

Mrs Catherine L Arnold

# The Stables Residential Care Home

## Inspection report

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## 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

### About the service

The Stables is a care home, which provides personal care and accommodation for up to seven people. The service offers care and support to older people. Some people are living with dementia, or acquired brain injury, or a diagnosed mental health condition. The home has two floors, with a communal lounge and conservatory. The kitchen is accessible to people to use as a dining area. People had their own en-suite bedrooms. At the time of our inspection there were seven people living at The Stables.

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

People told us they were very happy living at The Stables and described the home as having a family feel to it. People told us they had enough activities to do. Staff demonstrated a kind, caring and personalised approach toward people and gave support when needed.

Risks had been identified and were well managed by staff who knew people well. Risk management plans gave staff information they needed to reduce risks of harm or injury to people.

Staff were trained and offered opportunities to develop their skills and knowledge. Staff ensured equipment, such as pressure relieving beds, were used in a safe way so people received the desired benefits.

People had their prescribed medicines available to them and were supported with these by trained staff. Records showed people received their medicines when needed.

People had choices about drinks and what they ate for their main meals and their nutritional needs were met.

The home was well-maintained and good cleanliness reduced risks of cross infection.

Staff understood the importance of giving people choices. 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's needs were assessed, and information was used to form personalised plans of care.

There were enough staff on shift to meet people's needs. Staff were recruited in a safe way.

There were systems in place for people and relatives to give their feedback on the service. People received a copy of the provider's complaints policy when they moved to live at the home.

There were processes to audit the quality and safety of the service and where these identified the need for improvements, these were quickly acted on.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was Good (published 17 July 2017).

#### Why we inspected

This was a planned inspection based on the rating of the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# The Stables Residential Care 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 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.

#### Inspection Team

One inspector carried out this inspection on 6 January 2020.

#### Service and service type

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

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. 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 sought feedback from the local authority and local clinical commissioning group. We used all the information to plan our inspection visit.

#### During the inspection

We spoke with all seven people and two relatives. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with two care staff, one senior care staff, and the provider of the service. We spoke with one healthcare professional.

We reviewed a range of records. This included a full review of two people's care plans, risk management plans, multiple medication records and health and safety checks. We also looked at records relating to the management of the home.

# 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 Good. At this inspection this key question has remained the same. People continued to receive a safe service and were protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Individual risks had been identified and risk management plans were in place. For example, people's risk of falls had been assessed and actions taken to reduce risks of harm or injury.
- Some people had bed rails fitted to their bed to maintain their safety, assessments for use had been completed. However, staff told us two people declined the use of bumpers which offer protection against limb entanglement injuries in bed rails. One staff member told us, "It's because [Name] like's to be able to see from their bed and bumpers make them too enclosed." Following our discussion with the provider about potential risks, they took immediate action to order an alternative bed rail with mesh to reduce risks of injury to people.
- Staff knew people well and how to support them in a safe way. One staff member told us, "One person has variable levels of mobility, sometimes they can stand themselves and walk with one staff member's support. At other times, they require more help and two staff support them to get up using the stand-aid hoist."
- Some people had been identified as at risk of skin damage and had specialist airflow mattresses to reduce risks of their skin becoming sore. Staff understood how to check airflow pump settings were correct, which meant people received the desired pressure relief.
- There was a maintained fire alarm system and staff had completed fire safety training. Whilst drills took place, these were not fire scenario based and the provider had not timed 'zone evacuation' to ensure enough staff were on shift to achieve this in the desired time. The registered manager told us future fire drills would include a series of scenario-based timed drills for all staff.
- People had personal emergency evacuation plans (PEEPS) and evacuation equipment was available for staff to use in an emergency.

Using medicines safely

- People had their prescribed medicines available to them and were supported with these from trained staff. One staff member told us, "We never run out of anyone's medicines, we always ensure we have enough stock."
- Medicine administration records showed people received their medicines as prescribed. Some people were prescribed medicines 'when required' and protocols were in place to tell staff when these should be given.

Preventing and controlling infection

- Staff understood the importance of infection prevention and had personal protective equipment available to them. Staff used gloves to reduce risks of spreading infection, for example, when undertaking personal care.

