Stonesby House Ltd

Stonesby House

Inspection report

147 Stonesby Avenue
Wigston
Leicester
Leicestershire
LE2 6TY

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28 September 2016

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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

Summary of findings

Overall summary

This inspection took place on 28 September 2015 and was unannounced.

Stonesby House is a care home for a maximum of nine people with a range of different needs. These include mental health needs, dementia, and learning disabilities. Most of the eight people who lived at the home at the time of our visit had mental health needs. One person arrived on the day of our visit for emergency respite support.

The service had a registered manager. 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.

Since our last inspection the registered manager had started to manage another home for the provider as well as Stonesby House. Some management responsibilities had therefore been delegated to other senior staff but we found these had not always been carried out. The provider and registered manager did not have sufficient checks to know these responsibilities had not been undertaken. The lack of checks had not led to any negative impact on people.

The registered manager was a strong advocate for the rights of people who lived in the home and staff worked to the same principles.

Staff understood the risks related to people's mental and physical health as well as their well-being and followed people's individual risk assessments to ensure they minimised any identified risks.

The registered manager and most staff understood the local authority's safeguarding policies and procedures. Checks which reduced the risks of employing unsuitable staff were carried out prior to staff working at the home. Staff received training to meet people's needs effectively.

The provider understood the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards and the service complied with these requirements. People had good access to health care professionals when required, and their medicines were administered to them as prescribed.

There were enough staff to meet people's needs. People were supported to live their lives as independently as possible and enjoyed activities within the home. People had choices about what meals were provided and enjoyed the food made available to them.

People who lived at Stonesby House liked the staff who supported them. They felt staff were kind, and we saw staff treat people with respect and dignity.

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.

People told us they felt safe. Staff were aware of how to protect people from abuse. Risks to people's safety had been assessed as part of their care plan. There were enough staff to meet people's needs, and staff recruitment practice reduced the risks of employing unsuitable staff. People received their prescribed medicines when they should by staff who were trained to administer medicines.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction to the service when they first started work and sufficient training to meet people's needs. They understood the mental capacity act and deprivation of liberty safeguards and complied with the requirements of the Act. People enjoyed their meals and the choices of food and drink were provided. They were supported to attend health and social care appointments when necessary.

Is the service caring?

Good

The service was caring.

People felt staff were kind. We saw staff had a good understanding of people's needs and had positive, supportive relationships with people who lived at the home. People's dignity, privacy and human rights were respected by staff.

Is the service responsive?

Good

The service was responsive.

Staff understood people's need, wants and preferences and ensured people were supported in accordance with their wishes. There were enough activities within and outside the home to meet people's social needs. People felt able to tell staff if they had any concerns about the service. There had been no formal complaints about the service since our last inspection.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

Management duties and audits had not always been carried out as expected to ensure the home ran safely and effectively. The registered manager was a strong advocate of the rights of people who lived in the home and staff worked to the same principles. Staff felt able to go to the registered manager or senior staff if they had any concerns about the home. The registered manager acknowledged mistakes and quickly corrected identified concerns.

Stonesby House

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.

The inspection took place on 28 September 2016 and was unannounced. One inspector conducted this inspection.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people. They are paid for by the local authority or the NHS.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information in the PIR gave us basic information about home.

During our visit we spoke with four people who lived at the home, two support staff, an apprentice, the deputy manager and the registered manager. We observed interactions between people and the staff who supported them.

We reviewed three people's care plans to see how their care and support was planned and delivered and looked at a sample of medicine administration records. We looked at other records related to people's care and how the service operated. This included recruitment records, records of meetings with people who lived at the home, staff meeting notes and checks management took to assure themselves that people received a good quality service.

After our visit we spoke with a mental health care professional who regularly visited people who lived at the home.

Good

Is the service safe?

Our findings

People told us they felt safe at Stonesby House. Staff told us there were enough staff on duty to provide support to people and keep them safe.

One person needed one member of staff to support them at all times to keep them safe and we saw staff never left this person on their own. Another person required some additional support from staff in relation to personal care, but the majority of people who lived at Stonesby House had low dependency needs and were fairly independent. The staffing levels were based on the dependency of the people that lived at Stonesby House to ensure they were kept safe and their needs were met.

Staff told us the only times when there were not enough staff to meet people's needs was when staff phoned the home to say they were unwell and could not attend the shift. They said this did not happen much. They told us there was a stable staff group in the home who knew people well so people felt comfortable in their presence. A mental health professional confirmed the staff group was consistent which helped to meet people's needs effectively

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working at the home. 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. Staff confirmed they could not start work at the home until all checks had been received by the provider.

