

Elpha Lodge Residential Care Home Limited

Stonehaven Residential

Care Home

Inspection report

The Willows
Red Row
Morpeth
Northumberland
NE61 5AX

Tel: 01670760692

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13 June 2017

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 12 and 13 June 2017 and was announced. A previous inspection, undertaken in March 2015, found there were no breaches of legal requirements and rated the service as Good overall, although we rated Well-led as requires improvement, as there had been minimal oversight of the service by the provider. At this inspection we found the home was continuing to meet all legal requirements.

Stonehaven Residential Care Home is a three bedroomed bungalow situated in Red Row, near Morpeth, which provides accommodation for up to three people with learning disabilities. Nursing care is not provided. At the time of the inspection there were three people using the service.

The home had a registered manager who had been registered since October 2011. 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.

Safeguarding procedures were in place. There had been no recent safeguarding matters formally investigated. The premises were effectively maintained and safety checks undertaken on a regular basis, including checks with regard to fire safety. Risk assessments were in place related to the environment and the delivery of care.

Appropriate staffing levels were maintained to support the needs of people living at the home. Suitable recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Medicines at the home were managed and administered safely and effectively. People were supported to access adequate food and drink.

Staff said they were able to access the training they required and records confirmed mandatory training was up to date. Staff told us, and records confirmed there were regular supervision sessions and that they had an annual appraisal.

The registered manager had a good understanding of the Mental Capacity Act 2005. One person currently living at the home had restrictions in place linked to the Deprivation of Liberty Safeguards. Two other people were in the process of being assessed as to whether they met the legal requirements. Where people did not have capacity or full understanding to make decisions then best interests decisions had been taken and documented.

People had access to health care professionals to help maintain their wellbeing and staff responded to any health concerns. There was a homely feel to the building and people's individual rooms were decorated to their tastes.

Relatives we spoke with told us they felt the care was good, personal and responsive to people's needs. Questionnaire responses from people and relatives of people living at the home indicated the service was good. We observed positive relationships between people and staff. Staff were empathetic in their approach. People were treated with dignity and respect.

People had individualised care plans that addressed their identified needs. Reviews of care needs involved individuals and family members, as appropriate. Individuals were supported to engage in a range of events and activities linked to their interests, both within the home and in the community. No formal complaints had been received in the previous 12 months.

The registered manager showed us records confirming regular checks and audits were carried out at the home, including checks by the provider's nominated individual. Staff were positive about the leadership of the home and the registered manager, who they said had a good understanding of people's needs. The provider was meeting legal requirements in relation to notifying the CQC of events and displaying their current quality rating. Records were complete and up to date.

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 and remained Good.

Is the service effective?

Good ●

The service was effective and remained Good.

Is the service caring?

Good ●

The service was caring and remained Good.

Is the service responsive?

Good ●

The service was responsive and remained Good.

Is the service well-led?

Good ●

The service was well led.

Improved support and oversight had been established by a senior member of the provider's management team.

Stonehaven Residential 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.

This inspection took place on 12 and 13 June 2017 and was announced. The provider was given 24 hours' notice due to the needs of the people living at the home. The inspection was undertaken by one inspector.

Before the inspection, the 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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with all three people who used the service and we observed them to look happy and relaxed in staff company and well cared for. We also spoke with the registered manager and one care worker who was on duty for both the days of the inspection. Following the inspection we spoke with a relative of a person who lived at the home and tried to contact two care managers.

We reviewed a range of documents and records including; two care records for people who used the service, three medicine administration records, three records of staff employed at the home, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

At our inspection in March 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

There had been no formal safeguarding matters at the home since the previous inspection. We saw that where there had been concerns, and the registered manager was unsure if this constituted a safeguarding matter, she had referred to the local safeguarding team for advice and carried out her own investigation. A relative told us they felt their relation was safe living at the home. They told us, "I do think they are safe. If I didn't I would be straight there. They know what is right and wrong and have never raised any concerns with me about the staff."

At the previous inspection we had found checks on the safety of the home were carried out, with gas and electrical certificates available. At this inspection we found this continued to be the case. Fire safety checks were also undertaken on fire equipment such as extinguishers, alarms and emergency lighting. Risk assessments had also been carried out in relation to the environment and with regard to people's individual care, such as the risk of falls when people went out into the community.

Plans were in place to deal with emergencies, with plans indicating where people would be accommodated if they were unable to return to the home after a fire. We saw the fire evacuation procedure was discussed with people at each 'residents' meeting. People we spoke with told us what they would do in such an emergency. Accidents and incidents were recorded and action taken, where necessary. For example, after a minor medicine error a staff member had been observed during administration of medicines and had undertaken further training.