- The home was clean and tidy and odour free. People were very happy with the levels of cleanliness maintained in the home.

#### Staffing and recruitment

- There were enough staff on shift to meet people's needs. Whilst staff undertook additional tasks which included cooking, cleaning and laundry, they told us they had sufficient time and always prioritised people's care needs. One staff member said, "We are a small home and we've always managed with two staff on shift doing all the care and other jobs. It is getting busier now though as some people's needs have increased, a few people require two staff to support them, such as with the stand-aid hoist."
- The provider told us they had always put additional staff on shift when needed, and staff confirmed this. The provider added they planned to undertake a review of people's dependency needs to assess whether an additional staff member might be needed at peak times of support needs.
- The provider's recruitment system ensured staff's suitability to work at the home. Most staff had worked at the home for numerous years and told us checks had been undertaken by the provider before they had commenced their employment. We did not review any employment records on this inspection because we had no concerns about the provider's recruitment processes.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training from the provider in how to safeguard people from the risk of abuse. Staff demonstrated an understanding of safeguarding principles and gave us examples of types of abuse and said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- The senior care staff member and provider understood their responsibilities in reporting specific incidents to us, service commissioners and the local authority. Commissioners are people who purchase packages of care on behalf of people.

#### Learning lessons when things go wrong

- There was a system to record accidents and incidents. The senior care staff member told us anything that went wrong was used to learn from so risks of reoccurrence were minimised.



# 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 available evidence.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a pre-assessment before moving to live at the home. People and their relatives shared important information about care needs. These assessments were used to formulate personalised plans of care.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction to their role and training and staff's skills were frequently refreshed. The senior care staff member told us about plans for further training for staff to increase their knowledge about people's health conditions, such as mental health diagnoses.
- People and relatives felt staff had the skills they needed to provide effective and safe support.

Ensuring consent to care and treatment in line with law and guidance 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, which they were.

- People's capacity to make decisions had been assessed and the senior care staff member and provider understood when 'best interests' meetings would be needed.
- Staff understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting people with personal care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered choices about what they ate and drank. People gave us positive feedback about the quality of the food. One person told us, "It's all good here."

- People's nutritional needs had been assessed risks of malnutrition had been identified. People's weight was monitored and the senior care staff member told us they liaised with healthcare professionals, including dieticians, when concerns were identified.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to GPs, dental, chiropody and optician services. The district nurse team visited the home on a daily basis to see people for specific identified needs, such as giving insulin injections.
- The senior care staff member and provider were aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. People's oral care needs were met by staff who understood the importance of day to day oral hygiene. One person told us, "Staff always clean my teeth and make sure my mouth is fresh."
- A visiting GP told us, "I have no concerns about the home, people are well looked after."

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's needs. There were wide, well-lit corridors and a lift was available. The home was well-maintained and decorated in a style people liked.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- Throughout the inspection visit we observed kind, considerate and professional interactions between staff and people. Staff had a consistent cheerful approach to people, offering reassurance when needed. People's responses demonstrated they were relaxed with staff and happy living at The Stables.
- One person shared a laugh and joke with one of the providers, who took time to talk and engage with people.
- All feedback shared with us from people and their relatives was positive about staff. One person described staff as "all good, they are all kind and caring to me." One relative told us, "It's brilliant care here, I can't fault anything at all." Another relative said, "I couldn't have hoped for more for my mother, staff are very kind. The owner (provider) is hands-on and dedicated to people living here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and respected by staff. For example, staff consistently knocked on people's bedroom doors before entering and understood the importance of giving privacy when supporting people with personal care.
- Staff gave examples of how they promoted people's independence. One staff member told us, "A few people like to sit at the kitchen table and either help out a little or watch us preparing food. One person likes to wash-up."
- Staff demonstrated they valued people as individuals. One staff member asked one person if they could show us their reminiscence photo album, the staff member told us, "This is so lovely, we can chat with [Name] about their life and all they have achieved and done, they really enjoy that. People living here are 'real people' with full lives just like us, it's important staff always view the whole person and what they have achieved."

