Stonehaven Residential Home Limited

Stonehaven

Inspection report

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Ratings

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

Overall summary

Stonehaven is registered to provide accommodation for up to 24 older people requiring nursing or personal care, including people living with dementia.

We inspected the home on 19 January 2016. The inspection was unannounced. There were 24 people living in the home on the day of our inspection.

The service did not have a registered manager. A manager had been appointed by the registered provider and at the time of our inspection this person had submitted an application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider'), 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is

Summary of findings

considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for eight people living in the home and was waiting for these to be assessed by the local authority.

Staff knew how to recognise signs of potential abuse and how to report any concerns. Staff also had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

However, people's care plans were not maintained consistently and people were not involved in reviews of their plan. Some people's individual risk assessments were not reviewed and updated on a regular basis to take account of changes in their needs.

Staff worked closely with local healthcare services to ensure people had access to any specialist support required. However, the management of people's medicines was not consistently in line with good practice and national guidance and presented an increased risk to people's safety.

Although the provider had employed a specialist activities coordinator, this person only worked part-time and some people did not have sufficient stimulation. The provider did not consistently meet the needs of people living with dementia.

There was a warm and welcoming atmosphere in the home. Staff knew people as individuals and provided kind, person-centred care. There were sufficient staff to meet people's care needs without rushing and staff worked together in a friendly and supportive way.

People were provided with food and drink of good quality that met their nutritional needs.

The provider supported staff to undertake their core training requirements and encouraged staff to study for advanced qualifications.

The manager demonstrated a very responsive and reflective management style, providing a positive role model for other staff. One of the directors of the registered provider spent time in the home on a very regular basis and had a warm relationship with people and staff. However, the systems used by the provider to monitor service quality were not consistently effective.

The manager encouraged people to come directly to her or other senior staff with any concerns. Formal complaints were managed well.

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?

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Requires improvement

The service was not consistently safe.

The management of medicines was not consistently in line with national guidance which increased the risk to people's safety.

Some people's risk assessments were not reviewed and updated on a regular basis to take account of changes in their needs.

There were sufficient staff to meet people's care needs without rushing.

The provider had sound systems for the recruitment of new staff.

Is the service effective?

Good

The service was effective.

The provider maintained a detailed record of staff core training requirements and encouraged staff to study for advanced qualifications.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality.

Is the service caring?

Good

The service was caring.

Staff knew people as individuals and provided person-centred care in a warm and friendly way.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Requires improvement

People's care plans were not maintained consistently by the provider and people were not involved in reviews of their plan.

The provider failed to meet fully the needs of some people living with dementia.

Summary of findings

Some people did not have sufficient occupation or stimulation.

The provider encouraged people to raise concerns and formal complaints were managed well.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The provider's auditing and quality monitoring systems were not consistently effective.

The manager demonstrated a very responsive and reflective leadership style, providing a positive role model for other staff.

The provider sought feedback from people on the quality of the service provided and took action in response to any issues raised.

Staff worked together in a friendly and supportive way.

Stonehaven

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. The inspection was planned to check whether the provider was 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.

We visited Stonehaven on 19 January 2016. The inspection team consisted of one inspector and an inspection manager.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with seven people who lived in the home, three visiting friends and family members, the manager, three members of the care staff team, the activities coordinator, the administrator and the cook. We also spoke to a local healthcare professional and one of the directors of the registered provider.

We looked at a range of documents and written records including five people's care records and staff training and supervision records. We also looked at information relating to the administration of medicines, the management of complaints and the auditing and monitoring of service provision.

We reviewed other information that we held about the home as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Requires improvement

Is the service safe?

Our findings

People with spoke with told us they felt their loved ones were safe living in Stonehaven. One visitor told us, "My friend is safe and well-cared for."

Staff were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Advice to people and their relatives about how to raise any concerns was provided on a noticeboard in the reception area of the home.

However, when we reviewed the arrangements for the storage, administration and disposal of medicines we found that these were not consistently in line with good practice and national guidance and presented an increased risk to people's safety. For example, the storage arrangements used for some medicines were not sufficiently secure which meant they could be accessed by people who were not authorised to handle medicines. The temperature of the medicine storage room was not monitored and although the manager told us that daily temperature checks on the medicines fridge were undertaken, there was no record that these had been completed.

We also reviewed five people's medicine administration records and found a number of errors. For example, a member of staff had signed a person's medicine record in error indicating they had given someone a medicine that they had not actually received. Another medicine that was offered to someone on an 'as required' basis was not listed on their medicine record. We also saw that the medicine administration sheets had not been updated properly at the start of the new recording period which increased the chance of further errors being made.

