Galleon Care Homes Limited

Stokefield Care Home

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

This inspection took place on 19 January 2017 and was unannounced.

Stokefield Care Home provides care and accommodation for up to 30 older people, some of whom are living with dementia.

There was not a registered manager in place. The new manager was in the process of becoming registered. 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.

At our last inspection we found breaches of regulation. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

People's medicines were administered safely by trained staff. People had access to a variety of healthcare professionals and staff worked alongside them to ensure people's needs were met. Staff had undertaken training specific to the needs of the people that they were supporting.

People were given choices and involved in their care by staff. People were prepared food in line with their preferences and dietary requirements. People could engage in a variety of activities, events and outings. People's cultural and religious needs were catered for by staff.

Staff demonstrated a good understanding of the Mental Capacity Act (2005). In most cases, the correct process was followed when placing restrictions upon people. We recommended that the provider reviews their MCA records to ensure that the correct legal process is always followed.

People were supported by staff that knew them well. Care plans were person centred and contained important information about people's lifestyle, background and preferences. The manager undertook regular audits to ensure records were up to date and clear for staff.
People and staff got along well and caring interactions we observed were mostly positive. We observed one staff member speaking to someone in a way that was not considerate of their needs. We recommended that the provider ensures that all staff are considerate and respectful.

Staff understood their roles in protecting people from abuse. When recruiting staff, checks were undertaken to ensure that they were suitable for their roles. There were sufficient staff present to meet people's needs.

Risks to people were assessed and measures were in place to protect people. Where incidents happened, actions were taken to keep people safe and prevent them from reoccurring.

People lived in an inclusive atmosphere in which they were involved in decisions about their home. Staff encouraged people to be independent and to make choices. The provider regularly sought people's feedback and people were aware of how to make a complaint. Complaints were responded to appropriately by the manager.

Staff felt supported by management and could make suggestions to improve the lives of people living at the home. Staff provided support in a way that promoted people's privacy and dignity.

Plans were in place to support people in the event of an emergency. Regular audits were undertaken to ensure the safety of the premises and equipment.

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.

Staff followed safe medicines management procedures.

There were sufficient staff deployed to meet people's needs.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Is the service effective?

Good

The service was effective.

Staff understood the Mental Capacity Act (2005) and the legal process was followed.

People were supported by staff who were appropriately trained.

Staff knew people's food preferences and people were offered choices appropriate to their dietary requirements.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

Is the service caring?

Good

The service was caring.

Staff provided care in a way that promoted their privacy and dignity.

People were supported by staff who knew them well and got along with them.

There was an inclusive atmosphere at the home and people were involved in decisions about the home

People's religious and cultural needs were met by staff.

Is the service responsive?

Good

People had access to a wide range of activities. People were involved in choosing what they wished to do.

Care plans were person-centred and reflected people's needs and personalities.

Systems were in place to ensure people received regular reviews and staff could identify where people's needs had changed.

Complaints were responded to by the provider.

Is the service well-led?

Good

The service was well-led.

Robust quality assurance measures were in place and where improvements were identified, these were actioned.

The manager created an open culture in which staff could be included in decisions about the home.

People's feedback was gathered and people were given opportunities to contribute to the running of the home.

Stokefield Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 January 2017 and was unannounced.

The inspection was carried out by an inspector, a pharmacy inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

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.

As part of our inspection we spoke to nine people and one relative. We spoke to the manager and four members of staff. We observed how staff cared for people and worked together. We read care plans for seven people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe. One person told us, "Yes I feel safe, I can do what I like." Another person said, "It is very relaxed. Golly gumdrops, I have no concerns about safety." A relative told us, "(Person) is quite safe, I have no anxiety."

At our inspection in July 2015, people's medicines were not being administered safely. Accurate medicine administration records (MARs) were not kept and people's medicines had run out of stock which meant they had missed doses. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people's medicines were managed and administered safely. One person told us, "They never miss giving me my pills." A relative said regarding medicines, "There have been no issues. Communication is very good too." In their PIR, the provider told us that, 'only trained and competency-assessed staff administer medication and regular audits are carried out by the manager and pharmacist.' Our evidence supported this, staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. The provider had introduced robust medicines audits and ensured medicines were overseen by a senior member of staff. MARs were completed with no gaps. Where people had not taken their medicines, the reason why was recorded. People's allergies were clearly recorded on their records to avoid the risk of people receiving medicines that may be harmful. We did note that where visiting healthcare professionals had administered medicines, they had not always recorded that they had done so. Healthcare professionals kept their own records of medicines that they had administered, but in some cases this information was not in people's own records. However, people had received these medicines safely and it is more an issue of reconciling records between visiting professionals and the home. The manager and provider were working with external health care professionals to ensure that the records in the home accurately reflected what medicines had been administered.

