

Stoneleigh House (Residential Home) Limited

Stoneleigh House

Inspection report

2 Rowlands Hill
Wimborne
Dorset
BH21 1AN

Tel: 01202884908
Website: www.stoneleighhouse.com

Date of inspection visit:
28 September 2022

Date of publication:
10 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stoneleigh House is a residential care home providing personal care to up to 12 people on the ground and first floors of an adapted building. The service provides support to older adults and adults of working age. At the time of our inspection there were six people using the service.

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

There was a relaxed, friendly atmosphere amongst people, relatives and staff. People and relatives were happy with attentive care and support tailored to individual needs and preferences and expressed confidence in the way Stoneleigh House was run. The registered manager had close oversight and frequently spoke with everyone at the service.

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. Risks were managed in a way that promoted people's independence.

People living at Stoneleigh House and relatives felt comfortable with staff and had confidence in their abilities. There was an established staff team, with enough appropriately skilled staff on duty to provide safe, effective care.

The premises and equipment were maintained in a safe, comfortable, clean condition. The registered manager had kept abreast of and had implemented government guidance in relation to preventing and controlling the spread of infection, especially COVID-19. Medicines were stored securely and managed safely.

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

Rating at last inspection

The last rating for this service was good (published 9 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stoneleigh House

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 Health and Social Care Act 2008.

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 undertaken by an 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

Stoneleigh House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stoneleigh House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people, two relatives and with four staff, including the registered manager who was also the nominated individual and owned the provider company. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed two care records, six medicines records, two staff files and various records relating to the management of the service, including incident and accident records, staff training records and quality assurance records.

Is the service safe?

Our findings

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

The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at Stoneleigh House felt comfortable in the company of staff. People and relatives commented: "The staff are lovely", "There are night staff here as well. You don't get to know them so well, but they are polite and pleasant", "I think they are very caring here", "They're always cheerful and kind" and "I've noticed that they always treat people with dignity and respect."
- The registered manager and staff had received annual training about safeguarding people from abuse. They understood how to recognise and report concerns about possible abuse.
- The service had a policy that covered safeguarding. This gave staff clear guidance in the event they needed to report any concerns. The contact details for the local authority safeguarding team were available to staff.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People's individual risks were identified, assessed and addressed through care plans. Risks were managed in a way that promoted people's independence, with the least possible restriction on their freedom. For example, a person using the service told us, "I use the stairs; I much prefer them to using the stair lift. I like to walk outside in the garden and often sit outside after lunch."
- Staff knew people well and had a good understanding of the care they needed, including managing risks.
- The premises and equipment were maintained in a safe and comfortable condition. There were regular health and safety checks, including checks of fire extinguishers, fire doors, emergency lighting and the fire alarm. There was up to date certification for gas, electrical wiring, portable electrical appliance testing, fire extinguisher and fire alarm maintenance, emergency lighting and stair lift maintenance.
- There were precautions in operation to reduce the risks of legionella colonising the water system. Legionella are water-borne bacteria that can cause serious illness.
- Staff followed a clear procedure for reporting accidents and incidents. The registered manager reviewed each report to ensure all necessary action had been taken to help prevent a reoccurrence. She also reviewed accidents and incidents each month for any trends that might be developing.
- Any learning from accidents and incidents was shared with staff in daily handovers, team meetings and individual supervision meetings.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People were confident in the abilities of staff. A person who lived at Stoneleigh House told us: "They [staff] are very good, they are all very helpful."
- There were enough appropriately skilled staff on duty to provide the care people needed. Call bells were answered promptly. People commented, "I think there's mostly enough staff but occasionally they might be a bit busy. If I ask them to help me or do something, they do it willingly. It's difficult to say whether there's always enough of them, but I haven't had any problems here" and "I'm quite happy with the amount of staff we have here."
- Staff were trained in key areas at induction and had annual refreshers thereafter. Topics covered included fire safety, moving and handling people, food hygiene, COVID-19, infection prevention and control and health and safety. Staff training was up to date.
- There were pre-employment checks to ensure new staff were of good character and suitable for their role. These included Disclosure and Barring Service (DBS) checks, references from previous employers and obtaining a full employment history. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored securely. There were daily checks to ensure storage temperatures remained within safe limits.
- Medicines were managed in an organised fashion and were administered safely, in accordance with people's prescriptions or the homely remedies procedure. People told us they or their relative received their medicines when they needed them, including medicines taken on an as-required basis. Comments included: "You can ask for paracetamol if you need some. They are allowed to give you those, but otherwise stronger tablets would have to be prescribed for you" and "I don't have meds every day, Yes, I could ask for something for a headache, but that's not very often."
- Staff had regular training in administering medicines. Staff competence in administering medicines was checked at least annually.
- Medicine Administration Records (MAR) had information about how and when people took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the right medicine was given to the right person at the right time. MAR were completed correctly and audited regularly.
- Where people were prescribed medicines for occasional use, guidance was in place for staff to ensure those medicines were administered correctly and safely.
- Instructions were in place for staff when applying prescribed creams, including the area of skin where these should be used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager had kept abreast of and had implemented government guidance in relation to preventing and controlling the spread of infection, especially COVID-19. This included arrangements for visiting. Although the service had never needed to restrict visiting since care home visiting resumed nationally, the registered manager maintained alternative options for visiting in a garden room and virtually, through the provision of tablet devices and wireless internet access. A visitor commented, "I was able to visit when we were allowed to. They followed the rules here, we tested, wore masks and aprons as did the staff."