Medicines were managed safely by staff who had received training to administer medicines with the exception that some records had not been completed to show medicines administered. Medicine Administration Records (MARs) showed two staff on different occasions had administered medicines but had not recorded all the medicines they had given. However, we could see by counting the medicines in the individual medicine packs that they had been administered by the member of staff. Staff told us the recording errors were because they were interrupted whilst undertaking medicine administration. They agreed it was important not to allow themselves to be interrupted during this process.

The registered manager had changed the way medicines were given to people so that they had a more positive experience of this process. For example, they had moved away from people queuing at the office door for their medicines to people having them administered individually and in private by staff. Some people had been assessed as being able to administer their own medicines. We saw staff support them in doing so, and there were checks in place to ensure these medicines were taken. Medicines were stored in a lockable cabinet in a locked office so they were secure. People knew what medicines they were taking and what they were for. One person told us the medicines they had just taken were for arthritic pain in their back.

People received their medicines when they should to maintain their health. Two people told us their medicines had to be taken before they ate their breakfast, and staff made sure they were received their medicines before breakfast time.

The provider's policy was to undertake weekly checks to ensure medicines had been administered correctly. The last weekly check had been completed on 13 July 2016. The registered manager had delegated this responsibility and was unaware it had not been completed. They told us they would take the necessary actions to ensure medicines were checked weekly in accordance with their policy.

One person needed their medicines given 'in disguise' (covertly). The provider had undertaken a best interest meeting with the person's GP and pharmacist to check it was safe and necessary for the person to have their medicines in this way. We saw the staff member try to give the person their medicines in yogurt as agreed, but this was not successful. The staff member therefore recorded the person had refused. They told us the person was more likely to accept medicines when they were administered at the other times of the day.

Staff understood how to protect people from abuse. They had received training to safeguard people and all knew what behaviours constituted abuse and what action needed to be taken to keep people safe. They all knew to report any concerns to the registered manager. The registered manager had a clear understanding of safeguarding policies and procedures to ensure any concerns were appropriately acted upon to keep people safe.

The registered manager had assessed risks to people's individual health and wellbeing. These assessments provided staff with detailed information about what the risks were to each person and the action they should take to minimise the risks. Staff demonstrated a good understanding of people's risks. For example, they knew those who were at risk of falling, when they might be most at risk of this happening and what to do to minimise the risk of this happening.

The premises and equipment were safe for people to use. Maintenance audits and safety audits had been carried out on the building to ensure that fire, gas and water systems were safe for people to use. The Provider Information Return told us the provider had made improvement to the environment to keep the premises safe. This included the replacement of fire doors, flooring and additional emergency lighting. It also informed us that new block paving had been laid outside to make it safer for people.

Good

Is the service effective?

Our findings

Staff had received training to meet people's needs and people told us their needs were met. On the day of our visit, we saw staff understood people's needs and supported them safely and effectively.

We checked how staff were supported in their roles when they first started work at the home. We were told new staff had a staff induction to familiarise them with the home and their role. This included being informed of the policies and procedures of the home, and working alongside more experienced people. Staff told us they felt the induction period gave them enough time to get to know people's needs before they worked independently.

New staff were experienced care workers and as such, had not completed the training to obtain the Care Certificate. The Care Certificate replaced the previous common induction standards framework for new staff. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. At the time of our visit a new apprentice had started work at the home. The registered manager told us they would be going through the Care Certificate standards with them.

The registered manager told us staff had received all the training considered essential to meet people's health and social care needs. We looked at the training records which detailed the training staff had received. This showed most staff had received the necessary training to meet people's health, safety and well-being. Plans were in place for all staff to undertake the essential training. Staff told us they had received enough training to meet people's needs safely and effectively.

The Provider Information Return (PIR) received prior to our visit told us that eight staff had undertaken further training such as a National Vocational Qualification (NVQ) level 2 in health and social care to further develop their practice as social care workers. These were in line with the expectations of their roles and responsibilities. The PIR also informed us that the deputy managers would be undertaking an NVQ level 5 to support them in their management role.

Staff received on-going help and support from their seniors and the registered manager. The registered manager was available at the home each morning to provide support to night staff at the end of their shift, and day staff coming on to their shift. A deputy manager was also available to provide staff support and was responsible for ensuring staff had individual supervision meetings. These were to discuss their ongoing development needs, any concerns and any training needs they had. These had not taken place. A member of staff told us their last supervision meeting had taken place nine months ago. The deputy manager had not received individual supervision from the registered manager for five months although they felt supported by the manager. The registered manager informed us after the inspection that they were ensuring all staff received individual supervision on a regular basis.

Team meetings had taken place with staff to discuss practice in the home and to help staff understand knew initiatives. For example, new care planning was introduced earlier in the year, and a team meeting was

arranged to discuss this with staff to ensure this was working effectively.

Staff had a working knowledge of the Mental Capacity Act so that they could support people in line with the principles of The Act. 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.

