

Stilecroft (MPS) Limited

Stilecroft Residential Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected on the service on the 6TH October 2014. The inspection was unannounced and carried out by two adult social care inspectors.

Stilecroft Residential Home is set in its own grounds and provides care to older people some of whom live with dementia. The home can accommodate up to 42 people. On the day of our inspection 38 people were in residence. There was a registered manager in place. 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.

We found the service did not breach the regulations outlined in the Health and Social Care Act 2008 there were areas that required improvement.

We judged there were not always sufficient staff to meet people's needs in a timely manner. However we noted

Summary of findings

the manager had adopted good strategies to minimise the impact of this on people who used the service. The majority of people we spoke with told us that they were satisfied with the amount of staff within the home.

People told us they felt safe in the home. We found evidence that showed that staff were trained to spot and appropriately deal with all forms of potential abuse. Risks to people's safety and welfare were managed well and monitored by the registered manager on a regular basis.

Medicines were administered safely and correctly by staff with appropriate levels of training.

Care was delivered by suitably trained and supported staff who were aware of people's care needs. Staff knew about the Mental Capacity Act 2005 and how it applied to the people they supported.

The food in the home was popular with the people who used the service. We saw that people were having their nutritional needs met and those who needed support to eat were receiving appropriate assistance. The chef was very knowledgeable and had a good rapport with people.

We noted that some areas of the building required refurbishment but were given assurances that this work was on going. Some parts of the home had been decorated and furnished to reflect best practice in dementia care.

Throughout our inspection we saw evidence that staff had established good relationships with people who used the service. People who used the service told us, "I get on well with the staff." And "The care staff are 100 per cent. ...I think they always listen." A relative commented, "They're lovely with my wife.I go home from here knowing that she's well looked after."

We looked at 10 people's records of care. We found that care plans were based on comprehensive assessments and correctly reflected people's needs.

The manager listened to people's comments and complaints and made changes based on people's feedback.

The manager regularly made herself available to staff and people in the home and had systems and processes in place to measure the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service required improvement as there were not always sufficient care staff on duty.

People were protected from abuse because staff had received appropriate training. Medications were managed safely

Requires Improvement



Is the service effective?

The service was effective because people were supported by staff who were trained appropriately.

People's nutritional needs were being met because they were assessed correctly and supported properly.

The building required some maintenance work but there were areas of the home that provided a good environment for people who lived with dementia.

Good



Is the service caring?

The service was caring, people we spoke with confirmed this.

We observed people being treated with dignity and respect.

Staff understood people's care needs and had taken time to get to know the people they cared for.

Good



Is the service responsive?

The service was responsive because people's care was based on comprehensive assessments including risk assessments. People's care plans correctly reflected their needs.

The manager actively sought people's feedback and acted upon it.

Good



Is the service well-led?

The service was well led. The manager had systems and processes in place to monitor the quality of the service provided.

The manager encouraged others to express their ideas and had high expectations about the care and support given within the home.

Good



Stilecroft Residential 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 checked 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 6/10/2014 and was unannounced.

The home was inspected by two CQC adult social care inspectors.

Prior to the inspection we reviewed information we held on this home including statutory notifications and information provided by the local authority.

On the day of our inspection there were 38 people resident at the home. There were six care staff on duty including two senior carers. In addition to this the manager and her deputy were also present as well as an activity co-ordinator, an administrator, three cleaners, a laundry assistant and a chef.

During the inspection we gathered further information by speaking with 10 people who used the service, two of their relatives and 10 staff. We read 10 people's records of care and looked at other records that related to the service, for example quality audits. We observed staff whilst they worked and looked at the interior and exterior of the building.

Is the service safe?

Our findings

We asked people who used the service if there were sufficient staff to support them in a timely manner. One person said, “There’s always enough staff as far as I know.” Another person told us, “Sometimes they can have staff off or on holiday.”

We spoke with staff about this who told us that there were not always sufficient staff on duty. One member of staff commented, “Jobs get done but we’d like more time with the residents.” Another added, “Sometimes we are short, it’s hard but it’s not dangerous.” We looked at four weeks of the duty rota. We found over the four weeks that 18 shifts were marked as cover required. We spoke with the manager who explained that on occasion they had been unable cover shifts. We judged that failing to cover shifts left the service without sufficient staff and that this required improvement.

We observed staff working hard throughout our inspection. The manager had adopted good strategies to maximise the effectiveness of her staff. For example the activity co-ordinator was providing meaningful activities for groups of people while the care staff carried out various tasks. The meal service was divided into two servings to allow care staff to meet people’s nutritional support needs.

