Mr & Mrs J Fieldhouse

Stella House Residential Care Home

Inspection report

Cobblers Lane
Pontefract
West Yorkshire
WF8 2SS

Tel: 01977600247
Website: www.stellahousecarehome.co.uk

Date of inspection visit:
09 October 2018

Date of publication:
30 October 2018

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 9 October 2018 and was unannounced. This meant no-one at the service knew we were planning to visit. At the last inspection in August 2018 the service was rated 'Requires Improvement'.

Stella House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Stella House is registered to provide accommodation and personal care for up to 40 people. There were 36 people living there at the time of our inspection including five people staying on a temporary basis.

There was a registered manager at the service at the time of our inspection. 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.

People told us they felt safe. There were enough staff available to meet people's needs in a timely way and to keep people safe. Procedures for recruiting staff were safe.

Staff understood what it meant to protect people from abuse. They told us they were confident the management team would take any concerns they raised seriously. The registered manager made appropriate referrals to the local safeguarding authority when this was necessary.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

Staff received a range of training which the provider considered to be mandatory. Staff told us they were happy with the training they received and felt it supported them to do their roles. People living at Stella House told us the staff were well trained.

People told us the staff were kind and caring. During this inspection we observed the staff treat people with kindness, dignity and respect.

Staff were supervised and observed regularly by the management team, staff also received an annual appraisal. We saw evidence of this in the staff files in the home.
People were asked for consent before care was provided to them. Where people lacked capacity to make certain decisions for themselves, their care records contained evidence that decisions had been made in their best interests. People were supported to have maximum choice and control over their lives and staff

supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The service worked closely with community health professionals to support people with their health needs. People's care records evidenced they received medical attention when they needed it, to promote their health.

People's needs were assessed when they moved into Stella House and detailed care plans were in place to guide staff in how to care for each person. Care plans were reviewed regularly to make sure people received the correct levels of care and support. Care plans contained details of people's life histories and their likes and dislikes. This assisted staff to provide person centred care.

There were activities taking place at the time of our inspection. We saw details of ongoing activities within and outside the home.

People, their relatives and the staff all spoke highly of the registered manager. Staff told us they could always approach the registered manager if they needed support or if they had any concerns. The registered manager, the deputy managers and the provider completed regular audits of the service to make sure action was taken and lessons learned when things went wrong. This meant systems were in place to support the continuous improvement of the service.

We spoke to the registered manager and provider in relation to the environment. Work had started on purchasing new furniture in the home at the time of inspection. The area manager told us they had plans in place for 2019 to look at replacing carpets and redecoration.

Further information is in the detailed findings below.

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.

Medicines had improved and this supported good practice guidance.

Risks to people's health, safety and welfare were assessed in their care plans.

People told us they felt safe and staff understood how to safeguard people from abuse.

Is the service effective?

Good

The service was effective.

Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards had been completed by the provider. Staff were aware of mental capacity and had completed training in this.

People we spoke with told us they had enough food and drink. We saw evidence to support they were nutritionally balanced and hydrated.

Staff had received appropriate supervisions, training and appraisals.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and kind.

We saw people and their relatives were involved in their care.

We saw privacy and dignity was respected throughout by care staff.

Is the service responsive?

Good

The service was responsive.

Complaints were addressed and recorded according to the homes policy.

We saw activities were person centred and tailored to people's needs.

Care plans were responsive to people's needs.

Is the service well-led?

Good

The service was well led.

The service had an open culture and staff felt valued.

We saw a robust governance process in place to support the home.

We saw people and their relatives could contribute to the running of the home.

Stella House Residential 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 comprehensive inspection took place on 9 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, 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. The expert-by-experience had experience in caring for older people and people living with dementia.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider is sometimes asked to complete a Provider Information Return (PIR). We asked the provider to complete one for this inspection. 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. We 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.

During this inspection we spoke with six people living at Stella House and four of their relatives. We spoke with nine members of staff. This included four care assistants, one team leader, the cook, the area manager, the deputy manager and the registered manager.

