

Coverage Care Services Limited

Stone House

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

This inspection was unannounced and took place on 26 September 2016.

Stone House provides accommodation and personal care for up to 40 older people some of whom were living with dementia. On the day of our inspection 36 people were living there.

The home had a registered manager who was present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of potential abuse because staff knew how to keep them safe. The risk of harm to people was reduced because staff's practices reduced the risk of accidents. People were cared for by sufficient numbers of staff and the provider's recruitment process ensured that all staff were suitable to work in the home. People were supported by staff to take their medicines as prescribed.

People were cared for by staff who were skilled and who received regular one to one [supervision] sessions. New staff were provided with an in depth induction to support them in their role. People's human rights were protected because staff were aware of the Mental Capacity Act 2005 and the Deprivation of liberty safeguards and these principles were put into practice.

People had access to a variety of meals and were supported by staff to eat and drink enough to promote their health. Staff helped people where needed to access relevant health care services.

Staff had a good understanding of people's care and support needs and people were treated with kindness. People were involved in planning their care so they received a service that met their needs. People's right to privacy and dignity was promoted by staff.

People were involved in the assessment of their care needs and were also supported by staff to engage in social activities. People were aware of how to complain and complaints were listened to and acted on.

Practices in place supported people and staff to be involved in the running of the home. The provider had systems in place to monitor the quality of the service. Information from quality checks was used to drive improvements.

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.

People were supported by staff who knew how to keep them safe. People were supported by sufficient numbers of staff who had been recruited safely. People were supported by staff to take their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were suitably trained and supported in their role. People's human rights were protected because staff were aware of the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards. People were supported to eat and drink sufficient amounts and were provided with choices. People were helped by staff to attend their medical appointments.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way and staff were aware of their care and support needs. People's involvement in planning their care ensured they received a service the way they liked. People's right to privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessment and were encouraged by staff to engage in activities which they enjoyed. People knew how to make a complaint and complaints were listened to and acted on.

Is the service well-led?

Good ●

The service was well-led.

People and staff were able to have a say in how the home was run. The provider had systems in place to check and monitor the quality of service provided to people.

Stone House

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 inspection took place on 26 September 2016 and was unannounced. The inspection team comprised of two inspectors.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with seven people who used the service, eight visitors, three staff members and the registered manager. We looked at one care plan and a risk assessment, medication administration information, accident reports and quality audits.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "There are so many people here and that makes me feel safe." Another person said, "I feel safe because all the staff are kind to me." The staff we spoke with had a good understanding about the signs of abuse. They told us if they had any concerns about abuse or poor care practices they would share this with the registered manager or the person in charge of the shift. A staff member told us they had previously shared concerns with the registered manager and said, "The registered manager addressed it straight away and the local authority was also made aware." Discussions with the registered manager confirmed they knew when to share information about abuse with the local authority to protect people from the risk of further harm.

The provider had systems in place for managing risks. A person told us they needed to use a hoist to mobilise and staff knew how to use this equipment safely. They said, "The staff are very professional and I feel safe when using the hoist." A visitor told us that their relative could only walk a short distance. They said, "Staff ensured they had their walking frame and encouraged them to take regular breaks to reduce the risk of them falling." Another visitor told us their relative was unwell and the provider involved them in making their relative's bedroom safer to reduce the risk harm.

People were supported by staff who understood their individual risks and how to manage them. Staff told us they had access to risk assessments that supported their understanding about how to reduce the risk of harm to people. For example, a risk assessment identified the equipment needed to assist a person to walk safely and we saw the person had access to this equipment.

Accidents and incidents were recorded and monitored and the registered manager analysed this information to reduce the risk of a re-occurrence. Risk assessments were reviewed to provide staff with up to date information about how to reduce the risk of accidents. We spoke with a staff member who knew how to reduce accidents in the home. They said they always ensured rooms were free from clutter to reduce the risk of trips and falls. Another staff told us they made sure they were available to help people when needed.

People told us there were always enough staff on duty to care for them. One person said, "I am happy with the service because staff are always nearby when you need them." Another person told us, "When I buzz [activate the call bell] staff always come quickly." We spoke with a visitor who informed us that there was always enough staff on duty to help people. They told us staffing levels were increased to support people when they go out on trips. The registered manager told us that the staffing levels were determined by people's care needs and how many staff were required to support them safely.

People could be assured that staff who worked in the home were suitable to do so. All the staff we spoke with confirmed that before they started to work in the home a request was made for references. They also informed us that a Disclosure Barring Service [DBS] check was carried out. These safety checks would assist the provider to select the right people to work in the home.

People were supported by staff to take their prescribed medicines. One person told us that staff managed their medicines and they were happy with these arrangements. They said they always received their medication when they needed them. Another person told us that the staff managed their medicines and they always received them at the right time. The registered manager said people were given the option to manage their medicines if they wished. We were informed that one person managed their medicines and had a secure area to keep them. Staff monitored that the person took their medicines as directed and provided support where needed.