We discussed these concerns with the manager who acknowledged that improvements were required to ensure medicines were managed safely at all times.

We looked at people's care records and saw that a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example skin care, mobility and nutrition. However, some of these risk assessments were not reviewed and updated on a regular basis to take account of changes in people's needs. For example, one person had been assessed as being at 'medium risk' of falling. The provider's risk assessment system specified that people in the medium risk category should have their needs re-assessed at least monthly. However there was no record of re-assessments having been completed consistently for this person in the period leading up to our inspection. We saw that another person had fallen twice in less than six weeks. There was no evidence that any re-evaluation of their risk of falling had taken place as a result of these two incidents. There was also no evidence that the provider had considered any additional measures to prevent the risk of further falls, other than a note in the person's care file stating they had been, "Advised to slow down."

Again, we raised these issues with the manager who told us that the shortfalls in the risk assessment process would be addressed as part of wider changes that she intended to make to the care planning system overall.

Throughout our inspection we saw there were sufficient staff to meet people's needs without rushing. For example, we saw a visitor press a call bell to request staff support to enable their relative to return to bed. The call bell was answered promptly by two members of staff who were able to give the person the assistance they needed. The manager told us that she kept staffing levels under regular review and had recently employed an additional member of staff specifically to support people who wanted to have a bath or shower. This change was popular with people living in the home as it had enabled members of the care team to spend more time supporting them with other aspects of their personal care.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

Good

Is the service effective?

Our findings

People told us that the care they received was effective in meeting their needs. One person said, "I couldn't be looked after any better." Commenting on the quality of nursing and personal care provided to people living in Stonehaven, a local health professional told us, "It's one of the better homes locally."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This 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. Staff demonstrated they understood the importance of obtaining consent before providing care or support. One staff member told us, "When I am helping someone to get up in the morning, I always ask them what they want to wear. Even if someone has lost almost all capacity, I hold up two different items of clothing and they can usually indicate a preference." We also saw that some people had been supported to make advance decisions about their future care and treatment and this information was stored prominently at the front of their care file.

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). At the time of our inspection, the provider had sought a DoLS authorisation for eight people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed. Staff had a good understanding of the principles of DoLS. For example, they recognised that, without consent, wheelchair lap belts and occasional tables could be deployed as a form of restraint.

New members of staff participated in a structured induction programme followed by a period of shadowing experienced colleagues before they started to work as a full member of the team. The manager told us that the period of shadowing lasted, "as long as necessary" depending on the previous experience of each new recruit. The provider had not yet embraced the new national Care Certificate which sets out common induction standards for social care staff but the manager told us that she would follow this up and ensure it was built into the induction of new staff in the future.

The provider maintained a detailed record of staff training requirements and arranged a range of internal and external training courses including first aid, moving and handling and infection control. One member of staff said, "Training is good here, every year we get refresher training." Another member of staff who had recently received training in skin care techniques told us how the training had helped them improve the care and support they provided to people who were at risk of developing skin damage. Several members of staff had been supported to study for nationally recognised qualifications, including a senior member of the care team who had been encouraged by the manager to study for an additional management qualification. One member of staff told us, "The manager never objects to us wanting to better ourselves through training."

Staff told us, and records showed, that they received regular supervision and appraisal from senior staff. Staff said that they found the supervision process helpful and felt able to raise any issues that they were unsure about. We also saw that, when necessary, the manager used the process to provide feedback to staff on any issues relating to their capability or performance.

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, community nurses, community psychiatric nurses and physiotherapists. For example, one person had been assessed as being at risk of developing skin damage. The provider had sought specialist advice and a range of preventive measures had been put in place to address the risk. One local healthcare professional who visited the home regularly told us they had developed very a positive relationship with the care staff who were always quick to contact them, whenever they needed additional advice or support.

Everyone we spoke with, without exception, told us that they enjoyed the food provided in the home. People were offered a wide range of hot and cold choices for breakfast and a variety of snacks, including homemade cakes, was

Good

Is the service effective?

available at teatime. At lunchtime, although there was normally only one main dish on the menu, anyone who did not want this was offered an alternative. One person told us, “If there is anything we don’t like, we tell them.”

Staff had a good understanding of people’s nutritional requirements and preferences and used this information when preparing food and drink for people, including people who followed a vegetarian or reduced sugar diet. Staff were also aware of the risks of malnutrition and dehydration and preventive measures had been put in place. For example, drinks were available throughout the day to combat the risk of dehydration. People who had been assessed at being of risk of malnutrition were weighed regularly and the provider took further action if this was required. For example, in respect of one person we saw that a dietician had provided additional specialist advice to staff to enable them to support the person effectively.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, “The staff pop in and out, making me laugh.” Another person said, “I am having a glorious time.”