We looked at three people's care records, four medication administration records and five staff files. We looked at other records relating to the management of the home and the quality of the service provided. This included quality assurance audits and training and supervision records.

We asked the registered manager to send us a range of documents following the inspection. The documents were all provided within the timescales requested.

We spent time observing the daily life in the service, including the care and support being delivered by staff. We walked around the home and looked in the communal areas, including the bathrooms, the lounges and the dining area. With their permission we also looked in people's bedrooms.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe. One person said, "Yes I'm safe, no worries." Another person said, "Oh yes, I've never seen anything to make me feel insecure." A relative told us, "She's settled, I don't worry about leaving her."

We saw evidence the provider followed robust practices when employing new staff. Background checks were made, including taking references from former employers and contacting the Disclosure and Barring Service (DBS) before new staff commenced working in the home. The DBS is a national agency which holds information about individuals who may be barred from working with vulnerable people. Making these checks helps providers make safer recruitment decisions.
We asked staff about what measures were in place to protect people from abuse in the home. Staff could tell us about signs of potential abuse and what they would do to report this. For example, one member of staff we spoke with told us they knew people very well as they had worked at the service for many years and would be able to identify if a person acted differently to their usual self.

Staff we spoke with knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.

People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, one person was at risk from falling. We saw the service had a care plan to reduce and prevent falls from occurring. This included staff closely observing the person from a short distance away which did not restrict the person's movement. Another person was at risk from developing skin damage as they were cared for mostly in bed. We saw repositioning charts had been implemented and these were completed as required.

We observed staff interacting and supporting people who used the service to move around the home safely. We noted that call bells (used by people if they needed assistance) were answered promptly. We saw rota were in place to ensure sufficient staff were on duty.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs). The team leader told us they used MARs to record when medication had been administered. We checked several MARs for people who were prescribed pain relief 'as and when required' (often referred to as PRN) to assess if the service had detailed protocols for when the medication was to be administered. These were in place and the team leader could explain how they assessed if people were in pain when they could not tell staff verbally. The team leader could describe the signs and symptoms people displayed when PRN medicines for pain relief were needed.

Staff who were responsible for administering medication had received training to update their knowledge and skills in this area. We saw evidence of competency checks and training received in the files we looked at. The competency checks ensured staff were working to expected standards. We observed staff administering

medication to people who used the service. They did this in a safe way that reflected good practice guidance, such as using the MAR to record when the person had taken their medication.

There was a system in place to make sure staff had followed the home's medication procedure. Regular checks had been carried out to make sure medicines were given and recorded correctly, and remaining medication tallied with the stock held. Actions identified from medication audits were recorded on action plans and signed off when completed.

We were told three people were administered their medication covertly (crushed and mixed in liquids or food). The service had followed good practice to ensure family and health care professionals had been involved in best interest meetings to determine the least restrictive way to ensure these people received their medication.

The treatment room was suitable for the safe storage of medication. Relevant records were kept on the temperature of the room and refrigerator. Records were also kept to confirm medication when medications were returned to the supplying chemist.

We saw that records were kept of medicines received and disposed of. Medication was securely stored with additional storage for controlled drugs (CD's), which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked the CD's for two people who used the service and found they were accurately recorded and the medication tallied with the records.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw people had an emergency evacuation plan (PEEPS) in place in their records. Staff we spoke with told us they had received fire instruction and we saw evidence to support this.

The premises were clean and there were no malodours anywhere throughout the building. We spoke to the area manager about the maintenance of the home and the improvement plan in place for 2019. We observed staff wearing personal protective equipment (PPE) such as gloves and aprons. Staff we spoke with told us PPE was available in each person's room where people required personal care.

We saw accident and incidents were reported and acted upon by the staff and the registered manager. We saw evidence of meetings which included any lessons learnt.

Good

Is the service effective?

Our findings

People we spoke with were generally complimentary about the skills of the staff. One person said, "Yes the staff know me very well." Another person said, "Some staff know me better than others." A relative told us, "Yes they look after my [name of person] well. The staff are well trained, I feel."

