baked fish and new potatoes. The person said, "It's delicious."
- Staff understood people's nutritional needs. Where people were at risk of malnutrition their intake of food and drinks was well monitored. We saw their weights generally remained steady.

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

- Staff had very good working relationships with healthcare professionals. The registered manager had arranged for a GP to visit the home each week to check people's conditions and monitor their progress.
- Advice from healthcare professionals had been followed and incorporated into people's care records. One professional told us, "Our input appears to be valued and followed very well. We have had some fantastic outcomes for clients."

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

- People's needs were assessed before they began using the service. Staff used recognised guidance and tools to determine what level of support they required.
- Staff had information about how to meet people's needs. Care plans were easy to understand.

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

- Since our last inspection steps had been taken to adapt the environment to meet people's needs. Signs used pictures to help people to find their way around the home. The bedroom doors of people with dementia had been painting in contrasting colours to help people to recognise their own room.
- The registered manager was following an improvement plan to further improve the environment.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection, we recommended the provider developed person-centred daily routines within the service. At this inspection, action had been taken to improve.

- Staff respected people's differences. Care was planned around people's preferences. People and staff confirmed were supported to go to bed and get up at the times they wanted to. Some people enjoyed a lie in until after 10am. Others, who told us they had always got up early, said staff were on hand to offer support whenever they awoke. Staff supported people to maintain their beliefs. A regular church service was held at the home. The chef created a vast range of vegetarian food for the people who did not eat meat.
- People were treated with kindness. People and relatives were overwhelmingly positive when talking about the staff and the service. People looked very relaxed and comfortable. We heard throughout our conversations how homely Stobars Hall was. One relative said, "[The registered manager] has made it a real home for people. It's hard to describe but there is something really special here."
- Staff were described as dedicated and caring. People told us they were always friendly. One relative described how staff made their family member feel valued. They said, "The staff are wonderful. They really are. They know that [my relative] is quite touchy and they will give them a hug. They are so good." Throughout our visit we saw staff check people were okay, offer reassurance and chat with them.
- Staff supported people to maintain relationships with their friends and family. Relatives told us they were warmly greeted, offered cups of tea and staff asked how they were. Relatives were encouraged to be part of the service. Some relatives had helped with landscaping the gardens and with arranging events in the home. There was a sense of pride from the relatives and people we spoke with about being part of creating the welcoming atmosphere in the home.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. One person was supported to help around the home. They were living with dementia and every day asked staff if they could have a job. Staff had a uniform and dusters ready for this and provided the person with some tasks they could manage themselves. We saw they got satisfaction from doing this.
- Staff encouraged people to live their lives the way they wanted to and supported people to take positive risks. One person liked to go for walks in the local area. Staff gave this person a high visibility jacket and had been in touch with the highway agency to arrange for better signage on the roads to make their route safer.
- People's privacy and dignity was promoted. Staff told us how they were considerate of people's privacy

when providing care.

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

- People's views were taken into account. They were included when staff were planning their care. Care records included information from people and their relatives.
- Relatives told us they were kept up to date with their family member's care and invited to meetings to review the care they received.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found care records were incomplete and were not up to date. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- Care was planned to give staff the information they needed to care for people in the way they wanted. Since our last inspection staff had re-written all care plans and risk assessments for each person who used the service. Care records were specific and easy to understand. They included clear information about people's needs, preferences and planned care.
- People's needs were kept under review. People's records were kept up to date if people's needs changed.
- Professionals spoke highly of the care people received. One professional said, "They are very open to trying interventions. Stobars are very person centred and try their absolute best for the residents and the relatives."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

- Activities were planned around people's interests. People, relatives and staff told us there had been lots of improvement since our last inspection, and that there were now lots to do. They had all been involved in planning a programme of daily activities which people could choose to take part in. Entertainers performed in the home regularly and people went on trips to the local community.
- The registered manager had re-designed the outside space to make the most of the surroundings. People and relatives commented on the beautiful views around the home. Since our last inspection a hen house and duck pond had been built as lots of the people who used the service came from farming backgrounds. The chicks had been hatched in an incubator in the lounge then moved to the outside space with seating areas where people could enjoy the animals and the views. Paths on the land around the home had been cleared so people could better explore the grounds. People spent lots of time outside which research has shown has a positive impact on their moods and health, particularly for people living with dementia.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was presented in ways people could understand. Easy read (which used pictures to aid people's understanding) and larger print information was available.

End of life care and support

- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported and wherever possible these preferences were met. Staff worked with district nurses and specialist nursing teams, so people could stay in the home rather than being admitted to a hospital if that was their wish.
- The provider sought to make people as comfortable as they could be. The registered manager told us to support one person as they approached the end of their lives, they arranged for extra staff to be on duty to make sure they were not alone. Relatives were offered meals and made comfortable, so they could spend as much time as possible with their loved one.

Improving care quality in response to complaints or concerns

- People knew about to make a complaint. Information about how to make a complaint was given to people when they started using the service and was displayed around the home.
- There had been no official complaints in the previous year. The registered manager had recorded and responded to comments and feedback about the service. They had been used to drive improvement.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found systems and processes for the effective operation of the home were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- People, relatives and staff praised the leadership and the culture of the home. Since our last inspection a new registered manager had been employed. Throughout the inspection we were told the registered manager lead by example in their dedication and commitment to delivering improvements. Comments were overwhelmingly positive about the changes which had been put in place and the impact they had.
- People, relatives and staff were proud of what had been achieved. Stobars Hall succeeding was important to them. They shared their relief that after a difficult few years the service was now running well.

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

- The registered manager and provider monitored the quality of care that people received. They had improved the way they checked on the service. They had created new audits and monitoring systems so they could easily see where the service was delivering, and identified areas which required further improvement. They created action plans to address these areas and monitored them to make sure changes were delivered.
- The registered manager was clear about their legal duty to notify CQC of certain incidents and events in line with CQC registration regulations.

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; Continuous learning and improving care

- The registered manager and management team was aware of duty of candour responsibilities.

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

- People, relatives and staff were encouraged to share their views on the service and to be part of making improvements at the service. Their suggestions were considered and where possible put into place.

Working in partnership with others

- The registered manager had made good links with local services.
- Staff had worked with a local community dementia group. Some people attended their community events, and the registered manager had invited the group to hold some of their events at Stobars Hall. People told us the cinema night held at the home with the dementia group had been very successful.
- They worked closely with the local authority and healthcare professionals. They had set up monthly meetings and invited a range of professionals involved in the care of people who used the service. These meetings had proven to be very efficient, as staff could share updates and seek advice about people's changing needs. One professional told us, "They really are a pleasure to work with, I wish all of our care homes worked with us the way that Stobars Hall do."