Stoneleigh Residential Care Home Limited

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Inspection report

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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

Summary of findings

Overall summary

Stoneleigh residential care home provides accommodation and personal care for up to 25 older people. It does not provide nursing care.

We inspected this service on the 23, 25 and 26 May 2016. This was an unannounced inspection. At our last inspection in January 2015 we found people did not have adequate risk assessments that identified risk relating to moving and handling and individual behavioural needs. During this inspection we found improvements in assessing risks had not been made. People were still at risk of unsafe care due to lack of risk assessments relating to moving and handling, skin ulcerations and choking.

At the time of this inspection there were 23 people living at the home. Stoneleigh Residential care home had 25 bedrooms, some with en-suites, over two floors. There were two lounge areas an entrance hall, dining area and upstairs offices. There is a front and rear garden. The rear garden has an outdoor seating area with table and chairs.

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.

People felt the home was safe although people did not always receive their medicines safely. Care plans did not have detailed risk assessments and guidelines for staff to follow where people could be at risk. Staff did not always have appropriate checks in place prior to commencing their employment. Staff had received safeguarding training and knew how to raise any concerns.

People who were unable to consent to care and treatment did not have completed assessments and best interest decisions paperwork in place.

People were supported by adequate staffing levels and by staff who felt well supported. Staff had received training and people were happy with the care and felt staff were kind and caring. Staff knew people well and people's care plan's identified people's likes and dislikes.

People did not always have up to date care plans when their needs changed. People were supported to attend appointments and had referrals made to appropriate health professionals when required. Records were not always accurate to reflect people received their care in a safe way.

People were supported to access the local park and relatives were able to visit as often as they liked. People, relatives, staff and health professional's views on the service were sought so that improvements could be made. People and their relatives felt happy to raise a complaint and the service had a compliments book so positive feedback could be gained.

People lived in a well maintained, clean and tidy home and fresh fruit was available in communal areas. People were encouraged to maintain links with the local community
and could visit the local café in the park and have free hot drinks and cake with their family.

The home's quality assurance system was ineffective at identifying areas of concern found during this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

The service was not always safe.

People's medicines were not always safely managed.

People did not have detailed care plans and risk assessments in relation to their care and safety.

Recruitment procedures did not ensure people were supported by staff who had adequate checks prior to commencing their employment.

People felt the service was safe. Staff had received training and knew who to contact should they have any concerns about people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

People's mental capacity was not always assessed in accordance with current legislation.

People could be at risk of not having their nutritional needs met due to poor record keeping.

People were supported by staff who received regular supervision and training.

Is the service caring?

Good

The service was caring.

People were happy with the care they received and felt staff were kind and caring.

People were encouraged to maintain relationships with friends and family by visits and phone calls.

People were supported by staff who promoted people's independence to access the community and make hot drinks themselves.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People felt involved in their care planning and able to say what they wanted although care plans did not always reflect people's change or need.

People felt able to make a complaint should they need to and compliments were sought from visitors.

People were supported in activities of their choice and care plans reflected people's likes and dislikes.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems were not effective at identifying shortfalls found during this inspection.

People were supported by staff who felt well supported and happy.

There was a system in place to ensure, people, relatives and professionals had their views sought.

Stoneleigh Residential Care Home Limited

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 was an unannounced inspection that took place on the 23, 25 and 26 May 2016. It was carried out by one inspector on all three days and a specialist professional advisor nurse on the 25 May 2016.

We spoke with 12 of the 23 people living at the home and three relatives about the quality of the care and support provided. We spoke with the acting manager, the registered manager and five staff.

We looked at four people's care records and documentation in relation to the management of the home. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe.

At our previous inspection on the 15 and 20 January 2015 we found people did not have adequate risk assessments that identified risk relating to moving and handling and individual behavioural needs.

During this inspection we found improvements had not been made. For example people's care plans did not always provide staff with a description of identified risks and specific guidelines on how people should be supported in relation to that risk. One person had been identified by health care professionals as being at risk of their skin ulcerating and choking. The person had a hospital bed with specialised equipment to prevent their feet from touching the base of the bed. Slide sheets were in place for staff to use to manoeuvre the person safely up and down the bed. They also required their food to be modified to a mashed consistency. This was following a speech and language therapy assessment. They also required their skin monitoring and postural changes due to the risk of skin ulcerations. Their care records had no support plan or risk assessments that identified these risks or how staff should support them with these care needs.