Throughout our inspection we saw people who used the service could express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time.

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am happy with the training. We do a lot." The training record showed staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, for example: safeguarding, medication, moving and handling, first aid, mental capacity and equality and diversity.

Staff said they received one to one supervision four times a year. Staff had received an annual appraisal. Staff said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included: "We feel supported in our role." And "We are kept informed and involved."

People's care records showed their day to day health needs were being met. People had access to their own GP and other healthcare professionals such as speech and language therapist, district nurses, chiropody and opticians. Staff communicated well to ensure they knew who had been visited by a health professional and about the treatment that had been prescribed. For example, the team leader described how one person was not their 'usual self'. They obtained a urine sample which was sent to the doctors and the doctor confirmed the person had a urine infection. Staff had acted at the first signs of illness and obtained medication to treat the infection the same day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The registered manager told us a of people had an authorised DoLS in place and others were awaiting decisions made by the supervisory body. We looked at three care plans which contained records of MCAs and DoLS applications and best interest meetings. We saw one file contained an authorised DoLS which had two conditions. The team leader explained to us they had been in touch with the supervisory body as one of the conditions was not being met. This showed staff acted within the legal framework to inform the supervisory body about the condition and they contacted the family member of the person to discuss the reason for not meeting the condition.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told all staff had received training in the principles associated with the MCA and DoLS. Staff knew who had a DoLS in place; however, they could not tell us if people had any conditions attached to the DoLS. We spoke to the registered manager who was going to look at more training for staff.

People had a good, well-balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences, we saw staff showing the person the food choices on offer so they could choose their preferred meal.

We saw menus offered variety and provided a well-balanced diet for people. We saw the menus were put together using feedback from people about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. Where people did not communicate verbally, their plans also included information about what they liked and did not like to eat and drink. This had been built up from what people had indicated they enjoyed through staff observations of people's reactions to different food and drinks, and information from people's families.

The cook was fully aware who needed additional supplements to boost their calorific input. They told us how they added butter and full cream in cooking. They also knew people who had specific dietary needs such as diabetic and food allergies. For example, one person was a vegetarian and the cook told us how specific food had been bought to meet the person's nutritional needs. The cook said, "We also put chilli flakes on their savoury meals as the person's family told staff their family member used to use the flakes at home to spice up their meals."

Good

Is the service caring?

Our findings

People who used the service said they were assisted to maintain their independence and were treated with dignity and respect. One person told us, "I am treated very well and yes they do respect me and my privacy." Another person said, "They encourage me to do what I can for myself, but are there to help me if I need it and I do sometimes." A relative said, "They speak nicely and treat [name of person] with the utmost of respect. I have never seen anything to make me worried."

We found staff spoke to people with understanding, warmth and respect, and considered people's privacy and dignity. We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while respecting what they wanted. We saw staff enabled them to be as independent as possible while providing support and assistance where required.

People's spiritual needs were met. For example, we saw staff had organised for prayers to be written in one person's first language. The activity coordinator told us the person's religious beliefs were very important to them. They said, "We worked with family and used other resources such as language line and the internet to ensure [the person] had prayers which were in their first language." This clearly shows the service had gone 'the extra mile' in supporting this person.

Relatives could visit as and when they wanted and we spoke with two relatives who arrived whilst we were there. They were welcomed by staff who asked them if they wanted a drink. The relative reported being very happy with the service and current staff.

We looked at care records which showed people had been involved in planning their care and support. A person who used the service told us, "I do what I want and I tell them if I am not happy with something." A relative told us they were involved in identifying the care needs their family member wanted and any ongoing reviews of care.

Staff told us people's diverse needs in respect of the nine protected characteristics of the Equality Act 2010; and age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home could meet the needs of people they were planning to admit to the home. Staff said introductory visits and meetings were arranged to make sure people were compatible and gave opportunity for people to get to know each other and also to meet staff

Care plans we looked at included assessments of people's care and support needs and a plan of care. These gave information about the person's assessed and ongoing needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. We saw care plans were reviewed monthly and also updated as people's needs changed.