We saw a staff member administer people's medicines safely. We heard them explain to a person what their medicines were before they administered them. The staff member ensured the medicines had been taken before completing the medication administration record. The registered manager said staff who were responsible for the management of medicines had received training and the staff we spoke with confirmed this. A staff member told us they had received medication training and the skills learnt enabled them to identify an error with a medication before it was given to the person.

Is the service effective?

Our findings

People were cared for by staff who received on-going training. All the staff we spoke with confirmed they received regular training and this gave them confidence to carry out their role. Staff told us they received one to one [supervision] sessions. During these sessions their training needs were discussed and their work performance was reviewed. A care staff told us that receiving one to one sessions, "Makes me feel valued." We spoke with a visitor who told us staff were skilled and appear to know what they are doing. Another visitor said, "The staff are on the ball, they adapt how they work with people living with dementia, as one thing may work for one person but not for the other."

We looked at how the provider supported new staff into their role. A staff member confirmed they had an induction when they started to work at the home. They said they had worked alongside an experienced care staff until they were confident to work alone. They told us their work performance was regularly reviewed during their 12 week induction. They told us, "My induction increased my knowledge with the support provided to me."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A person told us they were able to make their own decision. They said staff always explained what they intended to do and asked for their consent. A staff member said that everyone in the home was able to make a decision with some requiring a little support. They told us they had various methods to help people make a decision. For example, pictorial menus helped people to decide what they wanted to eat. The registered manager and staff were aware of when a best interest decision should be made where a person was unable to make their own decision. For example, a best interest decision was in place where a 'Do not attempt cardio pulmonary resuscitation' [DNACPR] decision was made. The registered manager knew that decisions made on behalf of people should be reviewed to make sure they were still necessary.

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of when to apply for a DoLS authorisation to protect people's human rights. We looked at a care record that contained evidence of a DoLS application. This was to deprive the person of leaving the home without support as this would place them at risk of harm. We saw that a MCA assessment had been completed prior to the DoLS application had been submitted. Staff had good understanding about DoLS and the impact this may have on the individual.

People were supported by staff to eat and drink sufficient amounts. Staff were aware of suitable meals for the individual with regards to their health condition and their likes and dislikes. One person said, "The food is very good and we have a choice and drinks are always available." Another person told us they had a

marvellous choice of meals and said, "If you don't like what is on offer they will cook you something different, it's like being in a hotel."

We saw that mealtimes were calm and relaxing and staff were able to support people with their meal when needed. We saw one visitor was able to eat their lunch with their relative. Discussions with a care staff informed us that people had access to specially adapted cutlery, plate guards and beakers to promote their independence to eat and drink. They told us people living with dementia had yellow plates that helped them recognise their food.

People were supported by staff to access relevant healthcare services when needed. A person told us if they felt unwell they would call the GP themselves or wait for the GP's routine visits to the home. A visitor told us their relative was supported to access their GP and the dentist. They said, "It's good that they can still go to these places and not have to rely on home visits." Another visitor said their relative had good links with other healthcare services including the district nurse. They informed us that their relative was unwell recently and the staff contacted the GP straight away. They said, "There is never any hesitation to seek medical advice and they always keep me informed." A staff member told us they were aware of people's care and support needs. They said, "If we notice anything different we will always act on it." For example, they told us they had noticed a person's leg was swollen and they shared this information with the GP. This ensured the person received prompt treatment.

Is the service caring?

Our findings

People were cared for by staff who treated them with kindness and compassion. A person who used the service said, "The staff are great and they will come and have a chat with you and always make time to sit with me." A visitor said, "Staff always found the time to sit and hold [relatives] hand if they are upset." We saw that staff were attentive to people's needs. We were talking with a staff member and noticed they were watching the clock. "They said please excuse me because [person] needs me. We saw another staff member approach a person who appeared upset and they offered them reassurance.

People were supported and encouraged to be involved in planning their care. This ensured they received care and support the way they liked. A person told us staff often asked them how they would like to be cared for. Discussions with another person confirmed their awareness of their care plan and said this had recently been reviewed. They said they were happy with the care and support they received. A visitor said, "As [relative's] needs changes so does their care plan." They informed us that their relative's care plan was regularly reviewed. They continued to say they were always informed about any changes in their relative's health and staff contacted them frequently by telephone.

Staff we spoke with told us they had access to care plans that supported their understanding about people's care needs. They said, "We also have a good handover where we are informed about people's needs." A person told us, "The staff know how to care for me." A visitor told us that when their relative moved into the home they were unable to walk. They said with the care and support provided by staff their relative was now able to walk independently. Another person told us, "It's very nice living here and the staff are good." They said they were unable to do anything for themselves and staff supported them in a kind way. Another visitor told us, "Staff are loving and caring and this is such a happy place to visit."