Another person who had developed three skin ulcerations in December 2015 was also at risk of their skin developing ulcerations in the future. A health care professional had recommended the person should be encouraged to go to bed in the afternoon. They were also at risk of choking and required their food to be modified to a mashed consistency. Their care plan had no support plan or risk assessment that identified the risks to this person's skin or risk of choking. There was also no daily monitoring record that recorded the health of the person's skin or if they had been encouraged to rest as recommended by the health care professional. Another person who required support from staff with specialist standing equipment had no support plan or risk assessments that identified the risks or that detailed how staff should support them safely with their equipment and mobility.

People could be at risk of not receiving adequate support in an emergency due to people's individual fire evacuation plan's not reflecting what individual support or equipment the person would need. For example one person's emergency plan confirmed the person required 'full assistance with any evacuation' and 'maximum support' but it did not reflect that the person would be unable to leave the room themselves and had no confirmation on the person's communication needs. This meant in an emergency situation people might not receive adequate support to enable them to leave their room and building safely. We raised this with the registered manager and manager who confirmed they would review all personal evacuation plans.

People did not always receive their medicines safely as medicines were left for people to take but record's confirmed the person had taken them. People told us, "They leave them ready on the tray for me. They know I will take them" and "They leave them in a pot for me to take. They trust me to take my own tablets. When the pot is empty they know". During the inspection at 14:32pm we found one person had a tablet in a pot on their bedroom tray. We asked the person if the medicines was left from this am, and what it was. They told us, "Yes. It is a [Name of medicines]". We asked if this was normal practice, the person told us, "[Name] leaves them in a pot".

We checked the record for administering this medicine on the Medication Administration Records (MAR)s. The medicines had been signed as administered and taken by the person that morning. This record did not reflect that the tablet had been left for the person to take. We fed this back to the registered manager and manager who confirmed they would review the practice for administering medicines.

We also found medicines, which had been returned to the pharmacy, when no longer required had not been recorded as returned. It is important to keep an accurate record of medicines in stock so all medicines can be accounted for. We raised this with the registered manager and manager who confirmed they would review this practice.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff who administered medicines had received training in how to administer medicines. Staff practice was to walk from the medicines room to the person. This often meant walking around the building to administer the person's medicines. The member of staff had no picture identification on them to formally identify the person they were administering the medicines to. This is important as it ensures the medicines are administered to the correct person. Whilst administering medicines staff had no visual tabard that identified do not disturb which is important as mistakes can occur when staff administering medicines are interrupted.

Medicines that required refrigeration had daily temperature checks completed and recorded.

People were not supported by staff who had checks completed on their suitability to work with vulnerable adults prior to starting their employment. The provider had obtained references and proof of identification but criminal records checks were not in place prior to two staff's starting date. One staff member had worked one shift shadowing another member of staff and the other staff member had worked a total of 16 hours. The manager was unable to confirm what work the member of staff had undertaken during this period. There was also no risk assessment in place with how the provider was managing the risks. A risk assessment identifies the risk and confirms the arrangements in place to minimise the risk. We fed this back to the manager who confirmed all staff would now have thorough checks completed prior to staff commencing their employment.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People felt supported by adequate staffing numbers to meet their needs. People told us there was enough staff but at peak times when staff were busy they might have to wait. The manager confirmed there were normally three care staff, a deputy and themselves on duty each day. During the inspection bells were answered quickly and we did not observe people waiting for support or assistance. When additional activities were planned they confirmed that additional staff would be brought in to work that day. Rotas confirmed this. Staff also felt the service was busy at times. One staff member told us, "Very busy here, bells do get answered quite quickly".

People felt safe. One person told us, "Yes I am safe". We asked another person why they felt safe. They told us, "Lots of people around and safety doors". Staff had received training in safeguarding adults and were able to demonstrate their understanding of abuse and what they should do if they had any concerns. One member of staff told us, "I look out for signs that they might be upset and crying. There are different types, financial, neglect, sexual and I would go to care connect or The Care Quality Commission if I had any

concerns".

