

# Stone House Home Limited(The) Stone House Nursing 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

Stone House Nursing Home provides accommodation and nursing care for up to 35 predominantly older people. This includes people with dementia. At the time of our inspection there were 34 people using the service. Stone House is set in six acres of tranquil gardens with superb views across the Chiltern Hills. The main dining room has spectacular views of the gardens; people can sit and relax and enjoy the views or gather in the main gathering point of the conservatory. Most of the rooms have en-suite facilities and people are able to bring their own pieces of furniture and personal belongings with them.

The service has a registered manager supported by a care manager. 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 and associated Regulations about how the service is run.

People told us they were well cared for. One person said "All the staff here are very kind and nothing is too much trouble, they give one hundred and ten per cent". Relatives told us that all the staff were caring and that everyone was treated with warmth and kindness. Other comments included "Every single member of staff cares and the attention to detail is outstanding".

Care plans were personalised and accurately reflected people's care and support needs. The care plans included information about people's interests and life history which provided staff with sufficient information to enable care to be provided effectively. We observed people were cared for compassionately and with respect. People told us they were respected by staff, "It's very good here they [staff] do everything for us".

People were cared for by an established staff team. Managers and directors provided effective leadership to the service and regular residents meetings ensured people were involved in the running of the home.

The atmosphere in the home was inviting and friendly. We saw staff spending time with people at a pace that was dictated by those they were supporting. Staff told us "We work as a team here to support people; everyone is treated with respect and dignity".

Staff supported and encouraged people to engage with a wide variety of activities available within the home. The service employed three activity coordinators. People commented positively about the activities. "There are plenty of people to talk to, we have enjoyable times here".

There was good local community involvement with local schools and churches. Visiting professionals to the service were positive about the care provided.

## 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.

Medicines were managed in accordance with best practice.

Risks were appropriately assessed as part of the care planning process and where risks had been identified staff had clear guidance on the management of risks.

There were sufficient staff available to meet people's assessed care and support needs.

### Is the service effective?

Good ●

The service was effective.

Induction procedures for new members of staff were robust and appropriate.

Staff were highly motivated, well trained and effectively supported.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

People's privacy was respected; relatives and friends were encouraged to visit on a regular basis.

People's preferences in relation to end of life care had been discussed and documented in people's care plans.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed personalised and contained information to enable staff to meet identified care needs.

People were empowered to make meaningful decisions about how they lived their lives.

People were supported to engage in activities that were available within the home.

**Is the service well-led?**

**Good** ●

The services managers and directors were open, willing to learn and worked collaboratively with others involved in care.

There were effective quality systems in place to monitor the quality of care provided and drive improvements within the service.

Staff worked effectively as a team to ensure people's needs were met.

Managers and directors provided staff with leadership and support.□

# Stone House Nursing Home

## 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 3 and 4 May 2016 and was unannounced. The inspection team consisted of one inspector and one specialist advisor. A specialist advisor is a person who has experience in a particular area of care. Their area of expertise was in older people's care.

The service was previously inspected on 9 January 2014, it was found to be fully compliant at that time. 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 received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who used the service, five relatives who were visiting, the registered manager, the care manager, the director, the associate manager, two members of the nursing team, four care assistants, domestic staff, the activity coordinator and the chef. In addition we inspected a range of records including four staff files; two Medication Administration Records (MAR) charts, five care plans, policies and procedures, staff duty rotas and meeting minutes.

We also observed staff supporting people throughout the home and during the lunchtime meal.

# Is the service safe?

## Our findings

People spoke positively about the home. One relative told us "It's a great relief knowing [X] is safe, we moved here from another care home and the care here is absolutely fantastic and the care team are outstanding". Professionals who visited the home told us, "It's a great service; I have no concerns at all".

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. We discussed safeguarding procedures with staff who confirmed they had attended training in safeguarding adults. They told us "If anyone who worked here thought there was any abuse happening we would not hesitate to report it".

People were cared for by suitable staff because the provider followed robust recruitment procedures. The service used an online candidate screening tool to identify suitable applicants prior to an interview. Interview records demonstrated prospective staff members' employment histories had been reviewed as part of the recruitment process. Disclosure and barring service checks (DBS) had been completed before staff were appointed to positions within the home. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.

People received their medicines safely. Each person had a lockable cabinet in their room where their medicines were stored. Staff dispensed and administered people's medicines in their rooms. We observed staff administering people's medicines and found correct procedures were followed in relation to medicine administration. People we spoke with told us they were happy with their medicines being in their rooms. Staff told us this was a safer way of administering medicines as there was less room for errors. For example, staff did not have to administer medicines in busy communal areas and this procedure respected people's privacy and dignity. All medicines that require stricter controls by law were stored securely and accurately documented. Regular medicines audits had been completed by the manager. Staff who administer medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home.

People's care plans included detailed and informative risk assessments. These documented individualised care and provided staff with a clear description and guidance on how people should be supported in relation to the identified risk. Where accidents or incidents had occurred these were appropriately documented and investigated.

