Stoneleigh Home (Bielby) Limited

Stoneleigh Home

Inspection report

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Date of inspection visit:
08 March 2017
13 March 2017

Date of publication:
26 April 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Stoneleigh Care Home provides personal care and accommodation for up to 14 older people. There were 12 people living at the home at the time of our inspection. The service is in the village of Bielby and all of the accommodation provided is on the ground floor. There is wheelchair access and the home has a large garden with a duck pond.

At the last inspection in November 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe and well cared for. Staff received safeguarding training and knew how to respond if they had any concerns. Risk assessments guided staff in how to minimise risk to people. The premises was clean and well maintained. There were enough staff to ensure people received support in a timely way. People's medicines were managed safely.

Staff received an induction and training, to ensure they had the skills and knowledge to support people effectively. They also had regular supervision and an annual appraisal.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with their nutritional needs and told us they enjoyed the food. People were able to access a range of health services, and a visiting healthcare professional confirmed that staff always contacted them in a timely way in response to people's changing care needs, and acted on the advice they gave.

People and relatives said staff were always very kind and caring, and the unanimously positive feedback we received showed an outstanding level of attention to people's needs, preferences and well-being. Staff treated people with dignity and respect at all times. The home followed best practice in end of life care.

Detailed care plans were in place and staff were very knowledgeable about each person's needs and preferences. There was a range of activities available at the home. People felt able to raise any concerns or complaints and were confident these would be addressed.

People and visitors told us the home was very well led. There was a registered manager who was supported by a deputy manager. There was a strong focus on continual improvement and the management team conducted a range of audits to check on the quality of the service. People were asked for their views on a daily basis and in annual surveys, and their suggestions were used to improve the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Outstanding.	**Outstanding** ☆
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Stoneleigh 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 registered 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 the 8 and 13 March 2017. The inspection was unannounced on the first day, and we made arrangements to return on the second day to complete the inspection.

The inspection was carried out by one adult social care inspector and an expert-by-experience on the first day of the inspection, and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we reviewed the information we held about the service including notifications about any incidents at the service. Before the inspection, the registered provider completed a 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 the quality monitoring team from the local authority to seek relevant feedback.

During our visit we spoke with five people who used the service, two visitors, two care staff, the deputy manager and the registered manager. We reviewed three people's care records, two staff recruitment records, induction and training records, and a selection of records used to monitor the quality of the service. We observed daily activities in the home including the administration of medication and interactions between staff and people who used the service. We also spoke with one healthcare professional shortly after the inspection visits, who gave us their views of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and well cared for. One person confirmed that they felt, "Absolutely and entirely" safe and other comments from people included "I feel safe" and "I feel that it is home."

Staff received training in safeguarding vulnerable adults from abuse or harm and there was a safeguarding policy and procedure in place. Staff told us they would report any concerns to senior staff or to the registered manager and were confident any issues would be acted upon straightaway.

There were risk assessments in place for each person based on their assessment of needs. This included assessments in relation to the risk of falls, malnutrition and dehydration, skin integrity and moving and handling. The falls risk assessment for one person whose file we reviewed included detail about the impact of the person's health condition and sensory impairment on their mobility. It also included information about their previous falls history and recognised that the person was more confused at the end of the day, so that staff were alert to the specific circumstances they needed to monitor more closely. This meant that risks had been identified and were minimised to protect people. Monthly reviews were undertaken, to ensure that the risk assessments in place provided the right guidance for staff to support people in a safe way.

The premises were clean and well maintained. We viewed cleaning schedules which showed the frequency with which cleaning tasks were required and specific instructions on the activities to complete. The registered manager conducted monthly checks on the premises, electrical equipment and fire safety equipment. There were also servicing records and maintenance certificates in place in relation to the emergency lighting, electrical installations and fire detection and alarm systems.

Recruitments procedures were in place, to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. The DBS service is in place to help employers make safer recruitment decisions, to protect people. In one staff file we viewed, although three positive references had been obtained, none of these were from the staff member's most recent health and social care employer, so we discussed this with the registered manager who agreed to ensure that recent references were consistently sought.