People lived in a well maintained, clean and tidy home. There were certificates relating to gas and electrical appliance testing in place. Visitors had their identification checked and were asked to sign the visitors book in the reception area. There was a fingerprint recognition security entry system in place that allowed regular visitors, family, staff and people to come and go freely.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective.

People's consent to care and treatment was not being sought in line with legislation. The Mental Capacity Act (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.

Two people's care plans did not reflect the person's mental capacity or best interest decision's made on their behalf. For example one person was unable to make decisions relating to all aspects of their care and treatment as they were living with dementia. No mental capacity assessment had been undertaken that identified the person lacked capacity. They required full support from staff with their personal care, nutrition and hydration, medication, skin integrity and medical appointments. There was no information as to what decisions had been made or who had been involved. Another person had a partly filled in mental capacity assessment that identified the person lacked capacity but there was no further information as to what decisions had been made or who had been involved. We raised this with the manager who confirmed they would take action to address this.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People can only be deprived of their liberty to 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 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. At the time of our inspection no one had restrictions placed upon them which might be a deprivation of their liberty.

People could be at risk of unsafe health care and treatment due to inaccurate records. Records failed to record people's daily intake of food and fluids and monthly weight checks. For example, one person required full assistance from staff to eat their meals and have drinks. Over the three days of the inspection we found that their daily intake records were not accurately reflecting what the person had eaten or drank each day. The daily intake record for the first day had no record of how much the person had eaten for lunch or the amount of fluids they had drank. The second day their daily record had one drink recorded as 250mls but all others had no quantity recorded. There was also no record of how much the person had eaten for tea. The third day's daily intake record confirmed each drink as the quantity but there was no breakfast recorded at 11:45, we asked the member of staff if the person had eaten any breakfast they were unable to confirm if they had or what they had eaten. We asked for copies of the person's daily intake records prior to the days of our inspection. The five records we were given also had no quantity recorded for fluids.

We also found this person had no record of their weight even though their electronic care plan stated 'carers should be vigilant to significant weight changes'. The manager confirmed the district nurses were monitoring the person's weight. Records confirmed this. We found the person's electronic care plan had no recorded weights since June 2015. We reviewed two other electronic care plans. One person had all weights recorded in their care plan the other person had no record of any weights being recorded since December 2015. We raised this with the manager who found paper records that confirmed the person had been weighed in February 2016 but that this had not been entered into the person's electronic care plan. The lack of effective up to date records meant that we could not be assured that people's care and treatment was always appropriate to meet their needs consistently and safely.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People had a choice of meals and when they had them. All people told us how nice the food was. They said, "Jolly good food", "Food is very good" and "Meals are nice". Bowls of fresh fruit were placed in communal areas of the home. Jugs of three different squashes were also available in the lounge. People were offered hot and cold drinks throughout the day along with a variety of biscuits. The menu was displayed in the dining area which was updated each day with the lunch options. The chef knew people's individual requirements and if people needed their diet mashed or liquidised. For example, some people required a higher calorie diet with milk, cheese and butter added to their meals and no sugar to be added. The chef was able to confirm those who required their diets modifying and this was confirmed by the chef's records.

People were supported by staff who received regular supervision. Supervisions were held every three months. Staff told us they felt supported and they received enough supervision. Staff told us, "I go to [Name] and [Name] and the owner is always around and they always ask how I am getting on, It's very supportive. [Name] has done supervision". Another member of staff said "I get regular supervision". Staff had an annual appraisal. The manager confirmed these had been planned in over the next few months; records confirmed this.

People were supported by staff who had received training. Staff had receiving training in moving and handling, managing medicines, fire training, safeguarding adults and supporting people with dementia. Staff felt happy with the training and that they had access to enough training to enable them to undertake their role. They told us, "I have undertaken moving and handling training, person centered care, safeguarding adults" and "I have had all the training, first aid, moving and handling, food hygiene, safeguarding adults. It is very good here".

People were support by staff who used differing approaches depending on how people communicated. For example, some people required staff to speak clearly. Staff adjusted their tone and pitch depending on who they were speaking to and also kneeled next to people so that they could be easily seen and heard.

People were support to attend appointments when required. For example, Chiropody and optician appointments. One relative confirmed how the service had support their loved one to access appointments when required. They told us, "My [relative] has seen the GP and others whilst living here. They are very good". The persons' care plan confirmed this arrangement. District nursing records confirmed people were visited regularly. Other health care professionals people were supported with were speech and language, physiotherapists and occupational therapists.