We observed medicines being administered. Staff did this safely and respectfully. Best practice was followed and medicines were signed off on the MAR sheet after staff had administered them. Medicines were stored safely in locked cabinets or a medicines fridge where necessary. Medicines records contained photos of people and protocols were in place for most PRN (as required) medicines. These were personalised plans instructing staff when to administer people with PRN medicines. Guidance from healthcare professionals was clearly documented and staff followed these. Audits had picked up some missing PRN protocols. Staff were in the process of updating these at the time of our inspection.

At our inspection in July 2015, the provider had not always carried out appropriate checks to ensure that staff were suitable for their roles. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, safe recruitment practices were followed before new staff were employed. One staff member told us, "They did all the checks before I started." Checks were made to ensure staff were of good

character and suitable for their roles. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

After our last inspection, we recommended that the provider reviewed the way that staff were deployed because in some cases people waited a long time for support. At this inspection, people told us that they could access support quickly. One person told us, "I can't judge. I am never left wanting. Whatever I need is accommodated." Two people did tell us that at times staff seemed stretched, but they did get support when they needed it. Staffing levels had increased since our last inspection and we observed people being supported within a reasonable time throughout the day. At the time of our inspection, the provider had just agreed to further increase staffing numbers and the manager was starting the process of recruiting new staff.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "Always report to a senior or manager. I should also call head office, police or you (CQC)." Records showed training had been attended and refreshed when required. People were provided with information on how to raise any safeguarding concerns. Staff understood who to contact if they suspected that somebody was being harmed. Safeguarding concerns had been raised with the local authority and notifications had been sent to CQC.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. One person told us, "I did have a fall, my fault. They (staff) were very quick to respond." The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person was found on the floor of their room having fallen. Staff supported the person up and checked them for injuries. Following the incident, the person's risk assessment was updated and checks were increased to minimise the risk of another fall.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Information on risks that people may be exposed to was gathered at assessments and reviewed regularly. Where new risks were identified, these were added to people's risk assessments. One person was at risk of developing pressure sores. Staff identified an increased risk because the person's mobility had reduced which meant they spent more time in bed. A risk assessment was completed which identified measures to minimise the risk. The person's skin was checked by staff every day. Prescribed creams applied where they noticed redness. Staff liaised with district nurses regarding this person's skin. The person was repositioned regularly and staff documented when they had done this. The measures in place had ensured that the person's skin integrity was maintained.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required in the event of a fire. The fire alarm system was tested regularly. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to provide effective care. One person told us, "Yes they are (well trained) and yes I have a good quality of life here." Another person said, "I don't need much in the way of care. But, yes they do have good experience."

Staff told us that they undertook mandatory training in areas such as safeguarding, infection control and medicines management. All new staff completed the care certificate. The care certificate is a set of national standards in adult social care. Staff told us that supported them in their roles. One staff member told us, "We get a lot of training. I liked safeguarding training. I feel confident knowing how to protect people." Staff received training specific to the needs of the people that they were supporting. People's needs were discussed in one to one supervision and records showed it was used as an opportunity to share good practice. Some people at the home were living with dementia and staff had undertaken training in this and we observed staff following best practice.

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 so that they can 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 staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager and staff had an understanding of the process and mental capacity assessments were completed before best interests decisions were made. Where restrictions were required an application was made to the local authority. We did note that in two cases best interests decisions were not recorded before DoLS applications were made. The provider took steps following the inspection to review MCA and best interest decisions and put these into place.

People told us that they liked the food that they were served. One person told us, "It is very good. The dining room is well laid out and food is served to everyone promptly. It is nutritious and plentiful." Another person said, "The plates are warm so the food stays nice. We get a glass of wine too, that is down to the new manager. We never used to."

People were provided with meals in line with their dietary requirements and preferences. People's records contained information on what they liked to eat. People were offered a choice at mealtimes and people could request a freshly produced alternative from the kitchen. The provider regularly sought feedback regarding the food and it was discussed at resident's meetings. Kitchen staff were aware of people's

preferences and staff talked to people about what they wished to eat before lunch.

Where people had specific dietary requirements, these were met by staff. One person had difficulties swallowing and was at risk of choking. A speech and language therapist (SALT) recommended that they use thickener in their drinks. However, the person did not like thickener and was not drinking enough fluid. Staff worked with the SALT to find ways the person could drink fluids without thickener. A risk assessment was completed and staff sat with the person when they drank fluids and were observant for signs of choking. Food and fluid charts were completed for people and people were weighed regularly in order for staff to identify any changes in people's weights and appetite to ensure they received access to healthcare professionals.