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.

The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Stoneleigh House had a relaxed and friendly atmosphere, which was reflected in the way everyone there spoke with each other. People living there and their relatives commented, "It's a lovely home", "It's very nice here" and "It's very nice here, very good."
- People and relatives were happy with care and support that was attentive and tailored to their individual needs and preferences. Comments included: "We are very happy with X's care", "I'm very pleased with X's care", "They know I don't like my breakfast too early so they bring it to me at 0845 every day" and "The staff here know which TV programmes mum likes and they will remind her when they are about to start."
- All six people living at the service knew the name of the registered manager, who they saw every day. People and relatives said of the registered manager, "The manager X is very amiable", "She's great, I can talk to her. She knows me now", "The manager is very approachable" and "She doesn't butt in but will come in to see me if I ask her to."
- The registered manager worked closely with staff and was usually available to speak with them.
- There was a well-established staff team. Staff remarked on how supportive the registered manager and their colleagues were. For example, a member of staff commented, "It's a very supportive team. We help each other out, [for example] if anyone needs to change a shift."

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

- The registered manager honoured her duty of candour with people and their relatives when things went wrong. This was an extension of their usual open and honest approach to them.
- A relative told us how staff had informed them when their family member fell. They said, "X was not badly hurt, the staff told me all about it. They've had a previous fall and the staff rang me on that occasion as well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People, relatives and staff expressed confidence in the way Stoneleigh House was run.
- Staff understood their roles and responsibilities. They had frequent communication with the registered manager about what was expected of them, through ad hoc conversations, staff meetings and individual supervision and appraisal.
- The registered manager was experienced in her role and kept abreast of current best practice in social care. She maintained a close overview of the service through her contact with people, relatives and staff.
- Quality assurance processes added to the registered manager's overview of the service, assuring her that

people were receiving high quality care. These included regular checks on medication, cleanliness and infection control, accident and incident trends and health and safety. Any issues identified were promptly and effectively addressed.

- The registered manager had links with care provider forums, which helped her keep abreast of current best social care practice.
- The registered manager understood and had met the legal requirement to notify CQC of significant incidents and events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager asked people and relatives for feedback about the service, which she used to develop and improve the service. This happened through informal conversations, care plan reviews, residents' meetings and satisfaction surveys. A resident and a relative commented, "She [registered manager] has sent out surveys and I complete them. I can't think of any changes that I'd like to see, but I would talk to [registered manager] if I did" and "Complaints? No. I'd talk to [registered manager] if I did. I see her every day."
- Those residents who wished got together every afternoon to discuss what was happening within the service. This was how staff learned a resident was missing a former resident who had moved, which prompted them to arrange a visit.
- There were regular quality assurance surveys focussing on topics such as privacy and dignity, activities and food. Whilst responses were positive, people suggested ideas and changes that were acted upon. For example, someone had said they were not sure who all the staff were, and staff had started wearing name badges as a result.
- The registered manager kept staff up to date with things that were happening at the service, through messages, handover meetings and talking with staff. There were also quarterly team meetings where staff discussed people's care and current developments.
- The registered manager and staff partnered with health and social care professionals to promote people's health and welfare. For example, the registered manager had sourced training from a local hospice about caring for people with respiratory needs and liaised with hospice nurses for advice to optimise people's care. There was ongoing regular contact with district nurses, GPs and community health professionals.