People's right to privacy and dignity was respected by staff. A person said, "The staff know how to care for me and they always respect my privacy." Another person told us that staff always respected their privacy and dignity whilst they helped them with their personal care needs.

Staff had a good understanding about the importance of promoting people's right to privacy and dignity. A staff member told us they encouraged people to do as much as they can when they assisted them with their personal care needs. This promoted their independence and dignity. A person told us they preferred to stay in their bedroom and said staff had respected their choice. Another staff member said they always closed the door and curtains to preserve the individual's privacy when they assisted them with their personal care needs. We heard staff speak with people in a respectful manner. A person told us, "The staff are always polite and talk to me nicely."

Is the service responsive?

Our findings

People were involved in the assessment of their care needs. One person told us someone from the home had visited them before they decided to live at the home. They said they were asked questions about the support they required. A visitor told us that before their relative moved into the home staff asked them about their life history and about their likes and dislikes. They said, "They even asked how many sugars they liked in their tea." They told us that they and their relative were involved in the assessment. Another visitor told us that staff got to know their relative well before they moved into the home. They said, "This helped with the transition into the home." We found that the service provided to people was person centred. A visitor told us that before their relative moved into the home, staff collected some of their relative's personal possessions. These items were in their relative's bedroom when they arrived at the home and this made them feel at home.

People told us they were supported by staff to do the things they liked and had access to a variety of social activities. A person told us they enjoyed making things and told us about the 'knit and natter' sessions. This gave them the opportunity to knit and engage with other people who lived in the home. Another person said, "I can do as much or as little as I like here." They told us about all the activities provided at the home said they particularly enjoyed the exercise activities. They told us, "I like the knit and natter sessions, pat a dog and having my hair done." We spoke with another person who said there was always something to do in the home. They said they enjoyed going on trips and told us they had been to Wales a few days ago. They said they also enjoyed attending the church service within the home. A visitor told us, "Stone House is a real hub in the community." They said a lot of community activities and events take place from the home. They said their relative showed very little interest in participating in activities. They said that staff did not give up and encouraged them each day and now they thoroughly enjoyed taking part.

People told us if they were unhappy they would share their concerns with the registered manager or a staff member. A person told us, "If I am unhappy about anything I would speak to the boss." Another person told us their bed was uncomfortable. We shared this information with a staff member who addressed these concerns straight away. The registered manager said that complaints would be recorded and responded to in writing. Action taken to resolve the concerns and where changes had been made to the service would also be recorded. The registered manager had not received any recent complaints.

Is the service well-led?

Our findings

A person told us about the 'resident's' meetings. They told us this gave them the opportunity to express their views. They said the registered manager did listen to them. They said they had raised concerns about how noisy it was during mealtimes and action had been taken to resolve this. They told us the television was now turned off during mealtimes. The registered manager informed us that these meetings included discussions about meals provided, any concerns relating to the individual's bedroom, social outings and how to complain.

The registered manager said meetings were carried out with the staff team and the staff we spoke with confirmed this. Staff said the registered manager did listen to their views. For example, they had made suggestions to introduce a handover sheet. They said staff who had been off for a few days would have access to these sheets when they returned to work. This enabled them to find out if there had been any changes to people's care needs to ensure they received consistent care. Staff told us that any changes in the organisation were cascaded through meetings and they had the opportunity to discuss them further. They said they were able to pass information back to senior managers. Staff said they felt they could approach senior management as well as the registered manager.

Staff had access to information and contact details about how to whistleblow. This information was located throughout the home. A visitor informed us that there was a whistleblowing hotline to share their concerns. This linked to someone outside of Stone House. They told us this was reassuring to know it was available if and when needed.

The home was run by a registered manager and a deputy manager. The registered manager said they were supported in their role by the operations director. They told us they received regular one to one [supervision] sessions. Discussions with the registered manager highlighted their compassion in providing a safe and effective service. They were aware of all the people in their care and the support each one required. A person told us, "I always see the registered manager about and I can talk to them whenever I want." A visitor said, "I am always impressed with how well the registered manager knows what is happening in the building." They informed us that they were always able to make suggestions and the registered manager always listened to them. Another visitor told us, "I think there is a real relationship between us as relatives and the provider, both working together for those living here."

The provider had systems in place to monitor the quality of the service provided to people. For example, the registered manager said monthly spot checks were carried out to ensure the safe management of medicines and the staff we spoke with confirmed this. Audits were carried out to ensure staff had access to up to date information about people's care and support needs. We saw comments from an audit that showed care plans needed to be more 'person-centred.' The registered manager assured us that action had been taken to address this. We looked at one care plan that evidenced this. Audits were also carried out to promote good hygiene standards to reduce the risk of cross infection. There were dignity champions in place to promote practices that ensured people's right to dignity was observed at all times. Staff told us they received regular updates about the provider. Bulletins were available that told them about changes to the

service to promote quality and to tell them about key events.