At the inspection in March 2015 we had found appropriate levels of staffing had been maintained at the home, with one staff member on each shift and some additional one-to-one time available to support one person. At this inspection we saw this continued to be the case. Staff told us they felt this was a sufficient level to support the needs of people, where relatively independent. They told us local staff were available on call, if an emergency occurred during the night. A relative told us they felt staffing was appropriate to meet people's needs. There had been one new member of staff recruited since the previous inspection. We saw appropriate recruitment procedures had been followed, including the checking of references and ensuring a Disclosure and Barring Service (DBS) check was in place.

Medicines continued to be managed in a safe and appropriate manner. Medicines administration records (MARs) were well maintained and contained no gaps in recording. Medicines were stored securely in a locked cupboard inside a larger cupboard area. Where people had items such as creams or eye-drops these were dated when opened and a note made of when they should be discarded. Temperatures in the storage area were monitored. Systems were in place for the ordering and disposal of any medicines. People told us they received their medicine regularly. We noted all three people received paracetamol on an 'as required' basis, to help them with pain. 'As required' medicines are those given only when needed. We saw there were

no care plans to advise staff how to best administer these medicines. The registered manager told us she would look to introduce these as soon as possible.

At the previous inspection we found the home to be clean and tidy. As this inspection we found this continued to be the case. There were rotas in place to ensure communal areas and people's rooms were cleaned and tidied on a regular basis. One of the home's senior carers was the infection control champion and attended local meetings to ensure the service was up to date on latest information and infection control advice.

Is the service effective?

Our findings

At our inspection in March 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we had found the service supported staff to access training and update their skills. At this inspection staff told us they continued to have access to a range of training. Records showed staff had undertaken a range of mandatory training and the majority of areas had recently been revised or updated. Mandatory training is training the provider considers essential for staff to undertake their roles. Staff training and the need to ensure it was kept up to date was covered both in staff meetings and supervision meetings.

Staff told us they continued received supervision approximately every two months and an annual appraisal. Records we saw confirmed this and contained good detail about the range of issues and area discussed. Appraisals also covered future development actions and training needs.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

One person was currently subject to restrictions under DoLS. Two other people were in the process of being assessed, with an independent assessor visiting the home on the second day of the inspection.

People had been assessed as having the capacity to understand and consent to issues such as the sharing of information and agreeing staff should support them with their medicines or personal care. When this was the case we saw consent forms had been signed by the individual and witnessed by staff. This consent to care was periodically reviewed. Where people did not fully understand matters then there was evidence a best interests meeting and decision had taken place. For example, a best interest meeting had taken place to consider if a person's access to a Motability car was still beneficial and appropriate.

People's well-being continued to be supported, with evidence of regular contact with general practitioners and other health professionals. On the second day of the inspection one person was supported to attend an appointment with the district nurse. A relative told us, "(Registered manager) is right on it if there is anything wrong. They get them seen straight away." People also had hospital passports in place. These contain important information about the person, their health history and preferences that can be passed quickly to

health staff if the person is admitted to hospital.

At the previous inspection we found people were supported to access sufficient food and fluids. At this inspection people told us they liked the meals at the home. There was evidence people were supported to make choices about the meals they enjoyed. People's nutritional needs were reviewed and regular checks maintained on their weight. A relative told us they were particularly pleased that staff had been able to support their relation in a weight reduction diet, which had brought other health benefits.

Is the service caring?

Our findings

At our inspection in March 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At this inspection people again told us they were well looked after and supported by the staff. Some people told us they looked on staff as more like friends than carers. They said staff were kind and helped them to go out and took them on holiday. One person told us a member of staff had helped them write a letter to their relative that morning. During the inspection we observed people looked well cared for, had good relationships with staff and looked relaxed and happy in their company. Staff had a good understanding of people's needs and their particular personalities. A relative told us they were happy with the care and support offered. They told us, "They love it there. It's like home from home. It's one to one care and they are always working for them."

People were supported to participate in reviews of their care as part of monthly care reviews by people's key workers. Relatives told us they were kept up to date with any issues and involved in care decisions, as necessary. There was also a 'residents' meeting that took place approximately bi-monthly. We saw people were encouraged to participate in deciding what they would do to celebrate Christmas, where they would like to go for trips and holidays and also support the process of recruiting a new care worker for the service. A range of documents, such as questionnaires, consent forms, and information leaflets about common health issues and procedures were in easy read, or picture supported format, to assist people understanding and participating in decisions.

At the previous inspection we had seen that people's privacy and dignity were actively supported. At this inspection we saw this continued to be the case, with people having access to their own personal rooms as well as communal areas. People were also supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their rooms and the communal areas. Care plans identified that people should be encouraged to do as much as possible for themselves, in relation to personal care.