Staff worked alongside healthcare professionals to ensure that people's health needs were met. One person told us, "Yes they will call the GP if needed." Another person said, "The doctor, optician and chiropodist all come in." In their PIR, the provider told us that people, 'are supported to maintain good health, to have access to health care services and receive ongoing healthcare support in a timely manner.' Our evidence supported this. One person had ongoing support from the district nurses to maintain their skin integrity. Staff monitored the person's skin and fed back to the district nurses when they identified changes. District nurses visited the person regularly to change dressings and administer some medicines. Care records were clear with information added following visits from healthcare professionals. This showed that there was a clear line of communication between staff and visiting professionals.

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "They are very easy going, friendly and cheerful." Another person said, "Very caring. Happy, cheerful and unobtrusive. They're there if you need them." Another person told us, "Lovely. They're cheery, kind, affectionate and very caring."

People were supported by staff that knew them well. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. A staff member told us, "To get to know people I try to chat to them first. I always read the care plans." People's care records contained life histories. One person's record contained a very long and detailed life history with details of their employment which involved travelling. Staff had sat with the person discussing their past and the places that they had been to. This demonstrated that staff took an interest in people and spent time getting to know them well.

People told us that staff always sought consent and involved them in their care. One person told us, "They will tell me what they are doing and ask if it is OK." We observed staff interacting with people in a way that involved them. People were offered choices and staff asked people's consent before providing care. Staff demonstrated a good understanding of how to involve people in their care. One staff member said, "I always have a chat first and ask what they want me to help with and ask consent."

Most caring interactions between people and staff demonstrated that the staff were patient and understanding. However, we did observe one member of staff raise their voice when dealing with someone who had complex needs relating to their dementia. We told the manager and provider at the time and they took immediate steps to address this.

We recommend that the provider ensures that all staff provide care in a compassionate and respectful way at all times.

People told us that staff supported them in a way that promoted their privacy and dignity. One person told us, "I am able to close my door and they knock before they come in." Another person said, "They keep doors closed when I'm in bathroom. They don't raise their voices so other people can hear what is being said." In their PIR, the provider told us, 'Residents dignity and human rights are respected and promoted, they are also assured that all information relating to them is treated confidentially and be respected by staff.' Our evidence supported this. Where people needed support with personal care, we observed staff handling this discreetly and sensitively. Staff demonstrated a good understanding of how to provide care in a way that maintained people's privacy. One staff member told us, "I always shut the curtains and close the door. I make sure people have a towel so they are covered."

People were provided support in a way that promoted their independence. One person told us, "I haven't got to a stage yet where I need encouragement. I am quite able to do whatever I need to or not whichever the case may be." People's care records contained information on what they were able to do themselves. This meant that staff could provide support where it was needed, whilst allowing people to complete tasks

that they were able to. Staff demonstrated a good understanding of how to encourage people to be independent. One staff member told us, "People are able to do a lot for themselves, I always make sure I ask them and I know their strengths."

People lived in an inclusive atmosphere. Minutes of residents meetings showed that people were encouraged to have input into decisions about their home. The dining room had just finished being refurbished at the time of our inspection. People had said they preferred all sitting at one large dinner table so this was arranged by staff. People suggested destinations for outings and contributed ideas for activities which were actioned by staff. Throughout the inspection, we observed people and staff sitting together in communal areas. People were chatting and laughing which created a warm and homely atmosphere.

People's cultural and spiritual needs were met. People were asked about their religion and culture when moving into the home and where people had needs these were met. One person's records said that they were a Christian. They were supported to have tea with friends from their church every week. There was regular communion at the home which people attended.

Good

Is the service responsive?

Our findings

People told us that they had access to a wide range of activities. One person told us, "There are different activities going on every day. There's plenty to get involved in. I go to most things, they circulate a list every week." Another person said, "The activities are very good. I've had a lovely day. We did exercises this morning and we'll going to baking club now. We are very, very lucky." Another person told us, "I prefer my own company. I get involved sometimes but would rather read a book."

