Stone Gables Care Limited

Stone Gables Care Home

Inspection report

Street Lane
Gildersome
LS27 7HR
Tel: 0113 2383035
Website: www.stonegables.co.uk

Date of inspection visit: 13 January 2015
Date of publication: 25/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 13 January 2015 and was unannounced. Stone Gables provides accommodation for up to 38 people who require personal care. The home specialises in both residential and dementia care. People who use the service range from the very independent to totally dependent people. There were 29 people using the service at the time of our visit.

There was a registered manager in post. 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.

There was no evidence that people had been consulted about their care plans or given the opportunity to contribute to them. This breached Regulation 17 (Respecting and involving service users) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

We found processes to keep people safe required improvement because the home did not always have sufficient quantities of appropriately skilled or experienced staff. People could not be assured of a continuity of care at all times because of staff changes. This is a breach of Regulation 22 (Staffing); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Some people did not have documented records around their capacity to consent to care and treatment. This is a breach of Regulation 18 (Consent to care and treatment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The experience of people who used the service was positive. People told us they felt safe, staff were kind, caring and they received good care. They also told us they were aware of the complaints system. People said they felt able to raise concerns they had with the staff or the manager and were confident these would be listened to and acted upon.

We saw that people looked well cared for. We saw staff were caring and respectful of people who used the service. Staff demonstrated that they knew people's individual characters, likes and dislikes. We also saw staff enabled people to be as independent as possible when supporting them with their everyday care needs.

People told us they enjoyed the food and we observed people were offered choice and independence in accessing food and drink. People's nutrition and hydration needs were being met.

We saw that medicines were managed safely at the home. We looked at medication administration records (MAR) which showed people were receiving their medicines when they needed them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service required improvement. This is because some people may experience inconsistent levels of care and support because the home did not always have enough permanent staff. We were told by the registered manager they were recruiting for seven care workers.

It was not always noted in people's files that equipment was needed to ensure their safety and wellbeing e.g. pressure relieving cushions, hoists and mattresses.

The staff we spoke with knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisations whistleblowing policy.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff's supervision meetings were not always taking place as planned to enable them to discuss their roles.

People told us they received appropriate healthcare support. We saw evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals, such as GPs and district nurses in a timely manner.

People told us the food was good and we saw people were provided with appropriate assistance and support to eat their meals.

We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Is the service caring?

Good

The service was caring. People who lived at the home and relatives told us the staff were friendly and kind.

We observed how staff interacted with people who used the service and we saw they were kind and compassionate. It was clear from our observations that the staff knew people well.

We found information about people's life histories and personal preferences in their care plans. However there was little emphasis placed on end of life in the care plans.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People we spoke with told us they were involved in making decisions about their care. However, there was no evidence to show that people had been consulted about their care plans or given the opportunity to contribute to them.

Summary of findings

People told us if they had any concerns they would tell the staff and said they thought they would be sorted out.

People would benefit from an increased variety of activities including some access to the local community.

Is the service well-led?

Requires Improvement

The service was not always well led. There were systems in place to ensure incidents and accidents were recorded and analysed to minimise the risk of reoccurrence. Incidents were notified to the Care Quality Commission as required.

Relatives and staff we spoke with told us the manager and management team at the home were approachable and listened to their views.

There were risks to people who used the service because systems for monitoring quality were not always effective.

Stone Gables 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 checked 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 13 January 2015 and was unannounced.

The inspection was carried out by one adult social care inspector and a specialist advisor in dementia care.

We spent time with people in the communal areas observing daily life including the care and support being delivered. We looked at five people's care records, four recruitment files and four staff training records, as well as records relating to the management of the service. We looked around the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

Before the inspection, we reviewed the information we held about the home and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We spoke with the registered manager about staffing levels. They told us they were short of seven care workers. They said they were in the process of recruiting to these posts which would ensure a full staff team. The home was interviewing for some of the posts on the day of our visit.