Records showed people were supported in making decisions by care managers and relatives, who acted as advocates when important decisions were required. At the time of the inspections two people were being supported by an independent assessor to decide if the applications to instigate DOLS were appropriate.

Is the service responsive?

Our findings

At our inspection in March 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we found care records were individual in nature and person centred. At this inspection we found this continued to be the case, with care plans detailing how staff should support people's individual needs. Care plans contained good detail for staff to follow; such as the action they should take to support an individual, whether in the home or out in the community.

Care plans were reviewed on a monthly basis, involving the person in this review, and were also subject to a more in depth three monthly review. Daily records were also recorded against each care area, detailing matters such as people's moods, their dietary intake and what activities they had participated in.

People living at the service continued to be supported to participate in a range of activities, including visiting local day services and drop in centres. 'Residents' meeting records confirmed people were asked about what activities they wished to be organised or what places they wished to visit. People were also asked what they wanted to do to celebrate their birthdays. One person told how they had been to Blackpool on holiday with their individual carer, stayed in a hotel and visited the wax work museum. The care worker told us this person often found crowds and noise difficult to cope with, so he had arranged for the person to visit the wax works earlier in the morning, before crowds might build up.

A relative told us their relation was supported to go on holidays by staff and that they were able to choose where they went. They felt there was access to a range of events and activities, although felt there could perhaps be more games and puzzles available in the home for day to day activities.

Choice was supported. People had been asked how they wished their bedrooms to be decorated and each room was personal to the individual. People were also supported to spend time as they wished. We noted from one review document that a person did not want to hold a birthday party but preferred to go on holiday with a care worker, and this was organised. People and staff told us they had regular contact with relatives, either through visits or telephone contact. Relatives confirmed this was the case. People sometimes went to stay with relatives for short periods, such as at Christmas.

The provider had a copy of the complaints policy on display in the main entrance and a notice encouraging relatives or other visitors to raise any concerns with the registered manager. Records showed there had been no formal complaints within the last 12 months. Where there had been any concerns or issues raised with the registered manager we saw these had been investigated or responded to appropriately. Relatives we spoke with told us they had not raised any concerns or complaints in recent months.

The registered manager had a summary of important information about each individual living at the home easily to hand, so staff could take it with them if the person had to be admitted to hospital or attended other

appointments, to ensure people's needs were always fully at the fore of any treatment or support.

Is the service well-led?

Our findings

At our inspection in March 2015 we rated this domain as "Requires Improvement", although did not identify a breach of regulations. We identified support from senior staff within the provider's organisation was not immediately accessible or available. At this inspection we found the provider had taken action to address these concerns and continued to act within the regulations related to this area.

The registered manager told us the provider had now appointed a new nominated individual and that this person now physically visited the home approximately every three months, although was available on the telephone. A nominated individual is a senior person within the organisation that the CQC would have contact with when raising issues with the provider organisation. The registered manager said they had weekly contact to discuss issues about the service and said she felt more supported within the service. We saw the nominated individual undertook reviews of the home when they formally visited, including speaking with people who lived there, speaking with staff and reviewing records.

At the previous inspection we saw the registered manager undertook a range of checks and audits on the home and the delivery of care. At this inspection we saw this continued to be the case and a range of measures were in place to ensure care delivery was safe and effective.

Staff we spoke with were positive about the manager and said she was approachable and supportive. They also told us there was a good and longstanding staff team at the home that worked well together. They said they felt the recently appointed staff member would be an asset to the home. Staff told us they enjoyed working at the home and found supporting the people who lived there very rewarding. A relative told us they felt the registered manager was very supportive. They said, "(Registered manager) is very nice, very kind and very approachable."

The provider had distributed questionnaires to people who lived at the home, relatives of people and staff members. People living at the home had been supported by staff to complete the forms, but were very positive about the care they received. Responses from relatives were also overwhelmingly positive, with all three responses rating their satisfaction of the service as either 'excellent' or 'very good.' Staff responses were also positive with all three respondents answering all questions about their work with either 'agree' or 'strongly agree.' We looked at the most recent local authority review of the home, dated from 2016. We saw the home scored 100% in all areas of the review.

There were regular staff meeting where a range of issues were discussed, including staff training, key worker roles and medicine systems. Staff were also encouraged to raise any concerns in the meeting.

The registered manager was complying with the service registration requirements. The home was displaying its current quality rating and the CQC had received appropriate notifications of events, DoLS applications and safeguarding issues, in line with legal requirements. Records at the home were up to date and contained good detail.