The PIR told us that eight of the staff had received training to understand the Act. Where there were concerns that people did not have the capacity to make specific decisions, there had been assessments with relevant professionals to determine whether this was the case. Each care file had a section entitled 'Making decisions and staying in control.' This gave information about what decisions the person could make and what decisions the person would need support with to ensure the care was provided in their best interests. People who had capacity were involved in decisions related to their care, and signed their care plans to demonstrate they consented to the care and support provided.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met.
We found the registered manager understood their responsibilities under the MCA. Appropriate applications had been made to the local authority responsible for the approval of the DoLS. For example, a behaviour plan had been agreed as part of a DoLS to support a person who did not like receiving personal care.

People received food and drink which met their needs. One person told us, "The food is too good. I've put on a stone." All people we spoke with enjoyed the food provided and told us they had choices at each meal time. For example, one person told us they did not like it when curry and rice was on the menu, but they could have something different which they enjoyed.

We saw that some people were able to independently prepare their own food and drinks but were not doing so. The registered manager told us because of risks relating to other people, they could not have free access to the kitchen. They told us people were able to request a hot drink when they were thirsty and we saw that people received hot drinks throughout the day. Jugs of squash were placed on the tables so people could have cold drinks when they wanted.

Where people had complex needs in relation to their foods and fluids intake, these had been assessed and documented in their care plans. For example, one person was at risk of not eating enough to maintain their health. The care plan contained instructions for staff to encourage the person to eat snacks throughout the day 'little and often'. This was to help increase their calorie intake and reduce the risk of their health deteriorating. Staff had received training in 'malnutrition care and assistance with eating' so they knew how to support people who had complex nutritional needs.

People received support to maintain their healthcare needs and wellbeing. People saw health and social care professionals when necessary to meet their physical and mental health needs. On the day of our visit, one person went to see the dentist. People told us the staff supported them to ring healthcare professionals to make appointment and reminded them when their appointments were due. One person said, "They make sure we don't miss any medical appointments." A mental health care professional confirmed people

were supported to attend their appointments.

Good

Is the service caring?

Our findings

During our visit we saw a good rapport between people who lived in the home and the staff who supported them. All the people we spoke with were happy living at Stonesby House. One person told us, "It's beautiful. All the staff are nice." Another said, "The staff are really kind."

One person required staff to be with them at all times to keep them safe. Staff ensured they did this, but did so in a way that also respected the person's need for personal space.

People told us that staff understood their needs and we saw staff demonstrated a good understanding of the people they supported. For example, we overheard one person ask a member of staff for a biscuit. The member of staff replied by asking if they would like a 'pink wafer' biscuit. We looked at the person's care plan and this had been identified as something they liked to eat.

People told us they were able to make day to day decisions about their lives, and where possible, they were involved in more formal care planning and reviews of their care. They felt staff gave them the information they needed to support them in their independence, such as when staff reminded them of appointments with health care professionals.

People had the privacy they wanted and needed. Each person had their own bedroom and those who chose to spend most of their time in their room had this choice respected. All bedrooms except one had en-suite facilities. Arrangements had been made for the person who did not have an en-suite facility, to be designated the first floor bathroom for their private use so that they had privacy when bathing.

Staff treated people with respect and ensured they felt they mattered. During our visit we saw people were listened to, and saw staff showed an interest in what was happening to them. For example, one person had gone to the dentist in the morning. On arrival back at the home, staff were interested in how they had got on, and what treatment they had, or needed to have in the future. This showed staff had a genuine interest in them and made them feel valued as individuals.

On the day of our visit, a person arrived at the home on an emergency respite placement. We saw staff were attentive to the person and ensured they felt comfortable in the home and welcomed. People who lived at Stonesby House had been informed that a person was coming to stay at the home for a period of time and told us they looked forward to having a new person sharing their home.

Whilst staff treated people with respect, they also knew when it was okay to enjoy banter. For example, one person told us they were soon going to be 70 years of age. When talking about how they were going to celebrate the occasion, staff said there wasn't going to be a birthday cake because the person did not like cake. The person burst out laughing when they found out the staff were teasing them because they knew how much they loved cake.

Good

Is the service responsive?

Our findings

The registered manager told us when a new person came to live at Stonesby House they gathered as much information as possible about the person prior to their arrival. They also had a meeting with staff to provide them with information about the person to help ensure staff had a good knowledge of the person. The information was gathered as part of an initial 'needs assessment' which was then used to develop care plans for staff to follow to meet their needs. People told us staff had a good knowledge of their needs.

