

# North East Care Homes Limited

## Stainton Way

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Stainton Way is a care home that was providing personal care to 59 older people and people living with a dementia at the time of the inspection.

People's experience of using this service: Risks to people were monitored and addressed. Medicines were managed safely. People were supported by sufficient numbers of safely recruited staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received effective support with eating and drinking. Staff were supported with regular training, supervision and appraisal.

Staff were exceptionally caring. Without exception people and relatives described how the service had improved people's quality of life. People were valued as individuals and lived as full a life as possible.

People received personalised support. Staff were knowledgeable about how people wanted and needed to be supported. People had access to a wide range of activities that they enjoyed.

A range of quality assurance checks was carried out to monitor and improve standards. We received positive feedback on the management and leadership of the service.

Rating at last inspection: Good (Report published November 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained Good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service had improved to Outstanding.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

# Stainton Way

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector and a specialist advisor in nursing, who specialised in care for older people and people living with a dementia.

Service and service type: Stainton Way 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. The service is divided into two units. One unit supports older people and the other unit supports people living with a dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Stainton Way.

During our inspection we spoke with six people who used the service and eight relatives of people using the

service. People living at the service were not always able to communicate with us verbally. 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 looked at four care plans, 8 medicine administration records (MARs) and handover sheets. We spoke with 17 members of staff, including the registered manager, the deputy manager, two team leaders, six support staff and kitchen and domestic staff. We also spoke with an external professional who was visiting the service. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People and relatives said the service was safe. One person told us, "I feel safe here, more than safe."
- Systems were in place to identify and reduce risks arising out of people's health and social needs. These were regularly reviewed to ensure people were safe.
- The premises and equipment were monitored to ensure they were safe to use. Required test and maintenance certificates were in place.
- Plans were in place to keep people safe in emergency situations. These included monitoring fire safety systems and a business contingency plan.

### Staffing and recruitment

- Staffing levels were regularly reviewed to ensure they were sufficient to provide safe support. Staff told us there were enough staff at the service.
- People and relatives told us there were enough staff at the service, who responded quickly to requests for support. One person said, "They're all over the place making sure we're alright."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included interviewing applicants, obtaining employment histories and carrying out Disclosure and Barring Service checks.

### Using medicines safely

- Medicines were managed safely. Medicine administration records (MARs) contained clear instructions and were completed without errors or gaps. Medicines were safely and securely stored.
- Staff received the training needed to ensure they could safely handle medicines. Regular competence checks were carried out to ensure safe practice was followed.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to raise any concerns they had.
- Where safeguarding issues were raised, records showed action was taken to investigate and respond to them.

### Preventing and controlling infection

- The service had effective systems in place to prevent and control infections. Staff were trained in infection control and demonstrated good practice during the inspection.
- The service had an 'infection control champion' who worked with local infection control external professionals to develop their knowledge and share ideas on best practice.

### Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learnt to help keep people safe. Records showed successful action had been taken to reduce accidents.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they moved into the service to ensure appropriate support was available. This process involved people, relatives and other professionals working with the person to ensure people's needs and choices were respected.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with external professionals to ensure people's health and wellbeing. The involvement of external professionals was clearly recorded in people's care records. External professionals said staff at the service followed professional advice and worked collaboratively.
- People said staff ensured they could access healthcare services whenever they needed. One person said, "They get doctors if I'm feeling unwell, or they come with you to appointments."

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills needed to support people effectively. This was regularly refreshed to ensure it reflected latest best practice. Staff spoke positively about the training they received.
- Newly recruited staff completed the provider's training programme before supporting people without supervision. This included training, reviewing policy and procedures and observing experienced members of staff.
- Staff were supported with regular supervisions and appraisals. Staff said they found these meetings useful and were encouraged to raise any support needs they had.

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

- People's nutritional health was monitored and they received effective support with eating and drinking. Any specialist diets required were given, and staff were knowledgeable about these.
- People and relatives spoke positively about food at the service. Comments from people included, "Food is good, good variety" and, "There's plenty of fruit on the go, and there's always something on the menu I like."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Effective systems were in place to ensure support followed the principles of the MCA. People's consent was recorded. Where people lacked capacity to make decisions, best interest decisions were recorded.
- Applications for DoLS were appropriately made, recorded and monitored.

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

- The premises were adapted for the comfort and convenience of people living there. People's rooms were customised to their personal taste and with their own furniture.
- Communal areas were appropriately signed and decorated to help people living with a dementia move around the building. People had access to communal areas and a secure enclosed garden to enjoy and socialise in.

