

Seth Homes Limited

Stoneacre Lodge Residential Home

Inspection report

High Street
Dunsville
Doncaster
South Yorkshire
DN7 4BS

Tel: 01302882148

Website: www.stoneacrelodge.com

Date of inspection visit:

30 September 2020

01 October 2020

05 October 2020

Date of publication:

27 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stoneacre Lodge is a care home situated in Dunsville, Doncaster. The care home is registered to accommodate up to 31 people in one adapted building. The service is provided by Seth Homes Limited. At the time of the inspection the home was providing residential care for 22 people.

People's experience of using this service and what we found

Improvements had been made since our last inspection which took place in September 2019. We found safer staff recruitment procedures were in place. Also, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff gave us positive feedback about the home. One person said, "I like living here. Oh yes, they [staff] look after me well. They [staff] are very nice." Relatives felt their family members were kept safe and well cared for, with staff being very caring and friendly. A relative said, "Everyone is treated with the same with compassion. The staff are very understanding, what I like is the staff are not judgemental." Management and senior staff were highly spoken of and we were told they were "responsive and professional."

The service was person centred and risks were well managed. For example, people's medicines were managed safely, and risk assessments were in place to help keep people free from harm. Staff received training in moving and handling techniques for assisting people safely. A relative told us, "The staff definitely know what [name] likes. They know them by name and nature."

Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns. Relatives told us they felt their family member was safe at the home. A relative told us, "I feel my mother is very safe in the home, she has been there for three years. They [staff] keep me in the loop with everything."

Positive changes to the environment and in the infection prevention and control procedures were seen. There were sufficient staff available to meet people's needs and to socially engage with them whilst adhering to the current restrictions due to the COVID-19 pandemic. The provider, registered manager and staff had managed the current COVID-19 pandemic well and implemented effective procedures. A relative told us, "They [staff] have responded wonderfully since the changes with COVID. I ring the doorbell and they arrange mum to come to the window. I speak to the staff on the door. They have it arranged well, nothing seems too much trouble for them."

Governance arrangements were effective, reliable and drove improvements. There were a series of audits which helped the provider and registered manager to identify where improvements were needed to continue to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Stoneacre Lodge' on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stoneacre Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, one assistant inspector 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and plan to speak with people, their relatives and staff by telephone prior to our visit. This helped

minimise the time we spent in face to face contact with the provider, registered manager, staff and people who used the service.

Inspection activity commenced on 30 September 2020 and ended on 5 October 2020. During this time, we contacted relatives via telephone to gain their views and asked the provider and registered manager to send us documentation relating to the management of the service. We visited the care home on 5 October 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people and 11 relatives about their experience of the care provided. We spoke with the provider, the registered manager, and seven members of staff including the deputy manager, the administrator, a senior care worker, care workers and ancillary staff.

We looked around the environment and reviewed a range of records. This included three people's care records, medication records, and three staff personnel files.

After the inspection:

We continued to seek clarification from the provider and registered manager to validate evidence found. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found effective recruitment systems were not in place. We found some staff files did not have full employment history recorded. This was a breach of regulation 19, (Fit and proper persons employed), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 12.

- Appropriate staff recruitment and pre-employment checks were in place.
- A small gap in the information for one staff member was rectified on the day of the inspection. The registered manager said they would check all staff files to ensure there were no other gaps. Following the inspection, the provider confirmed this was completed.
- People and relatives told us there were enough staff and they were supported by familiar staff that knew them well. One relative said, "They [staff] know [name] so well, better than I know them. There is a change of staff now and then, but the majority of the staff are regular. They [staff] are so approachable. My mind is at rest."
- Staff were always present in communal areas, and whenever someone asked for assistance staff were on hand to provide support.

Learning lessons when things go wrong

- Following the last inspection, the provider implemented an action plan showing how they would address the shortfalls in the service. At this inspection these had been fully addressed and they were no longer in breach of regulations.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had introduced a system of monitoring incidents to identify any risks of abuse and ensure steps were taken to minimise risks.
- People's relatives told us they were confident any suspected abuse would be appropriately dealt with and told us they felt their relatives were safe at Stoneacre Lodge.
- Staff were aware of their responsibilities in reporting any concerns to the registered manager or the safeguarding authority.

Assessing risk, safety monitoring and management

- Risks associated with people's care and treatment had been identified and risk assessments were in place to minimise risks occurring. For example, potential risks with the person's mobility or their nutrition and

hydration.

- Staff were aware of risks and took appropriate actions and followed people's care plans to ensure people were kept safe.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Checks to such things as hoists, bedrails and fire equipment were carried out regularly and actions taken where appropriate.

Using medicines safely

- There were safe systems in place to support people in managing their medicines. Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified, and any necessary action taken.
- Senior staff were trained in safe medicine administration and their competency was checked regularly. Training usually provided by the local authority was on-hold due to the pandemic. The provider was looking at other training providers to ensure staff continued to maintain their competency and keep their training up to date.
- Where people required medication on an "as required" basis, often referred to as PRN, there were protocols in place to guide staff when these medicines should be used.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

At our last inspection we found the service was not working within the principles of the MCA and people's choices and rights were not promoted as far as possible. This was a breach of Regulation 13, (Safeguarding service users from abuse and improper treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 13.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Governance and oversight systems ensured the provider was working consistently in line with the principles of the Mental Capacity Act (2005). There were systems in place to ensure applications for DoLS authorisations were applied for and to monitor the expiry dates for people who had approved DoLS.
- We found staff followed the principles of the MCA and people's consent was sought in advance of care being provided. A relative said, "I don't feel people are restricted in any way. Staff involve me in things, keep me updated and always ask consent."
- Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests. One care worker said, "We must always respect people's choices, ask them if it is okay for us to assist them and do things as they wish."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Following the last inspection, the provider implemented an action plan which they told us would address the shortfalls in the service. We found this had addressed all areas.
- The registered manager was knowledgeable about people who used the service. They could talk in detail about their care and support needs. They told us they audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. We saw evidence of this.
- Feedback from relatives about the management team was extremely positive. One relative said, "The management team are excellent I know them really well. If there is any issue, they sort it. They act upon things. They always contact me to let me know what's happening, I am very happy with the service, I can't fault it."
- Staff told us how much they enjoyed their job. They described the management team as approachable and helpful. One said, "I always feel like I can speak to management comfortably and confidentially about anything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection the provider and registered manager were honest and open with us. They were eager to ensure processes in place kept people safe and protected from harm.
- Feedback from people and their relatives confirmed they were informed and told about any concerns or issues in line with their duty of candour responsibility.

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

- People, relatives and staff were all very positive about the way the service was managed.
- Staff told us they were clear about their work roles. They told us the service was well run and they felt supported by managers.
- Notifications were submitted to CQC as required for incidents such as serious injuries, deaths and police incidents. These are legally required to be sent to CQC so we can decide if there is a need to take any further action.

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

characteristics

- Records showed care delivered was provided in a person-centred way. Staff we observed demonstrated this.
- Systems were in place to involve people using the service, relatives and staff in how the service was run. This included phone calls, surveys and meetings, so people's feedback could be sought and used to make improvements. We saw evidence of what action had been taken in response to people's comments. A relative said, "You feel listened to and that's important. We couldn't wish for anywhere better."

Working in partnership with others

- The service worked with other organisations to deliver effective care.
- Working relationships had been developed with the local GP's, district nurses, and social workers.