

Stone Gables Care Ltd

Stone Gables Care Home

Inspection report

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16 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 16 March 2017 and both days were unannounced. At our last inspection in January 2016 and rated the service as requires improvement. At the last inspection the provider had not done all that was reasonably practicable to mitigate risk to people in the home. The staff did not always understand the mental capacity act and what this meant for people living at Stone Gables. We concluded on both days of the inspection the service had improved in both areas and was now meeting the legal requirements. However, we did find a further breach in relation to staff training and supervisions at this inspection.

Stone Gables Care Home provides care and support for up to 40 older people. The service did not have a registered manager. A manager had been recently appointed on 30 January 2017 and told us they would be applying to register as the manager of the service. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff supervisions were not always completed by the manager. We found gaps throughout the training matrix where some staff had not received supervision for over six months. Since the new manager had started in January 2017 we found most staff had received supervision. Appraisals had taken place.

We found gaps throughout in staff training which included safeguarding and food hygiene. The manager told us they were aware of these gaps and these had been identified in the audit. A meeting had been booked with the owners to look and book staff on these training courses.

We did not see many activities taking place during both days of our visits. The home was in the process of recruiting a new activity person due to a vacancy from the end of December 2016. The manager and deputy manager had arranged for the care staff and outside entertainers to support activities until this process had been completed. However, some staff told us they did not always have time to do this.

People told us they were happy living at the home and enjoyed the company of staff and others they lived with. People were supported to make decisions and received consistent, person centred care and support. They received good support that ensured their health care needs were met.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risk was well managed and were the least restrictive for people. There was enough staff to keep people safe.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff who administered medication were trained in medicines management.

Health, care and support needs were assessed. The new care plans we looked at reflected these changes and the manager and staff were in regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. We observed some good interactions between staff and people who used the service and the atmosphere was relaxed.

The service had good management and leadership in place. Even though the manager and deputy had only been at the home for around six weeks we had noticed improvements in the home since the last inspection. People had the opportunity to comment on the quality of service and influence service delivery.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

People were supported with food as and when they required this. Snacks and refreshments were observed throughout the day for people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we have told the provider to take at the end of this report.

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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

There were mostly sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff told us they received good training and support which helped them carry out their role. However, it was evidenced on the training matrix there were several gaps in staff training.

Staff described how they supported people to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

Is the service caring?

Good 

The service was caring

The care plans which had been completed by the new manager and deputy manager were detailed individualised and described all aspects of people's care and support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

Is the service responsive?

The service was not always responsive.

We did not see many activities during both days of the inspection; the provider was looking at how they could further improve these by appointing an activity person. Care staff did not always have the time to complete activities as well as provide personal care.

People's needs were fully assessed and reviewed when any changes to care needs and wishes were identified.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

There were some effective systems in place to assess and monitor quality of the service. However, we saw some areas were not effective. For example: supervisions and training for staff and quality of activities in the home.

People had the opportunity to say what they thought about the service. The feedback gave the provider an opportunity for learning and improvement.

Accidents and incidents were monitored by the manager.

Requires Improvement 

Stone Gables Care 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.

The inspection took place on 13 and 16 March 2017 and both days were unannounced. At the time of inspection there were 30 people living at the home.

The inspection team consisted on the first day of two adult social care inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Their expertise was in supporting an older person using care services. On the second day of inspection one adult social care inspector returned to the service.

Before the inspection we reviewed all the information we held about the service, including past inspection reports, action plans, notifications from the provider and the Provider Information Return (PIR). This 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 contacted Healthwatch to ask if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

During the inspection we spoke with the manager, the providers, deputy manager, and a senior staff member. Four care staff and the chef. We spoke with five people who used the service and five relatives of people who used the service. We spent time looking at records including four people's care plans, four staff recruitment records and other documents relating to the running of the service.

Is the service safe?

Our findings

At the last inspection in January 2016 we found the provider had not done all that was reasonably practicable to mitigate risk. At this inspection we found the provider had made the required improvements and was now meeting the regulation.

We looked in people's new care plans and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care plans showed assessments were carried out for mobility, food and fluids and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

All but one person we spoke with who lived at Stone Gables told us they felt safe living there. Relatives we spoke with also told us they felt their relatives were kept safe at the home. One person said, "Oh, yes there is no reason why you should not be safe here." Another person said, "Oh yes, I do feel safe. I have a lock on my bedroom door. I have a red cord that I pull if I need assistance." A relative said, "Overall, I am very happy with the care my wife gets and I know that she is safe."

Another relative said, "Yes I do feel my grandma is kept safe." Another third relative told us, "They [staff] do everything they can to keep my wife safe."