# 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

People were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- Without exception people spoke very positively about the support they received and said staff were extremely caring. Comments included, "They (staff) are like family to me" and, "I can't think of any improvements they could make. They're all so very kind."
- People said staff went above and beyond to enhance their wellbeing and quality of life. One person told us, "I feel so content. If I'm going to finish my days anywhere I'm happy it's here."
- All the people we spoke with said moving into the service was one of the best decisions they had made and that staff worked hard to make them feel at home. One person said, "I was pleased to come and never disappointed one little bit."
- Without exception relatives we spoke with said people were very well cared for and had received a new lease of life as a result. Comments included "It's knocked 10 years off him" and, "They encourage them to get up and live."
- We received positive feedback from external professionals working with the service. One professional told us, "Of all the homes I visit this is one of the best. Caring and proactive."
- Throughout the inspection we saw countless examples of extremely kind and caring support being delivered. Laughter and enjoyment were a constant backdrop.
- People were valued and treated as individuals. Staff celebrated and promoted people's talents and skills. For example, people interested in art were encouraged to lead art sessions and show off their work.
- Staff worked to promote equality and diversity and ensure everyone living at the service felt valued. For example, the registered manager attended a care home provider forum on LGBT issues. They then asked the speaker from that forum to attend the service to speak with staff and relatives about this.

Respecting and promoting people's privacy, dignity and independence

- Protecting and increasing people's independence was at the heart of the support they received. One person said, "I've had a remarkable change in the last 18 months, I've become more independent."
- People were encouraged and supported to maintain and share their skills and talents, which they told us give them a sense of purpose. People told us about tasks they helped staff with, which they clearly enjoyed doing.
- Relatives spoke very positively about how people were encouraged to be involved with tasks around the home that they found interesting, such as gardening. They described how this had improved people's wellbeing.
- Staff had close and friendly but professional relationships with people. Dignity and respect were embedded in the support people received.

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

- Staff took innovative approaches to ensure people were supported to express themselves. For people who had no family or friends nearby, the service had worked hard to trace friends whom people had often not seen for years to act as advocates. Advocates help to ensure that people's views and preferences are heard.
- Feedback was regularly sought from people and relatives, formally through surveys and informally through interactions with staff.
- The service promoted an open culture that welcomed feedback and suggestions for improvement. Where issues were raised they were quickly addressed and outcomes shared.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning and delivery was person-centred. Care plans contained detailed guidance to staff on the support people wanted and needed, and were regularly reviewed.
- Care plans contained information on people's life history, relationships and events of importance and hobbies and interests. This helped staff to get to know the person as an individual.
- People and relatives told us people were very much in control of the support they received. One relative said, "They involved us but didn't let us take over, it was about his desires and what would make him happy."
- Effective handovers of information took place between staff. This ensured they had the latest updates on people's support needs and preferences and could respond accordingly.
- Staff ensured people could communicate effectively and have their voices heard. Information was made available to people in the most accessible format for them, and we saw staff engaging in effective verbal and non-verbal communication during our visit.
- People were supported to access activities they enjoyed. An activities co-ordinator had designed a programme of activities based on people's hobbies and interests. During the inspection we saw people enjoying a game of bingo and crafts.
- People spoke positively about the activities on offer. Comments included, "The time just passes like that" and, "We have plenty of activities here. Plenty of things I like to do."

Improving care quality in response to complaints or concerns

- Effective systems were in place to investigate and respond to complaints. People and relatives were familiar with the provider's complaints process, and said they would be confident to raise any issues they had.

End of life care and support

- At the time of our inspection nobody was receiving end of life care, but effective systems were in place to provide this if needed. Staff worked collaboratively with external professionals to help people receive this at the service if that was their wish.
- Staff had received a number of highly complimentary thank you letters and cards from relatives of people who had received end of life care at the service. One relative had written, 'I could never repay them (staff) for their love.'

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the leadership provided by the registered manager and deputy manager. One member of staff said, "[Registered manager] is brilliant. There is amazing support from them."
- People and relatives said the registered manager and deputy manager were approachable and that they would be confident to raise any issues they had with them.
- Services that provide health and social care to people are required to inform the us of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A wide-range of quality assurance checks were carried out by the provider and registered manager to monitor and improve standards at the service. Any issues identified were quickly addressed.
- Staff spoke positively about the culture and values of the service. Comments included, "I love it. This is the first job I've been in where every morning I wake up and have never thought I don't want to be here" and, "I love this place. I think it's the best home. It's very homely."
- People and their relatives spoke very positively about the quality of the care staff provided.

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

- Feedback about the quality of the service delivered was sought from people, relatives, staff and external professionals in an annual survey. This had last been completed in 2018 and contained positive feedback on the service.
- Meetings for people, relatives and staff were also held to engage and involve them in the service. These were used to share information and give people an opportunity to raise issues.
- People, relatives and staff told us they felt their opinions were valued and felt able to raise any issues they had. One person said, "They say if there's anything at all we're not happy with to go and tell them."

Continuous learning and improving care; working in partnership with others

- Staff worked in partnership with other agencies and external professionals to improve care at the service. Better Care Fund funding had been used to arrange training with professionals such as speech and language therapists and end of life care practitioners. Staff had recently completed a project with the local infection

control team to reduce urinary tract infections through improved hydration. The success of this project was recognised with an NHS award.