Good

Is the service caring?

Our findings

The service was caring.

People felt happy at the home and said staff treated them with kindness and were caring. They told us, "Very good here", "Carers are very nice", "Staff are good", "Very good and very helpful" and "Care staff are lovely, I am happy here". Relatives told us, "Very good here" and "Very good and very friendly. Staff are always pleasant".

People felt supported by staff who treated them with dignity and respect. When we asked people if staff treated them with dignity and respect they told us, "Yes", "Yes they do" and "Yes they do". One staff member told us how they provided dignity and respect. They said, "I get down to their level when I am talking to people. I shut curtains and doors to give people respect". Staff knocked on people's doors and waited for a response before they entered. We also observed staff talking to people in a calm and respectful manner.

People's care plan's confirmed if the person had any wishes relating to their equality and diversity. For example people's care plans identified their religious beliefs and what arrangements were in place to enable them to practice them. Staff knew people's religious needs well and were able to demonstrate their understanding of equality and diversity. One member of staff told us, "I treat people with respect and recognised that not all people celebrate their birthday". They went on to say that some people are supported to attend church due to their beliefs and that people are diverse and individual and that is what they respect. Another member of staff told us how they support people in the home with their religion, "Some wish to go to church and on other occasions they will stay at home, it is there choice we help them to go if they need it". Another member of staff told us, "We support [Name] to go to church and [Name] with holy communion".

People felt able to make decisions and choices about their care and support. We asked people if they had choice and felt able to choose the care they received. They told us, "They are very good here, they do what I want", "Yes the care is what I want. I like to shower every day and that is what I get" and "I like my head massaged it is very therapeutic for me. Staff do this for me". People's care plans had details about their likes and dislikes. For example, what foods they liked. One person told us "I don't like fish". This was confirmed in their care plan. Other examples were people's favourite music and TV programmes, people's chosen bedtime routine and the time they liked to get up.

People were encouraged to remain independent. For example, people were encouraged to walk across to the park with their family or friends and have coffee in the café. The local café was also owned by the Stoneleigh provider. People were able to come and go as they pleased and get up when they wanted. People could make their own hot drinks in their room should they wish. One person told us, "I have the kettle and can make a hot drink if I have family here or need to make myself one. Staff will always give me some milk".

People were supported to maintain relationships. People told us, "My son and wife come in most days. They

can visit whenever they like" and "My daughter visits twice a week". Relatives told us how they were able to visit any time. They told us, "I visit about twice a week" and "We visit once a week, always welcome". Some people had a mobile phone or landline in their rooms. This allowed people to remain in contact in between friends and family visiting.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive.

People felt able to participate in their care planning. They told us, "I choose the care that I want" and "I get the care I want". Relatives were happy and felt involved in changes to people's care. One relative told us, "They always keep me up to date, and I only have to ask at other times". People's care plans were personalised but did not always reflect changes to people's support needs. For example, care plans contained personalised information about the person's education, home life, work and hobbies and other interests. But did not always reflect changes to people's mobility and health needs. One person was being cared for in bed. This was confirmed by care staff however their care plan had not been updated to reflect this change. Another person's care plan had not been updated following advice from the district nurses where they required encouragement to go to bed in the afternoon. This meant changes to people's support needs were not always reflected within their care plan.

People who were supported by staff with checks during the day and night did not have accurate and contemporaneous records. For example one person's care plan identified they required checking at night every two hours. Their daily notes had one entry completed for the night time support but there was no record that they had been checked every two hours. Another person required support with their repositioning regularly throughout the day. We found no completed repositioning chart that confirmed the person's position had changed, how often or by who. This meant records could not confirm people had received safe care and treatment.

Relatives felt involved in the assessment process and had an opportunity to comment on their family members care. They told us, "We get regular updates and can comment on any changes" and "I can always speak to the manager or deputy. They involved me in the overall care and I can always raise anything I feel I need to". One person confirmed how important it was that their relatives visited and that they were involved daily with their care.