We looked at three care plans. These provided detailed information, written from the person's perspective, about the person's care and support needs and the outcomes people wanted to achieve. For example, the outcomes that one person wanted to achieve was to improve their health and well-being, and feel valued and be treated with respect. Care plans also detailed people's likes and dislikes and preferences with sections entitled, 'Who I am and what is important to me.' Staff took time to learn about people's personal histories and read sections in care plans entitled, 'My family and other relationships'. This was to help ensure they provided person centred care.

Care records were reviewed at regular intervals to identify any changes in needs. The registered manager told us if a person's needs changed they would write a 'mini' care plan to update staff on how they needed to work with the person. This was then incorporated into a care plan review at a later date, if the changes were permanent.

The mental health professional we spoke with told us the registered manager and staff were responsive to people's needs and contacted them for advice and support when people's needs changed. They informed us of the positive work the home had done to support a person who wanted to be more independent and develop the skills and knowledge needed to live more independently.

People we spoke with felt there were enough activities both within and outside of the home to interest them. Two people told us they enjoyed watching the television; they enjoyed the hairdresser visits each Friday and liked having their nails painted.

Other people told us they were able to go out when they wanted to. They said they just needed to let the staff know they were leaving the home and what time they expected to be back. They also told us that there were activities in the home such as card games and board games. They said that some of the pieces were missing from some of the board games but this had been brought up at a recent 'house' meeting and new games were going to be bought. They also told us they had been involved in arts and crafts and enjoyed using adult colouring books. We were told that one person went to the provider's other home to engage in activities there.

Staff told us they were unable to support people with activities in the morning because they also had responsibility to clean the home and cook for people. However, they felt after 1pm they had time to engage with people and support them in undertaking their interests or hobbies.

There had been no formal complaints made about the service since our last inspection. People told us they felt able to speak with staff or the registered manager if they had any worries about living at Stonesby House. They told us staff checked to make sure they were happy. The registered manager told us every person who lived at the home received a copy of the complaints policy.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt the home was well managed. Since our last visit to Stonesby House, the registered manager had been registered to manage another home for the provider as well as Stonesby House. This meant they shared their time between both homes. To support them, a deputy manager role had been created. The deputy manager had been in this role for six months.

The registered manager had only provided formal supervision to the deputy manager once after they had taken on the additional responsibilities. There were no checks in place to make sure the delegated responsibilities had been carried out as required by the provider. We found the deputy manager had not undertaken all of the delegated duties expected of them. This included medication audits, providing staff with supervision meetings and ensuring 'house' meetings took place regularly with people.

We were told 'house' meetings should take place regularly but there had only been two in the last nine months. This meant issues related to the quality of service provided were not identified and addressed. After our visit, the registered manager informed us house meetings would take place once a fortnight. This would give people more opportunities to express their opinions about the service.

We were also concerned that the deputy manager did not have a clear understanding of when to report safeguarding concerns to the local authority if, for example, the registered manager was on annual leave and not available to do this themselves.

After our visit, the registered manager contacted us and informed us they had provided the deputy with additional mentoring and training to support their role. They told us the provider was going to support them and the home by being involved with monthly checks to ensure the home was meeting the standards they wanted, and check lists were being created to assist in this process.

The registered manager told us that despite working in another home they were always available for staff to make contact with them if needed. The deputy manager told us they felt supported by the registered manager.

Whilst we found the premises and equipment safe for people, we saw that two maintenance requests had taken some time to be dealt with. For example, a sink in a person's bedroom had taken over a month to be fixed. We found the front garden and back garden were full of weeds and looked unsightly. We also saw the varnish on both the dining room tables had been damaged due to people painting their nails and removing nail varnish at the tables. In one bedroom, some of the bedroom furniture was in poor repair. We did not see any maintenance plan that showed this was going to be addressed.

After our visit, the registered manager informed us the table tops were going to be repaired and table cloths used to protect the tables. They said they had ordered new bedroom furniture for the bedroom identified as having furniture in poor repair. The registered manager also informed us that the provider was in the process of employing someone who staff could phone to undertake repairs, maintenance and gardening to

ensure requests were undertaken more quickly.

The registered manager was a strong advocate for the individual rights of people who lived in the home. They had a clear set of values they worked to so that people had positive experiences of living at Stonesby House. These included involvement, independence, and respect of people. The staff team also demonstrated these values. People told us they felt the home was managed well.

Staff told us they felt able to go to the registered manager or senior staff on duty if they had any concerns or problems. On the day of our visit a staff meeting had been arranged because staff had shared concerns about the staff rota with the registered manager. The meeting was to discuss these concerns and try to resolve them so that staff felt they were rota'd on duty fairly.

The registered manager was aware of their registration responsibilities and these included notifying the CQC of events that impacted on the lives of people who lived at the home. They had sent us notifications of the DoLS which were in place. There had been no recent safeguarding concerns, falls, or hospital admissions due to injury. They had also sent us the Provider Information Return as required.