

HC-One Limited

Stoneyford Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

At our last inspection the service was registered as a Nursing Home and rated as requires improvement. The home has since changed the registration to a care home without nursing.

People's experience of using this service:

The service has made improvements since the last inspection in April 2018. There is a new registered manager in post who has a clear strategy and vision for the service and has already started to make change and improve the quality.

The service did not have enough staff to enable them to offer care and support to people with complex needs. The people living at Stoneyford Lodge required two people to support them with personal care and to use the hoist. Although there was senior on duty they were unable to support the staff during medication rounds. Therefore at these times, there were only two members available. This meant that staff were unable to support people adequately and would have been unable to respond to an emergency.

People received kind and caring support from staff who respected their dignity and privacy. They were encouraged to be as independent as possible and staff understood their needs well. Staff were skilled in understanding the needs of people living with dementia and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. There were plans in place which detailed people's likes and dislikes. People and relatives knew how to raise a concern or complaint.

People were protected from the risk of harm and staff had received training in safeguarding and how to protect people from abuse and avoidable harm.

More information is in the full report

Rating at last inspection: The service was last inspected on 24 April 2018 and was rated as requires improvement

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

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? The service was not always Safe.	Requires Improvement ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was Well-Led.	Good ●

Stoneyford Care Home

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:

One inspector carried out the inspection and an expert by experience (ExE) An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had knowledge and experience in dementia care.

Service and service type: Stoneyford care home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service is registered to accommodate 60 people, there were 14 people using the service at the time of our inspection.

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: We inspected on 18 April 2019 and the inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent to us to plan this inspection. We also used the completed Provider Information Return (PIR). This is the information require providers to send us once annually to give us some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with six people who use the service, five relatives, five members of staff, the cook the deputy manager and the registered manager. We also reviewed a range of files including internal audits and environmental risk assessments. We looked at four care plans, four staff files and various internal audit documents where the home monitor the health and safety of the environment and ensure equipment

is maintained and infection control is managed and monitored.

After the inspection the registered manager shared further information of activities people were involved in outside the service such as visits and outings to local places.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There was not sufficient staff to provide safe support. All people using the service required two people to support them with personal care and transferring by hoist. Staff struggled to get people up in the morning and get them ready and dressed for breakfast. Staff were unable to take sufficient breaks and willingly worked through these to ensure that people received the care and support that they needed.
- The registered manager told us that they had a dependency tool to assess staffing requirements. They were aware that care staff were stretched but they had been creative by using maintenance, kitchen staff and domestics to support care staff. This made things easier for care staff at mealtimes but there were still not sufficient trained care staff to be able to provide appropriate support at times which were more demanding. The company call this a 'one team' approach which appeared to work at less demanding times.

Using medicines safely

- Medicines were administered in a safe way.
- Handwritten entries in MAR (medicine administration records) charts not always signed by two members of staff. We raised this with the deputy manager and this was rectified during our visit.
- MAR charts were all signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Staff who gave medication had been assessed as competent and all staff who administered medicine were trained to do so.
- Night staff audit medicines every night to ensure that they have a running total and no mistakes have been made.
- The fridge temperature for storage of medicines requiring refrigeration is taken every morning and written on a chart.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to spot the signs of abuse. The staff that we spoke with said that they wouldn't hesitate to challenge anyone who they felt were not behaving appropriately towards a person and they would also report on to a senior or the registered manager. Staff were aware of the whistle blowing policy.
- One person told us "I feel safe here. The last home I was in there were people wandering in and out of my room. That doesn't happen here." A relative said "If I had any inclination that [name] wasn't safe, they wouldn't be here. They've got all of the safety precautions in place. They tell me if they have any questions or

concerns."

Assessing risk, safety monitoring and management

- Risks were assessed and managed.
- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures in place for staff to follow to keep people safe.
- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- Staff we spoke to knew about people individual risk in detail. We observed them attempting to encourage one person to stand independently but when the person was struggling they went to get a hoist. Staff were very reassuring and didn't make an issue out of the person being unable to stand with a frame. They talked to the person throughout hoisting to put them at ease.

Preventing and controlling infection

- Processes were in place to manage infection control.
- The home was clean, and we observed domestic staff cleaning throughout our visit. There was malodour in one corridor near to a toilet which the registered manager was aware of and attempting to rectify with support from the domestic staff.
- All staff used Personal Protective Equipment (PPE) and we saw them frequently change gloves and aprons.

Learning lessons when things go wrong

- We saw evidence that the manager had a robust quality monitoring and improvement plan in place for all aspects of the service. There was a touchscreen available where people could leave comments either positive or negative which was regularly reviewed, and action taken where necessary.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was regularly reviewed.
- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life. Staff told us that the training was good and helped them to both understand their role and carry out tasks more effectively.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. One relative told us "Staff are flexible and accommodate what [name] wants."
- Staff had completed a comprehensive induction and had regular supervision with a line manager and an annual appraisal. Staff told us that they felt supported in their role.

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

- People were given flexibility and choice when it came to mealtimes. People were offered two options and if they didn't like either, they were asked what they would like to eat.
- When people were at risk of malnutrition or dehydration plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- We saw that there were enough staff on at mealtimes to support with eating and drinking, this included staff from different areas of the home. Staff were happy to help and assist people where necessary and people were given the choice of where they wanted to eat their meals. People told us that the meals were good, and they could have what they wanted.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans. People's relatives had been involved in supporting them to attend these appointments. We saw evidence of positive relationships between management, staff and visiting professionals in records during our visit.