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of people's views, wishes and choices being respected.
- People told us they were not constrained by set times or routines and could make choices about where they spent their time and what they did.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. People's needs were consistently met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual plans of care, which gave staff information about people's needs, which staff could refer to when needed.
- People told us staff were responsive to their needs. One person told us, "I have no complaints, staff are always available to help me when needed." This person showed us they could press their call bell and a staff member came straight away. The person told us, "See, we don't wait long" and laughed with the staff member.
- The long-term employed staff gave people consistency in staff supporting them and enabled caring relationships to develop. One staff member told us, "This is like my extended family. The staff here care for people as they would their own family member."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were satisfied with the activities which took place and were supported by staff to pursue their own interests. One person told us, "I like to read my books" and another person showed us their colouring book, telling us, "I like to do colouring here at the kitchen table."
- Care staff ensured risks of social isolation were minimised. One staff member told us, "Sometimes we have visiting people who do activities like a sing-a-long. We also offer college student work-experience placements and people enjoy playing scrabble with [Name]." One relative told us, "I know [Name of the provider] comes into my mother's bedroom and holds her hand whilst they have a chat, which my mother likes."
- People were supported to stay in contact with relatives who were not able to visit them often. The senior staff member showed us a video clip they had made with one person celebrating New Year and had sent this to their family member.
- Since our last inspection, links had been developed with local faith groups which enabled people's pastoral care needs to be fully met. One person told us, "A person from the church visits me, and most days we have one to one Bible study. Staff are very good and know what radio stations to put on for me, so I can listen to what I want to." Staff told us about links they had made for another person living at the home, so they could continue to practice their faith.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- There was signage around the home, for example to tell people where the communal bathroom was. The home was decorated in a style that promoted a positive living environment and enabled people to find their way around the home.
- Staff communicated effectively with people, and understood their communication needs.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints. There were no recorded complaints since our last inspection.
- The provider had a complaints policy and assured us if any complaints were received these would be investigated.

#### End of life care and support

- The home did not offer nursing care for people reaching the end of their life. However, when people had lived at the home long-term and wished to remain there, the provider met their wishes whenever possible. The senior care staff member told us, "We would work with healthcare professionals and support to people who chose to spend their final days here."
- People and relatives were given opportunities to share end of life wishes and these were documented.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant the service was well managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was owned and operated by two providers who each had day to day involvement and a presence at the home. When we arrived to undertake our inspection visit, one provider had completed a night shift and told us, "I am very hands on in all aspects of care given to people living here." The other provider told us they undertook a more strategic role, however, staff told us they often spent time with people living at the service. We saw people had a relaxed relationship with this provider, for example as they played a game of dominoes with one person. People, relatives and staff all thought very highly of the providers. One staff member told us, "The providers are part of the team here, we can all speak openly together. They listen, are very supportive and always put the people who live here first."
- The provider had systems of auditing the safety and quality of the service and undertook regular checks and audits. The senior care staff member told us, "I complete most of the audits, but also link with the provider to ensure all the checks are done. We have a good relationship and can tell one another if we over looked something and make sure things are put right".
- The provider used an external company to undertake health and safety audits and where an issue of loose paving slabs outside had been identified, these had been made safe in a timely way.
- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

Continuous learning and improving care ; Working in partnership with others

- The provider worked in partnership with local initiatives. For example, they had implemented the 'red bag scheme' to ensure when anyone required an ambulance to be called, important information and personal items went with them in designated 'red bags'.
- Systems were in place to learn from incidents where mistakes were made. There had been no serious accidents or incidents since our last inspection, however, the senior care staff member assured us any incident would be investigated, reflected on and learning implemented to reduce risks of reoccurrence.
- The senior care staff member and providers recognised the importance of continuous learning. They read CQC alerts and updates and had attended a local 'care show' to update themselves on current equipment

available and purchased an anti-choking device, which they had discussed with speech and language therapists.

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

- People and relatives told us they were always able to give feedback on a day to day basis to staff and the provider.
- Staff felt very supported by their peers within the staff team and by the providers through one to one and team meetings.