People we spoke with all but one person who lived at the home told us they thought there were enough staff to deal with their needs. One person said, "There is always enough staff. I think there are about three night staff, they come around every two hours." Another person said, "Yes, there always seems to be enough staff." Another person said, "Well there are always plenty of people about." Another person said, "They [staff] are all very good but some of them [staff] have bad memories as they forget to come back or they say they will be a minute and they are not. They are all busy, which I can understand. There is only three of them at night. They come round a couple of times through the night."

We spoke with five relatives and all but one relative we spoke with told us they felt there was always plenty of staff to look after people. One relative said, "There always seems to be enough staff." Another relative said, "They are a little short staff as it seems to take them [staff] along time to answer the door each time we have visited." We spoke with one member of staff who told us, "There is not enough staff, but we are waiting on three new staff to start on days."

We observed some people were able to move around freely and safely in the communal areas of the home unassisted. Other people we saw were assisted by care staff. We observed one person being assisted with a hoist. This was done safely and staff explained what they were doing to the person they were assisting even though the person did become distressed, staff were seen as reassuring the person whilst assisting them.

The home had an odour in the main entrance when we first arrived. However, we observed domestic staff cleaning communal areas and there were no further odours noted during the rest of the visit. We saw the home was clean. We were invited into one person's bedroom and saw the room was clean with no

unpleasant odours being present. One person said, "Yes my room is always kept clean. The whole place is kept clean."

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines.

Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR's showed staff were signing for the medication they were giving. The home was using a new electronic system. Staff had completed training in this. The senior member of staff told us "This minimizes any mistakes as its colour coded and alerts you to a person's medication when this is required. I think it is really good." There was no evidence to indicate any person living at the home was put at risk or had come to harm. People we spoke with told us they received their medicines and that they were administered by staff. One person said, "The staff does the medicines; they always bring them at the right time." Another person said, "I practically do get my medicines on time." Another person said, "I get my night medicine from staff."

Topical creams were in place in people's care plans. We saw evidence of these charts with pictures and instructions of where each cream should be applied.

Staff completed daily fridge temperatures and these were recorded in the file. We saw creams labelled with when these had been opened and when they needed to be discarded.

Is the service effective?

Our findings

At the last inspection in January 2016 we found the provider did not ensure care was provided with the consent of the relevant person. At this inspection we found the provider had made the required improvements and was now meeting regulation.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager had completed several applications for people in the home and these had been approved.

We spoke with staff about their knowledge of the MCA. One staff member said, "It is about having your own mind to make decisions." Another staff member said, "Looking if people have the capacity. Just because they have Dementia doesn't mean they cannot make their own decisions." A third staff member said, "People can choose as an individual, they have choices." A fourth staff member said, "People are given choice of what they would like to eat, wear and how they are cared for." Care plans showed us evidence of where people had been assessed in relation to capacity. These had been supported with family involvement.

We looked at staff training records which showed some staff had completed a range of training sessions. These included health and safety, infection control and food hygiene. However, we noted not all staff had completed the training. For example, we saw 13 staff had not completed food hygiene and nine staff had not completed safeguarding adults training. The manager told us "All other gaps that have been identified are being followed up immediately." One staff member told us, "I had moving and handling training and have completed all the modules of the care certificate."

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with told us they had received supervision and had an appraisal. One staff member said, "I had supervision a month and a half ago." Another staff member said, "I had one a few weeks ago." A third staff member said, "We have regular supervision." We looked at four staff files and were able to see evidence staff members had received supervision in December 2016 and January 2017. However, we noted from the supervision records for 2016 and 2017 not all staff had received supervision. We saw from the 2016 supervision record 16 staff members had not received supervision during this period. The provider's 'supervision policy and procedures' stated 'every employee will be invited to a supervision session with their manager or supervisor at least monthly. We saw in the staff files we looked at where staff had received an annual appraisal. We spoke to the manager, deputy and the

provider about this. A meeting had been arranged with the providers and manager to look into the gaps for staff and ensure these were completed and up to date over the next few months. The provider was also looking at reviewing the supervision policy.

The above evidence demonstrated a breach of Regulation 18 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People told us they felt their needs were being met by staff who knew what they were doing. One person said, "They [staff] help me to dress every day. They ask me what I want to wear. They fall over themselves to be helpful." A relative said, "I always ask how my grandma is and they [staff] always update me. If there was an emergency I know they would contact me."

People had access to healthcare services when they needed them. We saw evidence in three people's care plans showed they regularly visited other healthcare professionals such as the district nurse and local doctor. It was identified by the manager were previous care plans did not show the follow up from these appointments. The new care plans clearly showed and evidenced these. This showed people who used the service received additional support when required for meeting their care and treatment needs. Staff told us people's health care needs were well managed and the GP or district nurse was contacted straight away if needed. They also said the optician and chiropodist visit when required. One staff member told us, "The district nurse comes in daily to see [name of person]."