People, relatives and visitors told us there were enough staff to meet people's needs safely. We observed throughout our inspection there were sufficient staff to give people assistance in a timely way. One person told us, "It's only a small home so when you ring the bell they are here quickly." Staff told us there were always sufficient staff and one said, "We all pull together and there is good communication."

The arrangements for managing people's medicines were safe. There was a medicines management policy and procedure in place and staff received training before supporting anyone with their medicines. Appropriate and up to date best practice guidelines were available for staff to refer to. We observed that

medicines were stored and administered to people in a safe way. The medication administration records (MARs) we viewed were generally appropriately completed and medication audits were regularly completed. We saw that the findings of the home's most recent external medication audit, conducted by a pharmacist, were very positive.

Good

Is the service effective?

Our findings

People who used the service were highly complementary about staff and felt they had the right skills to support them. Their comments included, "They (staff) have their training days and are always very helpful," "The staff here are wonderful. I think they must be hand-picked. They are really very good" and they "Definitely (have the skills). They must have been well trained. Nothing is too much trouble. They seem to be able to cope with anything you ask."

There was a comprehensive induction and training programme in place. Some training was provided via on-line training and other courses were face to face training courses. Staff we spoke with confirmed the training they had received and told us, "When I started I did some on-line training and shadow shifts to get to know people. I've also done some other courses like fire safety, health and safety and end of life care, and have food hygiene coming up. We get enough training definitely. [Registered manager] said if there's any course you'd like to do, just mention it and we'll get you on." Records showed staff had completed training on an appropriate range of topics. One staff member raised a concern with us after the inspection about the timeliness of one aspect of their induction training, but the manager confirmed this training had been scheduled.

Staff had regular supervision sessions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. There were also regular staff meetings. This meant that staff had the opportunity to reflect on their practice, identify training needs and discuss concerns.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff received training in MCA and DoLS. They understood the importance of obtaining people's consent to their care. At the time of our inspection nobody who used the service was subject to a DoLS authorisation. People confirmed that staff always sought their consent and involved them in decisions about their care. When we asked one person if staff respected their choices, they said, "Very much so."

We spoke with people about the quality and choice of meals provided. People told us staff knew their food preferences and one told us the food was, "Excellent, it really is. Without any doubt." One person told us the food was "Good, but a little more variation would be welcome." A visitor confirmed, "I have often been here at mealtimes and it's always good." People were offered a choice of meals and we saw the food served looked hot and appetising. At lunchtime most people ate together at a large dining table to encourage interaction between people who used the service and staff. Some people choose to eat in their own rooms, or to eat at a different time to other people, and their choice was accommodated. At teatime, an attractively presented buffet was served in the garden room, with a selection of sandwiches and cold foods, and people were individually supported to choose items from the buffet. Refreshments and cakes were offered throughout the day.

People's weight was monitored, and where people were identified to be at risk in relation to their nutrition or hydration needs, their food and fluid intake was monitored and, where required, input from relevant professionals was sought. Staff were aware which people had specific dietary needs, such as a requirement for food supplements, and this information was recorded in their care plan.

We saw evidence in people's care records that staff supported people to access community health care services such as GPs, district nurses, podiatrists and opticians. A healthcare professional told us that staff were always, "Responsive to individuals needs and will ring us with any concerns." They continued, "The communication is very good." They confirmed that staff carried out any instructions they gave, stating, "Absolutely; they are very attentive."

We observed the environment was suitable for the needs of people using the service, and was comfortable, well-lit and homely. There was also a very large, well maintained garden which enabled people to enjoy outdoor space and pleasant views. This included a duck pond, aviary and vegetable plot.

Outstanding ☆

Is the service caring?

Our findings

The feedback we received about the quality of care at Stoneleigh was unanimously extremely positive and demonstrated an outstanding level of attention to people's needs and wishes. The home had a strong, visible, person centred culture; this was evident from our discussions with staff and the comments of all the people we spoke with. There was a clear sense that people were treated as an 'extended family'. People told us staff treated them with kindness and respect at all times, and their comments included, "They do care. This morning I was feeling funny. Within minutes [Registered manager] was here to look after me. I also care for them." Another person told us, "They (staff) are always respectful, kind and considerate."

One visitor told us, "I love it here. It really feels like a home. It's so nice and such a nice atmosphere. The environment and staff are so lovely. People go out in the garden in the summer and have a pimms and lemonade. It feels like a family rather than a group of people pushed together. I would be quite happy to live here myself." Another told us, "It's a lovely place. They treat [my relative] like family." A visiting healthcare professional told us staff were "Caring and very good" and said, "Residents are always well presented and happy. None of them have ever raised any concerns with us."

We saw many thank you cards and letters which were equally positive and included comments such as, 'The love, care and attention which [Name] enjoyed during their time at Stoneleigh was without doubt exceptional,' 'Your level of care to [Name] was just amazing' and, 'We can now take great comfort in the fact that [Name]'s last years were spent in a wonderful environment with even more wonderful people, who loved and looked after them.'

We saw staff interacted very well with people and were caring and compassionate towards them. There was a relaxed, friendly atmosphere with plenty of chatting and laughter. Staff talked about people in a respectful way and we observed they offered assistance discreetly and in a way that protected people's dignity. Staff we spoke with were proud of the work they did. One member of staff told us, "I love it here. I wouldn't go back to my old job for a million pounds!"

Comments from people who used the service showed us that staff were highly respectful of their privacy and dignity. Staff were able to describe examples of how they promoted people's privacy and dignity and we saw staff always knocked on people's doors and waited for an answer before entering. A relative told us, "Once when I visited they were washing and changing [my relative] so they asked me to wait outside. I thought this showed the utmost respect."

People's care plans included details about their individual needs and preferences and people told us they were involved in decisions about the home, their daily routines and their care. For instance, one person gave us an example of how they were involved; "They wanted to decorate and re-carpet my room, but I said no. I like it as it is." This choice was respected. We noted the room was still nicely presented. We saw another person was a keen gardener and had been supported to maintain this hobby as they looked after pots and bedding plants on the paved area outside their bedroom patio doors.

A relative told us they were kept informed and involved in their loved one's care, and commented, "It's brilliant. They always have time and want to help." People and relatives confirmed that visitors could come at any time and that they were made to feel welcome. People's comments included, "If they visited in the middle of the night I feel sure they would be welcomed with a cup of tea" and "They can have a meal here, which is a great help."

Staff received training in equality and diversity. Staff ensured people's individual needs, such as their faith, were met. A vicar visited the home once a month to hold a service for those who wished to join in.

Since our last inspection, the service had started working towards the 'Gold Standard Framework' for end of life care. This is a nationally recognised approach and showed the service was proactive in applying best practice to ensure people had the most positive and dignified experience at the end stages of their lives. All staff had recently received training from a local hospice, and advance care plans were being developed, where people wished to engage in these, to highlight people's preferences and choices. The staff had also developed a 'support register' to proactively code and track each person's health and support needs, in order to anticipate any support they may require. This was reviewed each month. We noted very positive feedback in thank you cards from relatives, indicating that staff provided highly sensitive and compassionate care in the end stages of people's lives.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure the service could meet their needs. People's care plans were kept electronically; each entry was dated and timed and included the name of the staff who had made the entry. Care plans recorded the support people needed in a variety of areas, for example with communication, continence, emotional support, health needs, mobility and personal care. The care plans we viewed were up to date. Care plans were usually reviewed monthly or more frequently if people's needs changed in the meantime. This meant staff had the information they needed to provide personalised care.

People, relatives and visitors all told us that staff knew people well, and tailored their support to people's individual needs and preferences. As an example, one person told us they had breakfast in bed. Other people told us, "We can get up and go to bed when we like" and "When I call they come immediately and sort out any needs." A relative confirmed that people were "Absolutely" treated as individuals, and told us that staff were attentive and provided "Detailed support" to their relation due to their health condition. The registered manager walked around the home every morning and spoke to each person to see how they were and if there was anything they needed. They kept a daily diary to record any requests or action required. We saw evidence of responsive action being taken in response to concerns identified during the daily walk-around, such as a request for a GP visit and an amendment to one person's care plan due to their changing needs.