We found these vacant posts meant staffing levels were not being consistently maintained. The registered manager stated that during the day they would usually have four staff. One senior health care assistant and three care assistants. This number appeared sufficient to meet the people's basic needs but did not allow for much one to one time, or for people who used the service to go out in the local area. A member of staff told us that sometimes they were short of the homes staffing levels target and agency staff were called on. This showed us the service was having difficulty maintaining staff at the home. People could not be assured of a continuity of care as at all times because of staff changes.

People who used the service told us they felt the care was often being provided by people they didn't know. For example, one person said "I'm fed up of the constant changes with staff who do not know my needs." This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We reviewed five people's files. We found good evidence of completed risk assessments including falls, pressure areas, manual handling and malnutrition. There was also evidence that these had been reviewed regularly by keyworkers of people who used the service.

We noted that in some people's files it was noted that equipment was needed to ensure their safety and wellbeing, for example, pressure relieving cushions, hoists and mattresses. On observation these pieces of equipment were found to be in place and being used appropriately. When we asked staff about the equipment they said they felt confident in using them and that they had received training on moving and handling.

Incident reports were completed and there was good evidence to say that the person's nearest relative had been contacted to advise them of any accident or incident and any injuries the person who used the service may have suffered, for example, after a fall.

We reviewed some handover forms from the past couple of days. These appeared to have good information and the staff told us that these were used regularly to handover information to non-regular staff and also to the oncoming shift.

We observed the housekeepers cleaning the bedrooms and lounges, and the home appeared clean and tidy. The rooms were spacious and equipment had been put away to reduce the likelihood of people tripping and falling.

Medicines for people who used the service were all stored in the medicines room located on the first floor. The door was kept closed and locked when not in use. The medicines trolley was locked and secured when not in use.

The Controlled Drug (CD) register was checked and we found all entries had been signed by two members of staff. There was evidence of stock check balances being recorded and indication of quantities of CDs received from pharmacy. The quantities recorded in the CD register tallied with the amounts of CDs in the CD cupboard.

In the medicines room there was information and guidance for staff, for example; The Handling of Medicines in Social Care guidelines; RCN Sharps Safety; Infection Prevention &Control guidance.

The medicines room was neat, tidy and well organised with files easily accessible to staff when required. Equipment was well maintained and service regularly therefore not putting people at unnecessary risk.

MAR charts checked were seen to be completed fully with no gaps identified. Medicines were dispensed via blister packs received from pharmacy. Bottled and boxed medication had appropriate labelling on boxes and bottles; the dates medicines were opened was recorded.

We observed the senior carer carrying out medication rounds at lunchtime. The staff member took time to explain to people what their medicine was for and offered them a choice of drink to help them swallow their medication. People were given time to take their medicine. Assistance was offered and provided when required.

We looked at the recruitment records for three staff and saw evidence which showed recruitment practices were robust. Each staff member had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safe

Requires Improvement

Is the service safe?

recruitment decisions and prevents unsuitable people from working with vulnerable groups. Each record showed details of the person's application, interview and references which had been sought.

People told us they felt safe. The home had policies and procedures for safeguarding adults and we saw the safeguarding policies were available and accessible to members of staff. Staff understood the safeguarding procedures. They were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice.

We saw evidence the manager had notified the local authority and the Care Quality Commission (CQC) of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

Requires Improvement

Is the service effective?

Our findings

We viewed a sample of care records and saw documentation that showed us people's needs were assessed before they moved into the home. We saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met.

The care record files we reviewed were very full and appeared to have some quite old documentation e.g. fluid and diet intake charts from over eight months ago. This made it harder for us to find the relevant pieces of information.

Some people had 'Do not Attempt Cardio Pulmonary Resuscitation' orders in place. These had been discussed with the staff team and the GPs. However, it was not always documented that these had been discussed with the person's family.

We saw in four people's care records the documents in place for end of life care had not been completed. It would be good practice for all people who used the service to be able to have the opportunity to discuss this and to have their wishes documented in their care plan. Having an end of life care plan in place increases the likelihood that the person's wishes are known and respected at the end of their life.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguarding (DoLS) which applies to care homes. No Deprivation of Liberty Safeguard applications were seen in the care plans. The registered manager confirmed that no applications had been made for anyone in the home.