People and relatives felt able to make a complaint and the home had a complaints policy. People told us, "I have complained once since being here. But not recently. I am happy to raise any concerns", "I have no reason to complain" and "I can't fault them". One relative told us, "I would say if something was wrong, they're pretty good". One complaint had been raised since our last inspection. This had been investigated and actions taken to prevent similar situations occurring. People and visitors were able to leave compliments in a book by the entrance hall. The manager confirmed this book was new but they had already received one compliment about how friendly and caring the staff had been.

People had access to a range of activities. For example, daily planned activities included; bingo, watching films, listening to music, exercises to music, board games, hand massages, reminiscing, jigsaws and hairdressing. People had recently been visited by staff from the local museum. They brought 'memory boxes' which included local photos, cook books, and utensils. The manager confirmed how much fun it had been for people. People were visited regularly by a group of local school children who undertook painting,

making cards and other art type activities with people.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led.

The home was managed by a registered manager who was also the provider. They were supported by a acting manager and a deputy manager.

Audits were not effectively identifying areas of concern so that improvements could be made. For example, during this inspection we found two mental capacity assessments where people lacked capacity to make decisions about their care and treatment had not been completed. Two people were at risk of skin ulcerations, choking or required support and assistance with their mobility care plans did not have detailed risk assessments and support plans in place. Another person required support and assistance with their mobility did not have a detailed risk assessment or support plan in place. Records relating to people's weights and daily nutritional intake were not accurately and contemporaneously completed and two staff did not have satisfactory employment checks in place.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

All staff, people and relatives felt the management were accessible and approachable. Staff told us, "Yes, I feel well supported" and "They are really approachable and I can speak to them. Yes". People told us, "The manager is always around" and "I see [Name] most days". One relative told us, "I know where they are if I need to see them".

Staff felt happy working at Stoneleigh and had regular staff meetings. These were held every 12 weeks in between staff supervisions. Staff meetings allowed employees an opportunity to raise any issues or concerns. One staff member told us, "We have staff meetings every two to three months. We have quite a few in a year. It's a good time to speak about things". Staff also told us, "It is really homely here. Good team work, it means a lot to work in a good team, It is very friendly and I am happy" and "I feel it is really very homely".

The provider had started a staff recognition award. Staff were encouraged to put colleagues forward for making a difference. The manager confirmed this was new and had only recently started. The staff member who had won the award had their picture displayed in the dining area of the home.

The registered manager confirmed the vision for the service included improvements to the premises. Two additional rooms and offices had recently been built. They told us the plans for the future included building a glass walk way. This was so the first floor would be connected at each end of the building instead of having to use the stair case at each end. This was also confirmed by the provider's information return and the business plan for the future.

People had their views sought on the care they received. Questionnaires completed in January 2016 gained

views on the meals provided. In March 2016 views had been sought regarding how clean the home was. Comments included, "Very good food, it's lovely and "Very Satisfied". Some comments were suggestions on how improvements could be made. Suggestions included, "Evening meal rather early" and "Mash potato and cabbage cold". The manager confirmed the action they had taken following these suggestions. Improvements included, plates being heated prior to the food being served and people to be reminded they have choice.

The provider sought views from staff and health professionals. Questionnaires had been sent to a variety of external professionals but only one had been returned. The response received was positive. The recent staff questionnaire included asking staff if the service was safe and caring. The manager confirmed that staff had an option to choose which survey they wished to complete. Two caring surveys had been completed and three safe surveys. Due to only having five staff respond the service was unable to demonstrate that the views sought were shared by other staff. We fed this back to the registered manager who confirmed they would review the questionnaires sent to staff.

People were encouraged to maintain links with the local community. The registered manager confirmed how people and family members could visit the local café in the park and have free hot drinks and cake. The local bowls club has a trophy named 'Stoneleigh Residential care home'. People at the home were encouraged to present this trophy. Local school children visited the home and had undertaken crafts including bracelet making and cross stich. The home also benefited from a local singer visiting that the manager confirmed people really enjoy singing along to the guitar sessions.

Prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service. We checked these details were accurate during the inspection. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not following the Mental Capacity Act where people lacked capacity to make decisions about their care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not ensuring people had accurate and contemporaneous notes relating to their care and treatment. Audits did not identify areas of concerns found during this inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider was not ensuring people were supported by staff who had suitable checks completed prior to starting their employment.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving unsafe or inappropriate care as they had not undertaken risk assessments relating to people's care needs.

The enforcement action we took:

Warning notice