We saw evidence of weekly fire alarm tests and the homes equipment and lift was regularly serviced. There was a health and safety file with information about the equipment used, dates of checks and services completed were up to date. Each person who used the service had a personal emergency evacuation plan (PEEP) in place indicating the level of assistance required in the event of an emergency.

The home was cleaned to a very high standard. One person told us "It's lovely and clean here. They clean my room daily". Another person said "I love my room it's my home with all my personal belongings". One

relative told us "It's the only place I found that didn't have a smell, the home is always spotless".

There were procedures in place for domestic staff to follow cleaning schedules and record cleaning tasks performed.

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "I visit most days and have absolutely no concerns about how my family member is cared for the staff are all brilliant, kind and caring".

Staff told us they had the skills they needed to meet people's needs. Training included administration of medicines, safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), moving and handling, fire awareness, health and safety and infection control. We inspected the home's training matrix used to manage the training needs of staff. The training matrix accurately recorded details of the training staff completed.

The registered manager had a good understanding of the requirements of the Mental Capacity Act. 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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

No-one who lived at the home was subject to an authorisation under the Act. People's consent to care and treatment was sought in line with legislation.

New staff were supported to complete an induction programme before working on their own. Staff told us training was 'excellent' and it ensured they were equipped with the knowledge to support people's needs. Staff received continuous in house training; most staff had a National Vocational Qualification (NVQ) in social care. There was also training in communication and dementia care which meant that staff were well equipped to provide care for people with a variety of specific needs as well as those with dementia.

People were supported by staff that had supervision meetings with their line manager. Staff told us the meetings were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us "The manager is very supportive I'm very happy".

There were regular staff meetings and the minutes of these meetings demonstrated that issues raised by staff had been addressed and resolved by the management team. For example, the nursing staff had requested that the medicines are delivered earlier in the week to enable any potential missing items to be ordered before the next cycle of medicine starts. This has been addressed by the management team and the pharmacy and is working well. The directors visited the home regularly and routinely spoke with staff to



enable feedback on their experiences to be discussed.

The manager told us that the organisation recognises the happiness and well-being of staff and the provider had introduced an employee of the month award where staff were recognised for their contribution to the service. Staff spoke positively about the awards and told us the scheme demonstrated that they [staff] were valued.

We observed a lunchtime meal during our visit. All the people we spoke with said the food served in the home was good and people said they were offered a selection of drinks and snacks. One person said "Whatever food or drinks we need we just have to ask". People told us they enjoyed the food. One person said "I'm happy with the food, there is plenty to choose from", another person said, "The tables are always set in this beautiful dining room, I feel I'm eating in a special restaurant". People were offered condiments, a choice of drinks including wine, along with second helpings if they wished. During lunch one person commented "This is lovely". We observed another person with some difficulties in eating; the staff discreetly asked them if they would like some assistance. Friends and families were welcomed to join their family member for afternoon tea or other meals with prior notification.

The chef we spoke with had a good awareness of people's likes and dislikes and dietary needs. They described how these were taken into account when providing meals and planning the menu. People were involved in menu planning and changes had been made to the evening menu to accommodate their choices. The kitchens good hygiene and safety procedures, cleanliness and food preparation had been recognised by the environmental officer and the service had been awarded a five star rating. Feedback given from a recent compliance visit by the local authority was, "As always a pleasure to visit".

People had access to healthcare as required. The local GP practice provided 24 hour care to Stone House with a partner visiting weekly. Regular residents meetings and care review meetings were arranged periodically to allow people and their families to voice the views on the service within the home and to review their care plan.

Care plans demonstrated the service worked effectively with other health and social care services to ensure people's needs were met. Appropriate referrals had been made to health professionals including GP's, district nurses, speech and language therapists' dentists and opticians. Guidance had been followed following any advice or treatment plans from other professionals and detailed records in relation to the treatments and interventions documented in people's care plans.

## Is the service caring?

### Our findings

People told us they were well cared for. Relatives told us that staff provided high quality care and their family members enjoyed living in the home. One person said "All the staff are so kind and nothing is too much trouble". Throughout our inspection we saw staff spending time with people and staff demonstrated patience and kindness. People were treated with dignity and respect and staff were attentive to their needs.

Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw staff spending time chatting with people and supporting them to engage with activities. When offering support staff spoke politely to people and ensured the correct method of communication was used. For example, some people were hard of hearing; staff ensured they were at eye level when communicating to ensure the person could see the member of staff who was speaking to them. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with support. The home was fully staffed with some staff having worked at the home for a number of years. Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend activities and any performances that were held within the home.

People told us they were treated with dignity and that their privacy was respected. Comments included, "They offer assistance when I ask for it". People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

Care records showed that people's wishes in relation to their end of life wishes had been discussed and documented. Training for staff with regard to end of life and palliative care was being expanded.

Stone House is set in six acres of tranquil gardens with superb views across the Chiltern Hills. The main dining room has spectacular views of the gardens; people can sit and relax and enjoy the views or gather in the main gathering point of the conservatory. Most of the rooms have en-suite facilities and people are able to bring their own pieces of furniture and personal belongings with them

## Is the service responsive?

### Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. The care plans had been developed from the information people provided during the assessment process and had been updated regularly to ensure the information was accurate.