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

- The home was adapted to meet the needs of those living there and there was enough suitable equipment to ensure people were looked after safely.
- People were involved in decisions about the premises and environment. It was a purpose-built environment with wide corridors and open spaces.
- There was signage throughout the home to assist people who were living with dementia to orientate.

- The premises had sufficient amenities such as bathrooms and communal areas to ensure that people were supported well.

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

- There were good relationships in place to ensure that people saw healthcare professional when required.
- One person told us "If I want a doctor, they just sort it out." Another person said "I sat on my glasses and bent them. The optician came and mended them, it only took about a fortnight and I wore my spare pair."

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

- Consent was sought before care and support was provided. 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.
- We checked whether the service was working within the principles of the MCA, The registered manager had made DoL's applications where necessary. Where conditions were recorded on the DoL's that had been granted, we found action had been taken to implement them. This meant that no unnecessary restrictions were placed on people and their rights were protected.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed that people were treated with kindness, dignity and respect. We received feedback from people and relatives which supported this.
- The registered manager told us that they were actively recruiting a diverse staff team with all abilities and, where possible, those with protected characteristics, different cultures and religion. They were keen to be able to offer the service to all and for people to be able to relate to the staff and embrace diversity.
- We observed the registered manager talking to one person saying "Are you okay? You don't seem yourself today, shall we go for a walk outside together?" We then saw them walk outside and sit on a bench together. We observed that the person was quite anxious in the morning. After they had spent some time outside chatting they were much calmer and engaging with people in the afternoon.

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

- People and their families were involved in care planning and invited to express their views in all aspects of their lives. One relative told us "I get emails and they keep updating me, they have been really helpful about the finance and have reassured me, very supportive."
- We saw on a board in the office that one person had recently been admitted and had a DNACPR in place (do not attempt resuscitation). The board stated to cancel this. The registered manager explained that the previous home had put this in place and the person had not been consulted. When they had asked about this, the person said that this was never something they wanted and so the care plan had been updated and all staff were informed.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person showed us equipment they used to move in their bed. They told us "My partner arranged all of the equipment with the registered manager. I couldn't do without it, I like to be as independent as I can. It keeps me mentally able."

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

- People were supported by staff who knew them well and understood their preferences.
- People had care plans which were personalised and detailed. People's communication needs were assessed, and it was clear how information could be shared with them. All information was available in a variety of accessible formats. This showed that the provider understood and met the Accessible Information Standard.
- Activities were planned with people to ensure that they were engaged and interested. The home had a vehicle which they used to take people on outings. We observed people involved in activities throughout the day. They had a wheeled board full of photographs of activities they had been involved in and this could be wheeled to people so that they could look at the photographs and talk about them.
- One staff member told us that they took sandwiches and cake and five people went to Cromford for the day. There were other outings to different places of interest according to what people wanted to do.
- There was a group called Boogie Beats where children were invited into the home and they played music and danced.
- The home has achieved several internal awards for the garden which people can enjoy anytime. This includes Best Memory Care Garden and Best Edible Garden. People told us that they enjoyed the garden especially when the weather is nice.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that they would be listened to.
- The registered manager actively requested feedback from people and their relatives. Complaints and compliments are followed up and there is a touchscreen device available for people to give feedback about the home.
- One relative told us "If [name] doesn't think something is right, they would tell them." We observed one person send a pudding back which was replaced with something else.
- Feedback from relatives and residents is collated and addressed in a 'You said, we did' format. The registered manager was proactive on responding to feedback and was keen to engage with people and relatives to gain an understanding of how they could make improvements.
- People are encouraged to put information into a touchscreen which records and collates feedback positive or negative and this is acted upon appropriately

End of life care and support

- People had care plans for end of life. We looked at support plans and they all had end of life care planning. The plan was quite comprehensive, and some were filled in completely with information from relatives on what the person would like at end of life. Some we saw only had basic details completed and we were told

that not everyone wanted to complete all of the detail until they felt that they were approaching end of life.

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.

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

- The management showed clear evidence of a robust quality monitoring process for the home. Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were committed to providing good quality care to people. The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

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

- Since our last inspection the home had a new registered manager and deputy manager. Both were committed to making improvements within the home and both spent time with staff and people to gain a greater understanding of people's needs and aspirations. The registered manager was keen to support staff and one staff member told us "I have definitely seen improvements with (registered manager) being here, they have worked wonders for the home. When I have time off I really miss the residents and really look forward to coming to work."

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

- The manager is very aware of the importance of understanding equality and diversity and protected characteristics and has reflected this in the staff team.
- At the time of our visit, there wasn't anyone living at the home with protected characteristics, but staff could talk us through what provision they would put in place and how they fully understood different needs.
- People's views on how the service was run were gathered by having regular meetings to discuss the different aspects of the service. People felt that they were listened to and one person said "I go to the meetings, they have them in the little lounge, I say how I feel."

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and keep staff informed of any changes that could effect people's care. Staff attended meetings with the registered manager and were able to air their views. There was also a meeting every morning for department heads, this was as well as the handover and kept all staff informed of any changes to people's needs or anything happening in the home that day.
- Staff received awards for kindness in care, this makes staff feel valued for the work that they do and also the people get to choose who should receive the award.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services required. They had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The registered manager gave the local sheltered housing residents the opportunity to purchase vouchers for Sunday lunch at the home. This reduced the social isolation for those in sheltered accommodation and gave people using the home the chance to chat with new people and enjoy a social activity rather than just a lunchtime. Relatives were also invited to eat with people and enjoy an extended visit which people really valued.
- The home have a good relationship with the local school and invite the children in to do different activities. People told us that they enjoyed the young people coming in and the activities they did, they especially enjoyed the dance and music sessions.