We looked at how people who used the service were protected from bullying, harassment, avoidable harm and abuse. People we spoke with told us that they felt safe at Stilecroft Residential Home. One person commented, “I know a lot of people here, I feel safe.” Another person told us, “Oh yes, I’ve never had any qualms or worries.” A relative told us that they were confident that their partner was safe within the home.

We spoke with staff who were able to demonstrate their knowledge about how to keep vulnerable adults safe. For

example they were aware of different types of abuse and who they should report concerns to. We reviewed information about safeguarding that we held about Stilecroft Residential Home. We saw that they reported their concerns to both ourselves and the local safeguarding authority. We saw that the service had responded where concerns about the safety and welfare of the people who used the service had been raised.

In order to ensure that the service was managing risks to individuals we looked at 10 people’s records. We saw that people had risk assessments in place. For example some people had been identified as being at risk of falling. We saw that plans were in place to mitigate or reduce these risks by the use of specialist equipment such as walking aids. We were aware the home had previously had an issue with doors in the home not being secure. We checked and saw that mechanisms were now in place to prevent people from leaving the home without the knowledge of the staff and without restricting their freedom.

We looked at the management of medication at the home. We found that medication was stored safely in locked rooms in the home. People’s medicines were dispensed and administered by staff trained to do so. Staff made sure that medication was administered at the correct times, for example some medication was given before meals as outlined on the medication administration record (MAR). We noted that all medication was signed for correctly on the MAR. There were plans in place for people who occasionally required extra medication. Unused medication was disposed of appropriately. We spoke to people who used the service about medication, they told us they were satisfied with the service they received. One person said, “I get the right medication, it’s always on time and they give me extra [prescribed] if I need it.”

Is the service effective?

Our findings

We found that people who used the service were supported by staff who had the necessary knowledge and skills to do so. We had evidence to show that staff undertook training pertinent to their role which included dementia care, end of life care and infection control. Training was by distance learning but senior staff also checked out that staff had understood and could bring the learning back into the home. If staff failed an assessment they were supported to re-take that training. We asked people if staff knew how to support them properly, everyone we spoke with agreed that they did. One person said, "They know what they are doing!"

We observed that staff always asked for people's consent before any intervention. Care plans reflected that people had been spoken with about the support they required. All staff had received training in both the Mental Capacity Act 2005 and the Deprivation of Liberties legislation. There was no-one who was subject to a Deprivation of Liberty order at the time of our inspection. The manager understood her responsibilities and understood how to make an application.

We checked whether people's nutritional needs were being met. We saw that there was an early and late serving for each meal. This gave people a choice of when they wanted to eat. It also meant that there were fewer people in the dining room, or eating in their room at any one time. This in turn enabled staff to assist people who needed additional support when eating.

We spoke with people who used the service, they told us that the food was of a high standard. One person commented, "We have a good chef!" Another added, "The food is excellent." We spoke with the chef who was very

much aware of people's nutritional needs and demonstrated an understanding of how to increase, and decrease people's calorie intake. We noted that they had a good rapport with the people who used the service.

We looked at people's nutritional support plans. We saw that they were based on a comprehensive assessment which included a malnourishment universal screening tool (MUST). The MUST is a recognised assessment which helps to indicate people's nutritional requirements. People's weight was regularly monitored and we noted that those who needed to gain weight were doing so.

The home also involved other professionals in people's care. For example where there was an issue with people's weight we saw evidence of dieticians and speech and language therapists being referred to. We spoke with people who used the service, they told us that staff always contacted the GP's, district nurses and other professionals if they were required. One person informed us, "Oh yes, I see the district nurses and the GP."

The correct specialist equipment had been supplied such as hoists or standing aids. The equipment was labelled and used by the people who it was originally procured for.

We saw that some areas of the home required refurbishment. We spoke with the manager and they explained that work had been commissioned to improve some of the rooms. The laundry was in particular need of attention. However we saw that there were areas of good practice. For example the unit for people who lived with dementia had an indoor garden area at the end of one of its corridors. There were also small items throughout the unit such as binoculars and sewing machine tables that provided people with points of interest and stimulation. One person commented, "It is beautiful, it's my home."

Is the service caring?

Our findings

We spoke with people who used the service who told us that they were encouraged to express their views and be actively involved with their care. People's care plans reflected this although some people did not recognise that being involved in their own assessments contributed to their support plans. However all of the people we spoke with told us that they spoke with either the manager or the staff about their care on a regular basis.

We asked people if their privacy and dignity was always respected. One person said, "They always knock on the door if it's closed." Our observations confirmed this. Furthermore we saw that staff took care to treat people with dignity and respect. For example during lunch staff were careful to ensure that the meal was unhurried and that people had their own choice of what to eat and where to eat it. Therefore those who wanted to eat in the privacy of their rooms were supported to do so.