The care plans included clear instructions for staff to enable care to be provided effectively. Staff told us "We always have a visual check of the person's room and ensure that everything is in place just how they like it. We then observe that they are not agitated, and if they are, we report this to the manager. This is also documented in the person's care plan".

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. An example of this was when we noted in a person's care plan, involvement with the community psychiatric nurse (CPN). The person had become increasingly agitated and staff had asked for them to be reviewed. Following the review the person's medicine had been changed and the care plan updated to reflect this. There was ongoing observation of the person's well-being to identify how the person had responded to the change in medicine.

The home had appointed 'Dignity Champions.' A dignity champion is someone who believes passionately that being treated with dignity is a basic human right and not an optional extra. The Dignity in Care campaign is led by the National Dignity Council, who work together to raise the profile of the network and place greater emphasis on promoting the work the dignity champions do to improve standards of care for people who use services.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. The service was a member of the National Activity Providers Association (NAPA) and was committed to improving the lifestyle and well-being of people who use the service. There was regular involvement in activities and the service employed three activity coordinators. An activities programme was in place which covered seven days a week and this included a mixture of one to one sessions, group activities and visiting entertainers. There was a range of activities organised by the service including quizzes, singing, word games, exercises and themed events such as a summer garden party and a planned celebration for the Queen's birthday. The activity coordinators understood what people could or could not do with regard to participating in activities; this ensured activities were tailored to each individual. People's comments included "We have plenty to keep us occupied here". Although staff encouraged everyone to engage with activities they respected people's wishes when they chose not to join in. Staff said, "We have plenty going on but some people prefer not to participate".

On the day of our visit we saw activities taking place for people. We saw staff interacting with people, chatting, singing and reminiscing with them. We observed chair based exercises and singing. People clearly enjoyed the lively sessions, relatives and friends were also involved in the activities.

People told us they had a key worker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting people with activities and spending time with them.

The home was responsive to people's comments which can be informal as well as formal from surveys or questionnaires, complaints or concerns. None of the people we spoke with had any complaints about the quality of the care they received. People were aware of how to make a complaint and we saw copies of the homes complaints procedure. People told they would raise any issues or concerns with staff. The service had regularly received compliments by way of cards and letters. One recently received stated 'It is a truly humbling experience to witness the love, care and patience shown by staff'. Most of the compliments were around the 'excellent care', the brilliant team, the pleasant friendly atmosphere and well-kept environment.

Recommendations from a care home website had an overall score of 9.8. Staff told us "The manager and directors are open for any suggestions". This meant that the service listened to their staff and valued their comments. During our visit we observed that staff morale was high, staff told us they felt valued and appreciated.

The management provided strong role models for staff. Managers and directors knew people well and demonstrated through their commitment and evident concern for people's welfare. One of the directors we spoke with said "The people who live here have to come first".

People were supported to practice their own religion. The home would arrange visits from a faith leader when required.

If anyone required spiritual advice or assistance or would like a visit from their own religious Minister the home accommodates this.

# Is the service well-led?

## Our findings

People, relatives and staff all told us they were very satisfied with the service provided at the home and the way it was managed. The staff members we spoke with said communication with the management team was excellent, and that they felt supported to carry out their roles in caring and supporting people. Staff commented that they felt valued and respected and they could approach the management team with any concerns or questions. They told us there was an open culture at the service and they were encouraged to make suggestions and to develop their learning. One member of staff said "It's a team here, we all work together to improve the lives of the people in our care". People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

The home had a responsive attitude and ethos from senior management down. There were management systems in place to ensure that any issues identified had an action plan in place to complete. The manager meets with the director and associate manager weekly and a managers meeting template was completed and followed through. The home had a quality assurance manager who was responsible for carrying out quarterly audits.

There were effective systems in place to monitor and improve the quality of the service provided. The registered manager told us they completed daily, weekly and monthly audits. We saw copies of reports produced by the compliance manager. The reports included any actions required and these were checked each month to determine progress. There were regular weekly meetings between the Director, Associate Manager, Quality Assurance Manager and the Registered Manager.

The home had a clear vision of provision of quality care with aims and objectives based around dignity, respect and choice as described in the statement of purpose. Staff told us the management team provided good leadership for the service and made it clear the standards expected of them, such as the importance of ensuring people received care and intervention that was tailored to their needs. We observed clear supportive leadership with a strong commitment to deliver a high standard of personalised care and continued improvement.

People told us that the service benefitted from good leadership and organisation. One person said "It's very well run, they are very organised". A relative told us "I am always contacted if there are any changes to [X] care".

The registered manager had notified Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The management team had been involved in the well-being and health for people living with dementia (WHELD) research study. The manager informed us that there were future plans to be involved in the, My Home Life project, which is an initiative that promotes the quality of life in care homes.

The service had developed links with a local jointly funded health and social care team and had benefitted

from support and advice on a range of clinical and practical issues attending study days and tailored workshops.