We observed lunch time in the dining area and in one of the lounges. There were four care staff and the cook who served food to people who were sat in the dining room. Six people chose to have their lunch in the lounge. Two people who were sat in the lounge needed some support with their meal. We saw staff sitting with them supporting and encouraging them with their meal.

We saw most people had the same food. The lunch was sausages, mashed potatoes, cabbage with gravy. We saw some people had asked for alternatives. One person we saw had a ham salad with a baked potato. Another person had a baked potato with cheese. Desert was cheesecake. The home used different coloured tablecloths for different mealtimes.

Everyone we spoke with told us the food at the home was good. One person said, "We have a choice at mealtimes. They [staff] always make me what I want to eat." Another person said, "Whatever you want they [staff] will try to make this for you." Another third person said, "Breakfast and lunch are very good. Teatimes, not too good as it is always the same, although I have to say I have put weight on since being here." Another fourth person told us, "The food is quite varied. I do enjoy my meals." We saw there was plenty of interaction between people living at the home and care staff. People were having conversations between themselves and staff and on one table there was some joking and laughter between staff and people.

We saw throughout the day drinks were offered. A drinks trolley was taken around the home by care staff during the morning and we saw people were also offered pieces of cake. We saw one person was given fruit. We saw there were jugs of juice in the lounges.

Is the service caring?

Our findings

Everyone we spoke with told us they thought the staff were kind, caring and treated them with respect. One person said, "You can't grumble, you need to settle because it is a different way of living. The home is very good. The staff are very caring and they know how to look after me." Another person said, "I am doing wonderfully. I would not move from here for all the tea in China. They [staff] are kindness itself. They can't do enough for me and they always treat me with dignity. I could not wish for a better home. I love every minute I am here." Another third person said, "Yes I am happy here and I don't want to move. They are very kind to me they look after me." Another fourth person said, "The only problem is the ratio of men to women. There are less men here." Another fifth person told us, "The staff are really marvellous, very friendly and caring. Nothing is too much trouble for them. As well as being caring the staff are all security minded."

We spoke to relatives who were all happy with the care their relative or friend received. One relative said, "Yes I do think my wife is happy here. I think she is well cared for and the staff are all very good in fact excellent. I can't fault the girls at all and I have never seen anything untoward. There is one staff my wife has taken too, she makes her smile and laugh." Another relative said, "It is lovely here the staff are really nice. The girls are all so patient, all with smiles on their faces." Another third relative said, "They make us welcome when we visit and always offer to make us a drink." Another fourth relative told us, "I think it is pretty good here. [Name of person] is happy here. She is well looked after and staff do pretty well. They always dress her well and they always make me welcome when I visit. They are all smashing lasses. It is a good place." They went on to tell us "[Name of person] has lost some weight which they are recording this. They told me they are all working together to build her weight back up. I am staying for lunch so I can sit with her and have our lunch together to see if that encourages her to eat better."

We spoke with staff around the care support for people in the home. One staff member said, "People are well looked after." Another staff member said, "Care is good, it is their home. I would have my family member live here." A third staff member said, "Care is good. We have a good team, who do the best they can."

There was good interaction between people living at Stone Gables and the staff. We observed people laughing and joking with staff. We did not see any poor interaction as everyone appeared to be relaxed in their surroundings.

People we spoke with all confirmed their friends and relatives could visit at any time and there were no restrictions. Relatives we spoke with also confirmed they were able to visit at any time.

We looked at the care plans of four people and found evidence which showed the involvement of the person concerned. We saw where documents required signing by the person this had been done. The manager and deputy of the home said as and when care plans needed to be reviewed they would always ask family to attend. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "We have requested to do this over the phone as it makes it easier for us." This meant people, or where appropriate their relatives, had been involved in their

care. We saw evidence of people and their relative's involvement in care plans. One staff member said, "The care plans have good information and help you know how to care for people." Another staff member said, "The managers are going through everyone's care plan to make sure they are up to date." Some staff told us they had not had chance to read the new care plans and relied on the other staff or the person themselves and handover to know what care requirements people need. We spoke with the new staff to ensure they liaised with the deputy and manager to read these.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment.

People we spoke with told us they were able to get up and go to bed as they wished. Two people described their morning routine. One person said, "They help to get me up in a morning. They get me up about 9:00am, as I have chosen to get up later. I used to be up early and then thought why should I get up so early so now I get up later, just as I want." Another person said, "They ask me when I want to go to bed."