Throughout our inspection we saw evidence that staff had established good relationships with people who used the

service. They appeared professional at all times and were friendly and caring towards the people they supported. They had also taken the time to get to know people personally and were able to demonstrate knowledge of their likes and dis-likes.

There was a dedicated unit for people who lived with dementia. The staff we spoke to in this unit understood how to care for people who lived with dementia. The unit was peaceful and calm because the staff and the manager had worked hard to ensure people were supported appropriately.

People who used the service told us they were satisfied with the care and support they received. One person said, "I get on well with the staff." And "The care staff are 100 percent....I think they always listen." Another person told us, "It's lovely."

Relatives we spoke with commended the service. One commented, "They're lovely with my partner.I go home from here knowing that they are well looked after." Another said, "I am more than happy!"

Is the service responsive?

Our findings

We looked at 10 people's written records of care. We saw that each person had received a comprehensive assessment carried out by staff at Stilecroft Residential Home. These assessments helped to identify people's care needs. For example people were assessed to see if they were at risk of injuring themselves due to poor mobility. If they were found to be at risk care plans were developed to support people and keep them safe. We found examples of people who were at risk of falling and saw that they had been provided with the correct advice and equipment, such as standing aids or correctly fitting shoes. This meant that care plans were helping to reduce risks to people's health and wellbeing.

We saw that care plans were reviewed on a regular basis or when people's needs changed. There were references made to care plans in people's daily notes and when we spoke with staff they were aware of people's needs and the support they required.

We saw that people had their rooms in a style of their choosing and were able to bring their own furniture if they wished. There was a choice of activities throughout the day and we observed several residents enjoying a musical quiz. There was a dedicated activities co-ordinator who had helped provide a structured and meaningful day for people who lived at Stilecroft Residential Home. People had the choice to join in with activities and were able to go and sit in quieter areas of the home or remain in their rooms if they wished.

The service had systems in place to routinely listen to, and learn from, people's experiences, concerns and complaints. We had monitored issues raised around the service via the local safeguarding authority. Safeguardings arise when vulnerable adults are deemed to be at risk. The service had

not had any recent issues with the safeguarding of vulnerable adults. However we were aware of an incident where a person had come to harm outside of the building at night without the knowledge of the staff on duty. The manager was able to demonstrate that the home had learned from this incident. Procedures had been put in place to ensure exit doors could not be opened without staff being made aware via a call bell system. The exterior of the home was now well lit at night.

The manager also informed us that she regularly made herself available to people and their relatives. People, their relatives and members of staff confirmed this. This meant people were able to discuss any concerns quickly with the manager who told us, "We try to resolve situations quickly."

There was also a formal complaints process in place for people to raise concerns. The policy included details on how to support people to access advocacy services if they had no-one to speak on their behalf or needed support to make a complaint. There was clear guidance as to how long it should take the manager to deal with complaints and who to contact if people were dissatisfied with the outcome.

We found evidence to demonstrate that the service operated in a person centred and inclusive manner. This was reflected in the way they wrote care plans and confirmed by the people who used the service and their relatives.

We noted that regular questionnaires were sent to people who used the service and their relatives. The questionnaires were designed to establish if people were satisfied with the service they received. We asked the manager if she could provide examples of how she had improved the service following people's feedback. The manager told us that improvements were being made to the grounds of the building to enable visitors to park safely.

Is the service well-led?

Our findings

We saw that the manager and all the staff were approachable and amenable to change. The manager supported the decisions made by the people who used the service. For example we commented that people were served a three course meal at lunch rather than at dinner time. The manager was able to provide evidence, via minutes from a residents meeting, that this was the preference of people who used the service.

The manager had clear ideas about how the service should be operated. She was particularly keen to promote good practice within the care of people who lived with dementia. She shared her ideas and expectations with staff at regular staff meetings. We saw staff meeting minutes that confirmed this. In addition we noted that staff were able to speak out and express their ideas or concerns about the service. For example the staff were unhappy with the décor in the dining room and had decided to paint it themselves.

The manager had a quality assurance system in place to ensure that Stilecroft Residential Home was delivering a good and safe service. We found that the manager regularly checked all the people who used the service care plans to ensure that they were accurate and up to date. The manager also monitored that people were being regularly weighed and checked that assessments that should be done regularly, such as the MUST, were done correctly.

The manager and her staff carried out audits on medication and infection control. Staff also carried out checks on fridge temperatures and regularly flushed the water systems to reduce the risk of legionella. All the checks were appropriately documented and escalated to the manager so that they were aware.

We noted that the manager also carried out regular audits about the physical environment within the home. Any issues that could be dealt with locally were resolved by the home's maintenance staff. Requests for larger scale work were sent to the provider.