Some people had clearly documented records around their capacity to consent to medical treatment but others did not. Some of these discussions were recorded but not signed and there was limited evidence to suggest whether the person was made aware of these. This is a breach of Regulation 18 (Consent to care and treatment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were good records in all files around GP and district nurse communication and the staff appeared to have good relationships with them. It was clear that the care staff have a very good knowledge of the people, and documentation showed the staff spotted early signs of possible illness, for example an infection and responding to this quickly.

We reviewed some handover forms from the past couple of days. These showed some good information regarding the needs of people who used the service and the staff told us these were used regularly to handover information to non-regular staff and also to the oncoming shift. This included people's needs in terms of diet and mobility as well as their likes and dislikes

The environment of the home was welcoming and efforts had been made to ensure the lounges felt homely and relaxing. Pictures of meals were used to assist people with dementia to know what they could expect for lunch and tea. Music was playing and we observed some low level activities taking place. For example, sing a long and music for health ball games.

When people were asked if they could go out locally most of them said they had not been out for a long time but some of them said they would like to go to the local shops or pub occasionally. The home manager said that they would like the people to go out and that they would try to facilitate this on occasion but acknowledged that it would be difficult to do this regularly with current staffing levels. One resident said that her husband was in hospital and that she was 'desperate to visit him', but this had not been considered by the staff. When we mentioned the manager said she would try to arrange this.

We saw people were supported to eat sufficient amounts to meet their needs. We observed people eating their meal and saw they were offered choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw people were encouraged to be as independent as possible. For example we saw one person was encouraged to support themselves to eat and when they needed support this was provided.

One relative said, "The food always looks good. They sometimes ask me if I want to stay but I decline." Another said, "They get good home cooking and well looked after."

The home had an advocacy service available; this meant that when required people could access additional support, for example those needing help with making decisions.

Requires Improvement

Is the service effective?

We looked at records which showed staff at the home received training which ensured they had the necessary skills to perform their roles. We saw the staff had attended annual training considered to be mandatory for example, dementia awareness, infection control, fire safety, basic first aid and health and safety.

We spoke with one staff member who told us they had not received regular supervision meetings to enable them to discuss their role. This was discussed with the registered manager who showed us dates of supervision booked for staff in the near future.

Good

Is the service caring?

Our findings

We observed people being treated with respect during the inspection. Interactions between people who lived at the home and staff were warm and positive. Staff were seen to be kind and patient and continually communicated with people. We saw staff responded to non-verbal communication promptly and appropriately. For example we saw one person was unable to communicate their needs verbally and appeared to be restless in their chair. We saw staff talked with them in a comforting and compassionate way and subsequently the person appeared content.

Six people we spoke with said their privacy and dignity was respected. People said when staff were providing personal care, doors were closed and curtains drawn. We observed that this was routine during our observations on the day of the inspection.

We saw people looked well cared for. People were wearing clean clothing and their hair had been brushed or combed. This showed us staff had taken time to support people with their personal appearance. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

When we heard staff talking to one another about the people who lived at the home they were always respectful and appeared to do everything they could to make sure people had what they needed. We also observed care staff and the housekeeper knocking before they entered people's rooms and ensuring they maintained the privacy and dignity of the person.

People we spoke with said they felt comfortable to raise concerns with staff who assisted them. For example one person told us "I am really happy here." "The staff are really good." Staff we spoke with told us they would immediately raise any concerns with their manager and they were confident they would take action to address concerns raised.

Some of the care plans we reviewed included the people's strengths and preferences but others were brief and vague, with little in the way of individualised goals. There were posters on the noticeboards about access to an advocate but we did not see any mention of this being offered to people in their files or care plans.

One person had a 'reminiscence and recall record' in their file, detailing what the person liked and disliked and some of the things they had done in their life. This was positive and other people would benefit from this being completed with them.

There was little emphasis placed on end of life care plans and the individual wishes of the person in regards to this. People's families had not been consulted or involved in helping people who used the service identify their wishes.