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the care plans for four people who currently used the service. The care plans were written in an individual way, which included people's preferences, as when they would like to go to bed. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. We spoke to the deputy manager to ensure all new staff had read the updated care plans in the home.

We did not see many organised activities taking place during our inspection. We saw a television was on throughout our visit in one lounge. We saw there were people sat in both the lounges in the morning and there was 'Homes under the Hammer' on the television. It was not evidenced throughout the day where anyone was watching this programme as some people were asleep whilst two people had visitors. People were asked about activities in the home. One person told us, "We do not have an activities person but someone comes in every fortnight. Yesterday we had a man come in to do archery. I really enjoyed it. It was really good fun." Another person told us, "We have bingo sometimes." We observed a white board in the dining room which listed activities for the week. We saw for the first day we were visiting there was hairdresser visiting in the morning and in the afternoon there was a church group visit. We did not see any of these taking place. We did hear some singing in one of the lounges, where staff sang some old time songs and several people joined in with this. We spoke to the manager and deputy about this. The manager told us they were in the process of recruiting a new activity coordinator due to the last one recently leaving the home and interviews arranged for the coming weeks. On the second day of our visit we saw people were encouraged to participate in dominoes, this was located on the activity board.

We spoke to staff about the activities in the home. One staff member said, "We have someone who comes in and does fitness for health." Another staff member said, "People come in and do chair exercises and archery. I sometimes do a singalong with people but we don't always have time it will be better when an activity person starts in the next few weeks."

People we spoke with knew who to speak with if they had a complaint or any concerns. One person said, "I would speak with one of the seniors or the manager if I had a complaint." Another person said, "I can't complain there is nothing to complain about I would speak with staff if I did have a complaint." A third person told us, "If I had a complaint I would speak to anyone that would listen. Her in the office is good."

We looked at records of complaints and concerns received. There had been no written complaints received since the new manager had taken over in January 2017. The manager said any learning from complaints would always be discussed with the staff team once any investigation had concluded. We saw complaints and compliments were on the agenda in the last staff meeting in February 2017.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of inspection. The previous manager left in January 2017. A new manager was appointed at the end of January 2017. The manager was in the process of applying to become registered at the service. People living at the home told us they thought the home was well run. One person said, "Overall, I would definitely recommend the home, everyone is kind to us and nothing is too much trouble and we are given a lot of choices here."

We spoke with staff who told us, "Managers are pretty good. The manager is making changes and it is getting better. There is better paperwork, we are documenting everything. I am happy here." Another staff member told us, "New management are friendly and approachable. They listen to concern and these would be looked at." A third staff member said, "Manager is very approachable. They are making changes for the better. Staff are fantastic and work as a team. I am happy and it is a happy environment." A fourth staff member said, "The new manager is much better, things are getting better." And "We have team meeting fairly frequently."

Records we looked at showed the manager and deputy checked the quality and standard of care was maintained and improved on where needed. We saw all medications were stock checked daily by staff and the manager. We saw seven new care plans had been completed and audited. The manager and deputy showed us a recent audit of the staff files which alerted them to gaps in training and supervisions. The manager, deputy and owners had arranged to meet over the next few weeks to ensure these were up to date and all staff had completed all the training required.

We saw an environmental check was carried out in February 2017, which included external areas of the building. We saw identified actions were recorded and who was responsible for the action. We noted dates were recorded when the action had been completed. The deputy manager told us they carried out a random walk around the home and recorded any issues and actions to address the issues. We saw a health and safety audit had been completed in April 2016 which looked at areas such as hazards, communication and training.

The deputy and manager told us they had good support from the owners who visited frequently. Staff told us the owner spent time in the home talking with staff and people who used the service. We did not have any evidence of written audits from the providers in relation to the service. We were told on the second day of inspection this was something they were in the process of completing.

People we spoke with could not remember receiving a survey asking them about their satisfaction with the service. Relatives also said they could not remember receiving a survey.

We asked people if residents/relatives meetings were held. One person said, "We are supposed to have them. We had one a few weeks ago. Relatives were invited." A relative said, "There was a meeting for everyone about three weeks ago." Another relative said, "There was a meeting two weeks ago. I am waiting for the minutes." We spoke with the manager who told us prior to her been appointed these were not

happening. She told us, "I was keen to get these back into place as they are so important to get people and relatives view on the service. How can we improve if we do not have these. We will be doing these every six months." The agenda to the meeting showed discussions of new staff and appointing an activity person, mobile library and film night.

We asked the manager and deputy about the forward planning for the home in relation to their new positions within the company. They told us training for all staff and the knowledge of paperwork. To ensure supervisions were completed and recruitment of the new staff and activity person. The manager was waiting on DBS checks coming back before the new staff could commence employment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate supervisions or training in accordance with the policy.