We looked at what the registered provider was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place.

We looked at one person's care plan and found clear evidence the service had considered the persons communication needs. The person's first language was not English. Staff had gone the extra mile to ensure pictures were available which were written in their first language with broken down words, so staff could pronounce words and help the person communicate their needs. The activity coordinator had translated the activity plan into the person's first language so they could choose to join in activities they were interested in and help prevent social isolation. We saw in one person's care plan EOL had been discussed with the person and relative.

We found staff communicated well to ensure important information was shared prior to the commencement of each shift. We observed a handover between the morning staff and staff working in the afternoon. Each person living at the service was discussed. The information was concise and prepared staff for their shift. For example, the team leader told the afternoon staff who had been seen that day by the district nurse, doctor, occupational therapist and other visiting professionals. They also informed staff about how people were presenting, including their health and wellbeing. Staff also knew who needed additional fluids and food to meet the nutritional and hydration needs.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; trips out into the community (planned), arts and crafts and bingo. People were actively encouraged to visit family and receive visits from family. Relatives we spoke with told us they were always made welcome. On the day of inspection, we saw the activity coordinator and staff supporting people on one to one activities from chatting in people's rooms to jigsaws in the lounge area.

We saw the complaint's policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns.

Staff knew how to respond to complaints and understood the complaint's procedure. They said they would always try to resolve matters verbally with people who raised concerns, and were also aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

The service had six received complaints and these were dealt with according to the providers policy. A relative we spoke with said they had made a complaint previously and this had been dealt with appropriately and they were satisfied with the outcome.

Good

Is the service well-led?

Our findings

There was a registered manager employed at Stella House. During this inspection we observed the registered manager was available and visible to staff, to people living at Stella House and to their relatives. Staff said the registered manager was very supportive and approachable. Comments included, "If I had any worries I could go to the manager or area manager", "[The registered manager] is really good" and "The [registered] manager is good she is very supportive."

Staff told us the staff team worked very well together. Comments included, "I enjoy working here. You can talk to the (registered) manager, or any of the team, it is a good team", "You are never afraid to ask anything. They are very supportive" and "I like working here." It was clear from our observations that the staff enjoyed their jobs and their morale was positive.

The registered manager and area manager monitored the quality of the service and acted when issues were identified. Each month they completed a wide range of checks on the service. For example, they reviewed people's weights to look for any signs of weight loss and enable immediate action to be taken. This meant they could be assured people were receiving the care they needed. They also audited a sample of care plans every month and completed a detailed audit of the medication administration system.

Where audits identified something could be improved, the registered manager and area manager created an action plan and appointed a person to take responsibility for implementing the actions within a required timescale. They then checked the identified actions had been completed. It was clear who was responsible for making the necessary improvements and there was a clear process for ensuring the audits helped to drive improvements to the quality of the service. The provider also checked all audits were completed every month in accordance with their quality assurance framework.

The registered manager used various methods to obtain feedback about the home from people who lived there, their relatives and staff. The registered manager sent questionnaires to people and their relatives. One response said, 'Throughout my stay I have found all members of the staff, team leaders and management to be kind, caring and efficient in all my dealings with'. We observed information displayed in the entrance to the home about actions the provider had taken following the last questionnaires. This showed the registered manager used the feedback received to making positive changes to the service.

Staff meetings took place where the registered manager raised any issues with staff about the home or the care provided. Staff were also given opportunity to provide feedback about the service in these meetings. Staff told us they felt these were valuable.

We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. The registered manager and staff were keen to deliver a person-centred service to people living in the home and to achieve good outcomes for people.

The service worked well with other agencies such as the local authority, GP and the infection control team.

The service had three outbreaks of infectious outbreaks over the last 12 months. These were reported to CQC, Public Health and contact with the infection prevention control team for guidance and updates. The consideration of feedback from other agencies supported the service to drive improvements to their service.