The people we spoke with who lived at Stone Gables were complimentary about the care they received from staff. Comments we received included; "The staff are wonderful, very nice people." "They allow me to sleep or stay in bed till I'm ready." "The staff are kind and I get all the help I want and need."

Visitors told us they were always made to feel welcome by staff at any time.

Requires Improvement

Is the service responsive?

Our findings

In the five care files we reviewed we noted that all the people had numerous care plans. These care plans covered all areas of daily living e.g. eating and drinking, mobility, maintaining a safe environment and socialising. Some of the care plans were quite brief and would benefit from more individualised entries. It was noted that some of the care plans included standard statements which were the same in several people's files and did not refer to people's individual needs.

The care plans had all been reviewed every month but the evaluations were again quite brief for example 'the person has been settled and continues to communicate well'.

There was no evidence that the person had been consulted about their care plans or given the opportunity to contribute to them and they had not been signed by the person or their relative.

People we spoke with told us they were involved in making decisions about their care. However they also told us they were not aware of their care plans and could not recall having any input in their reviews. This meant that people had not been involved in their formal care planning or the reviews of their care.

This breached Regulation 17 (Respecting and involving service users) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

There was an activity file which had records of the activity people who used the service had engaged in. These included nail painting, sing-alongs and DVD afternoons. These records appeared to stop mid-October and when we asked the staff they told us that the activity co-ordinator had gone on maternity leave. Staff told us they had continued to try to implement activities and that in the summer they encouraged people to spend time in the garden. People would benefit from an increased variety of activities including some access to the local community.

People we spoke with knew how to make a complaint and who to go to if they had any concerns. We saw people had access to the complaints procedure as this was displayed in the home. The complaints procedure gave details on what a person could expect in terms of timescales for their complaint to be dealt with. We looked at the complaints log and saw the home had investigated them and they being resolved.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was relatively new to the role and had only been registered since December 2014. Staff spoke positively about the registered manager and the changes they had implemented since they took up their post. They said the organisation was now more open and they felt able to raise any concerns and complaints and they were confident they would be actioned. One member of staff told us, "You can talk to the manager about problems you have at work and home." "They work alongside us and see what's going on around the home. "Another said, "They know we are short staff but they are doing something about it."

We spoke with the registered manager who seemed positive about the care the team were able to offer though she did acknowledge that there had been some difficulties in retaining staff. On the day we visited the registered manager and owner were conducting interviews for care assistants.

Observations of interactions between the manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to provide a good quality service for people who lived in the service.

Records showed staff had not received regular individual supervision of their work which would enable them to express any views about the service in a private and formal manner. The manager was aware of this and people were booked into these in the weeks to come.

We saw evidence of a rolling programme of meaningful audit to ensure a reflective and quality approach to care.

Audits carried out by the registered manager included medicines, care plans and infection control. We saw the outcomes of these audits were translated into action to ensure problems were addressed speedily. We saw the registered manager also checked the staff training matrix schedules on a routine basis to make sure they provided accurate and up to date information. We saw the registered manager audited the complaints log and untoward incidents reports on a monthly basis and there was evidence to show the service learnt from incidents and implemented new policies and procedure or changed working practice if appropriate.

The registered manager told us as part of the quality assurance monitoring process the service will send out annual survey questionnaires to people who used the service and their relatives to seek their views and opinions of the care and support they received. The registered manager confirmed the information provided will be collated and an action plan formulated to address any concerns or suggestions made. The registered manager said these would be sent out for April 2015. This showed us the provider wants to obtain the feedback of people who used or were employed by the service.

We saw since taking up post the registered manager had arranged meetings with people who used the service and their relatives to discuss a range of topics including menus, activities, care provision and consent to care and treatment. In addition, we saw a staff meeting was held to ensure all staff were kept up to date with any changes in policies and procedures which might affect the management of the service or the care and treatment people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **We found people had not been consulted about their care plans or given the opportunity to contribute to them.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Some people did not have documented records around their capacity to consent to care and treatment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **We found there were not sufficient numbers of suitably qualified, skilled and experienced people employed.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.