People were encouraged to take part in activities that suited their interests and hobbies. Activity timetables were on display in the home. There were games, quizzes, films, visits from entertainers and arts and crafts. Records contained information on people's interests and what types of activities they enjoyed and these were included in the timetable. One person was living with dementia and was not able to fully participate in some activities. Their records stated, 'I like sensory activities like folding materials and feeling their texture.' They also stated that the person enjoyed music and listed their favourite composers. Staff supported the person to take part in sensory activities and listened to music with them. The provider had developed links with a local school and children had visited the home. This was very warmly received by residents, so future visits were being planned. People's feedback on activities was regularly sought and where people had enjoyed them, they were booked again.

After our last inspection, we recommended that the provider reviewed people's care plans to ensure that they were person centred. This was because we identified inconsistencies in the information in people's records which meant staff did not have access to accurate and up to date care plans.

At this inspection, care plans were personalised and information on what was important to people was clear. The provider had carried out an audit of care plans and was introducing new formats to ensure information was clear for staff. Records contained information on what support people needed from staff to meet their needs, as well as their preferences and daily routines. They contained information on what would improve people's wellbeing. One person's records stated, 'I like to rest on my bed after lunch every day.' We observed staff supporting the person to do this. Another person was living with dementia and said certain phrases when they may need support with personal care. This information was clear in their records and staff that we spoke to demonstrated a good understanding of the person's needs.

People received a thorough assessment before coming to the home to ensure that their needs could be met. In their PIR, the provider told us that they carried out thorough assessments by people and relatives, 'contributing to the assessment, planning, implementation and evaluation of their care as much as they are able to.' Our evidence supported this. Assessments captured information about people's needs as well as their backgrounds and lifestyles. People received regular reviews to identify if their needs had changed. People and relatives were involved in assessments and reviews and information from healthcare professionals was sometimes provided to help identify changes. One person had requested smaller portion sizes at a recent review. This information was added to their care plan to ensure staff supported them as they wished.

People told us that they knew how to make a complaint. One person told us, "I've never needed to raise a concern. I'm quite happy with my life here." The complaints policy was visible within the home. Staff told us that they would report complaints to the manager or senior staff. Complaints had been responded to and people were asked if they were satisfied with the outcome. One person had stated that they did not like the sandwiches on offer. This complaint had been responded to and adjustments were made to ensure that food to that person's taste was available.

Good

Is the service well-led?

Our findings

People told us that they felt the home was well-led. One person told us, "The manager has done lots of things to keep us involved and comfortable. They are renovating and there are extra evening activities." Another person said, "The new manager has only been here a short while but is making lots of improvements. They explain to us what is happening." Another person told us, "Since the new manager arrived, staff have been much more relaxed and happy. Everything I have wanted from the service has happened."

At our inspection in July 2015, there was a lack of good governance. Information was inconsistent or missing from care records and systems were not in place to analyse and respond to accidents and incidents in a way that prevented a reoccurrence. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, care records were up to date and information on people's needs was clear. In their PIR, the provider told us that, 'Monthly quality assurance audits of the care planning notes are carried out with all staff aware of where improvements are required.' Our evidence supported this. The provider identified actions to make improvements to records and these had been carried out. An extensive audit of care plans ensured that records were up to date and regular reviews were in place to ensure information in records was current. The manager had introduced a system to analyse accidents and incidents. This meant that patterns and changes in people's needs could be identified and responded to quickly.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The manager carried out regular audits and documented their findings and any actions taken. Audits covered areas such as food, dignity, complaints and care plans as well as the home environment and health and safety. Where actions had been identified these were added to an ongoing improvement plan which recorded actions and when they were to be completed by. A recent audit had identified that staff did not always accurately record what food people had eaten. They also noted that the dining room carpet was stained. The manager reminded staff to accurately complete food records and monitored the records to ensure improvements were made. The dining room was refurbished and people told us that they liked the new style.

People had opportunities to make suggestions and provide feedback on how the home was run. One person told us, "They ask our opinion on things, like the renovations or what they can do to improve things." Regular residents meetings provided people with an opportunity to raise any concerns they had or to make suggestions. People used meetings to make a variety of suggestions, particularly around food, events and activities and staff responded to these by implementing people's requests. The manager sought the feedback of people and relatives annually and made a record of this to try to identify any further improvements that could be made. The most recent feedback contained mostly positive comments. Where people had raised issues these were resolved. A relative had noted one person's room could be cleaned more frequently. This was noted and actioned by staff.

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. At a recent meeting a staff member had noted that in the morning butter could be too hard to spread on toast. Following this, staff got butter out the fridge earlier and spread it on warm toast where people liked their toast this way. This demonstrated an attention to detail from staff and a commitment to improving the lives of people living at the home.

At the time of our inspection, a new manager was in post and was in the process of becoming registered. The manager demonstrated a good understanding of their responsibilities once they became registered.

Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately.