

AS Care Solutions Limited

Stonehill Drive

Inspection report

43 Stonehill Drive
Rochdale
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18 July 2023

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Stonehill Drive is a modern detached house in a residential area of Rochdale. It provides accommodation and support to people with a mental health condition. It is registered to support 4 people. At the time of our inspection 1 person was living at the home.

People's experience of using this service and what we found

The home was clean and well-maintained. There were effective systems in place for infection prevention and control. Servicing of equipment was up to date and regular safety checks of the environment were completed. Systems were in place to protect people from the risk of abuse. The provider had robust staff recruitment processes to ensure staff were suitable to work with vulnerable people. Medicines were managed safely, and processes were in place to ensure medicines prescribed 'when required' were not overused.

Staff were provided with appropriate training and supervision. The person living at the service was supported to access healthcare services when needed. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff respected the person's privacy and dignity and promoted their independence. They told us they were happy living at the service and that staff looked after them well.

Staff provided person-centred care. They supported and encouraged the person to take part in activities of their choice. The provider had a robust complaints process.

The service was well managed. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The service registered with us on 18 March 2021, and this was the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stonehill Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Stonehill Drive is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stonehill Drive is a care home without nursing care. It provides support to people with a mental health condition. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 July 2023 and ended on 18 August 2023. We visited the service on 18 July 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We looked around the service and spoke with the person who lived there and the service manager. We reviewed a range of records. This included support plans, medicine administration records and safety checks and audits. We sent questionnaires to support staff who worked at Stonehill Drive asking a range of questions about their experience of working for the service. Five completed questionnaires were returned to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect the person from abuse.
- Staff had received training on how to recognise and report abuse and told us they understood what to do to keep the person safe from harm.

Assessing risk, safety monitoring and management

- Risks to the person's safety and welfare were assessed and managed appropriately. Guidance was in place to help staff minimise risks associated with the person's mental health and behaviours of distress.
- Annual servicing of equipment was up to date and regular maintenance checks of the building and equipment had been completed.
- Fire escape plans were displayed throughout the building. These outlined how the person should be evacuated from the building in an emergency. Fire safety equipment, checks and training for staff were in place.

Staffing and recruitment

- Checks had been completed when new staff were recruited. We reviewed 2 staff files and found all the relevant documentation was in place, including references. Disclosure and Barring Service (DBS) checks had been received. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support the person appropriately.

Using medicines safely

- There were arrangements in place for the safe management of medicines.
- Staff had received training in medicines administration and had their competency checked.
- The service ensured the person's behaviours of distress were not controlled by excessive or inappropriate use of medicines.
- When people needed medicines on an 'as and when required' basis (PRN), there were protocols in place. These helped staff understand when such medicines should be used or when alternatives, such as relaxation techniques should be tried first.
- Medicines were stored in a locked cupboard in the office.

Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes in place to record, investigate and monitor accidents, incidents and complaints. The registered and service manager investigated incidents, took action to minimise any recurrence and shared lessons learned with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs had been thoroughly assessed prior to their admission to the home, with involvement from a range of professionals. This ensured the service was able to provide the appropriate level of support.

Staff support: induction, training, skills and experience

- Staff received a variety of face-to-face and on-line training. This ensured they had the appropriate skills to support someone with a mental health condition.
- Staff told us they were happy with the training they received. One support worker told us, "I was also provided with plenty of literature on mental health and conditions and used it for my personal development."
- Staff received 1:1 supervision and attended team meetings every few months. These provided on-going support and gave staff an opportunity to raise any problems or concerns.
- Staff told us they were happy with the support they received from the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- The person received support to eat and drink enough to maintain a balanced diet.
- The person living at the service was involved in choosing their food, shopping, and planning and cooking their meals. Staff encouraged them to choose healthy options when buying food and drinks.

Adapting service, design, decoration to meet people's needs

- The service was well-maintained and decorated to a high standard.
- There was a large lounge and conservatory, which provided attractive communal spaces.
- A 'sensory' room had been created which provided a quiet area to relax in.
- The person's bedroom was personalised to suit them.
- A garden, with decking and lawned area provided an attractive outside space.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The person living at the service was supported to maintain their health and access appropriate medical care.
- Staff helped the person maintain their mental health and were aware of signs and symptoms which might indicate their mental health was deteriorating. Staff knew who to contact to seek help when this happened.
- Staff maintained health records which contained information and guidance about the person's health

needs, hospital visits and any related health issues.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA.
- The person living at the service was involved in decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere at the service and staff provided friendly and caring support.
- We observed positive interactions between staff and the person living at the service.
- The person living at the home told us they were happy with how the staff treated them. Comments included, "The staff are lovely. I can't fault them."
- Staff told us they enjoyed supporting people and making a difference for them. One staff member commented, "I love working with our residents and I know them well."
- The provider respected people's individuality, both staff and people who used the service. One support worker commented, "The service is very open to everyone and inclusive. The company promotes equality and inclusion."

Respecting and promoting people's privacy, dignity and independence

- The right to privacy and confidentiality was respected. Confidential information was stored securely.
- The person's bedroom was their own personal space, and staff respected this.
- The person living at the home was encouraged to help with planning meals and with shopping. This helped them develop their budgeting and independence skills.
- The staff had developed a 'reward' scheme to help promote and encourage their independence.

Supporting people to express their views and be involved in making decisions about their care

- The person living at the service was supported to make day to day decisions, such as when to get up, when to go to bed and how they would like to spend their time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were person-centred and contained detailed information about the person's background and their social, physical and mental health needs.
- Support plans provided staff with information on how to meet the person's identified needs, including support they needed to maintain their physical health and well-being, mental health and behaviour, nutrition and personal hygiene.
- There was good communication within the staff team. Staff shared information about the person's changing needs and any potential risks, at shift handover meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's communication needs and preferences had been identified and highlighted in their support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to live a happy and fulfilling life, maintaining and developing friendships.
- The person was encouraged to take part in activities based on their interests and the experiences they enjoyed.

Improving care quality in response to complaints or concerns

- The service managed complaints appropriately. An up-to-date complaints policy was displayed on a noticeboard in the home.
- Staff told us they would be able to speak to the registered manager, or other members of the management team, if they had any concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Support plans and risk assessments had been regularly reviewed and updated. Records demonstrated a person-centred approach to the care and support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service manager and registered manager provided consistent oversight of the service. They had the skills, knowledge and experience to perform their roles.
- Staff understood their roles responsibilities. They had access to a range of policies, procedures and guidance relating to their work.
- Effective quality assurance audits and checks were regularly carried out. These were used to review the quality and safety of the service and identify improvements when needed.
- The service was committed to continuous learning and improvement. Staff were given appropriate training and opportunities to develop their knowledge and understanding of mental health issues. One staff member commented, "There are always new courses added to improve our care service." Another told us, "I did NVQ 2, then 3 in Health and Social care since working for the company. When I was completing NVQ2, I did some additional units on mental health."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The service worked with the local authority and with health and social care professionals to ensure the person living at the home had access to appropriate care and treatment.
- Regular team meetings were held which gave staff the opportunity to discuss any concerns.
- Staff were complimentary about the organisation as a whole and told us they enjoyed their work. One staff member told us, "Yes (I enjoy working for the service) because I like to support people who are having difficulties and then see their improvement over time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities under the duty of candour to be open and transparent with people and their families if something went wrong.