It was evident from our discussions with staff and our observations during the inspection that staff did know people well. Relatives were included in planning their relation's care and told us they were asked to support with providing information about people's life histories. This information was recorded in people's care files and used to stimulate conversation and provide activities of interest to that person.

Staff used an electronic tablet (computer) to record specific support provided, where this was required, such as re-positioning of people and food and fluid intake. This automatically synced with the care records held on the computer system. This enabled the registered manager to monitor that care provided was in line with people's care plans and that specific care strategies used were being effective.

People told us there was a range of activities and entertainment at the service, which they could take part in if they wished, including regular craft activities, singing and exercise classes. People were also aware that staff produced a newsletter each month with details of any activities or trips planned. People were involved in day to day activities at the home, such as growing their own vegetables and helping to lay the table for lunch. We also saw activities taking place during our inspection, such as a music and movement class. There was evidence of a recent craft class which had taken place on Dignity Action Day, where people had produced a 'dignity tree' with statements on it about what dignity meant to them. Staff told us this had been a thought-provoking exercise for staff too. We were also told that people took part in seasonal activities. For instance, chicks were hatched in time for Easter each year and people were supported to rear the chicks to produce eggs.

The registered provider had a complaints policy and procedure. People and visitors told us they knew how to raise a concern or complaint if they had one, and would feel comfortable doing so. People were confident that any concerns would be addressed promptly. Their comments included, "If I had a complaint I would go straight to [Registered manager]. He would sort it immediately" and "I have complained on occasions. It has been dealt with immediately." A relative told us, "Yes, I would know how to (raise a concern), but have never had need. I can't praise them enough." People, relatives and visiting professionals also had opportunity to provide feedback via annual surveys and in care reviews.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who was also the owner and registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Everyone we spoke with said the registered manager was approachable and the home was very well managed. The registered manager was supported by a deputy manager. Comments from people who used the service about the leadership of the home included, "[Registered manager] will do anything for you. A very pleasant chap" and "I have a great respect for them." Visitors told us the management of the home was, "Excellent. Always on hand to answer any queries. The way the staff and management run things is always positive" and "[Registered manager] is a real hands-on manager and owner, and has a good relationship with residents. He is forever trying to do what they want and get them involved in things, such as potting plants or whatever, so that it's stimulating for people."

The registered manager understood their responsibilities and told us they kept up to date with best practice and changes in legislation via regular training, the CQC website and external consultancy support with policies and procedures and human resources advice. The registered manager also worked alongside other organisations to access training, such as end of life care training and various courses run by the local authority.

Most staff told us they felt supported in their work and said there was a positive, person-centred culture in the home. There was a staff reward scheme in place to encourage innovation and best practice. Staff told us the management of the home was, "Really good. I definitely get enough support. [Registered manager] is always around and [Deputy manager] is really good too." Another told us, "I couldn't ask for a better boss. He listens to you. I have taken on extra responsibilities and if I have any queries about these he will help and talk me through everything. He has given me the opportunity to better myself and build my skills. So this has built my confidence."

There was a strong emphasis on continual improvement at the service. Staff told us they were always looking at ways to improve the service people received. For instance, since our last inspection the registered provider had started working towards the Gold Standard Framework for end of life care, they had made some improvements to the audits and infection control file, and the registered manager had started documenting their daily walk-around and action taken from this.

The registered manager sought feedback from people who used the service, relatives and external stakeholders in an annual satisfaction survey. We saw that the results of the most recent survey were very positive and suggestions for improvement made in the surveys had been actioned. For instance, a visitor had made a suggestion about improvements to security and this had been addressed. One person had requested a later mealtime and this had been accommodated. The registered manager had developed an

action plan in response to the survey findings so that people could see what action had been taken as a result of their feedback.

In addition to the surveys, the registered manager completed a range of quality assurance audits. These included monthly audits of the premises, care plans, staffing, food hygiene, infection control and social activities. There were also bi-monthly medication audits. Each of the audits had a section for comments and actions required. This enabled the registered manager to monitor that actions had been completed.

Throughout the inspection, the feedback we received indicated there was a high level of satisfaction with the service and people felt they were very well cared for.