Staff clearly knew and respected people as individuals. One staff member told us, “It’s important to sit down and talk with people and share their life stories. A lot of people are local to the area. I have known some of them since I was a child.”

During our inspection we saw that staff supported people in a cheerful and friendly way and went out of their way to be helpful and kind. For example, in one of the lounges we saw a member of staff patiently helping someone rearrange their cushions whilst chatting throughout about the recent arrival of the person’s new grandchild. At lunchtime, we saw another member of staff gently support and encourage someone to eat their lunch, again engaging them in conversation throughout. The manager told us that when someone had missed the hospital transport home following a recent outpatient appointment, “We just hopped in the car and went to bring them home.” Staff also told us that one of the directors of the registered provider often brought his dog with him on his visits to the home and we saw photographs of people clearly gaining enjoyment and therapeutic benefit from hugging the dog.

Throughout our inspection we saw evidence of the provider’s commitment to person-centred care and to giving people choice and control over their lives. For example, on the day of our inspection one person had an appointment at the local hospital and staff had arranged for this person to have an early lunch. We saw that a wet room had been installed recently to give people the choice of a bath or a shower. One member of staff told us, “It’s important to give people choices. And to get to know their individual personality.” Another staff member said, “We work with some people who find it hard to communicate. But you can still find ways of helping them exercise choice. You can show them something and see if their face lights up.” The manager told us that a variety of individual arrangements were made to enable people to maintain their spiritual needs.

We saw that the staff team supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One person told us that staff provided personal care in a dignified way that didn’t make them feel embarrassed. This person said, in contrast, when they had been in hospital, “I sometimes found it could be embarrassing.” The provider ensured people’s personal information was stored securely and bedroom doors were lockable to enable people to maintain the privacy of their personal space.

The manager told us that she had not had to make use of local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. However, the manager said that she had had recently worked with one person’s informal advocate to discuss and agree the best way to meet the person’s care needs.

Requires improvement

Is the service responsive?

Our findings

If someone was thinking of moving into Stonehaven the manager told us that a senior staff member normally visited the person to carry out a pre-admission assessment. If someone subsequently moved in, staff prepared an initial care plan in discussion with the person and their family. Over time, this was developed into a full care plan detailing the person's personal preferences and care requirements.

However, despite these pre-admission assessment and care planning systems, we found that the provider failed to respond fully to the needs of some people living with dementia. For example, one person had a pattern of behaviour in their bedroom that had a negative impact on themselves and the people living in the same corridor. This behaviour was symptomatic of their dementia but staff lacked understanding of the specialist techniques that could have been used to reduce or eliminate it. We raised this issue with the manager who told us she would seek specialist advice to ensure the provider's response to the particular needs of people living with dementia was improved in future.

We looked at five people's care plans and saw that they addressed a range of individual needs including personal care, mobility and skin care. However, we found that the plans were not being maintained consistently by the provider. For example, one person's care plan stated that they needed staff support to keep their mouth clean and healthy. A daily 'oral care' record had been set up for staff to sign when they had assisted the person to brush their teeth. However this record was incomplete and on the five days preceding our inspection there was no evidence that this support had been provided.

We also found that people's care plans were not reviewed effectively. The provider expected all care plans to be reviewed on a monthly basis by a senior member of staff. There was a signature in each file to indicate that a review had been completed but there was no evidence that any issues had been identified, or any changes made as a result. Additionally, there no evidence that people and their families had been given the opportunity to be involved in recent reviews of their care plan.

Again, we raised these issues with the manager who readily acknowledged that the provider's approach to care planning needed to be reviewed and improved.

We saw that some people were supported by staff to maintain particular hobbies and interests including knitting, colouring, gardening and Tai Chi. However, people we spoke with had mixed views about the group activities provided in the home. One person said, "I'm having a glorious time." But another person said, "It's boring, everyone's asleep."

The provider had employed an activities coordinator to take the lead in this area, although this person only worked two and a half days each week and an additional half day every other Saturday. The activities coordinator told us that she had consulted with people to develop a range of activities to reflect their interests and preferences, including group word games, craft activities bingo and occasional musical entertainments. However, reflecting the provider's lack of insight into the needs of people living with dementia detailed above, there were very few activities tailored to the needs of this group of people. The activities coordinator told us that, although she had some specialist resources including a replica ration book, "I would like to do a bit more [for people living with dementia]."

On the day of our inspection, there was no morning activity provided as the activities coordinator had been asked to cover a staffing shortfall on the care team. In the late afternoon, the activities coordinator did organise a traditional tea party which was well-attended and enjoyed by everyone present. But at other times of the day, although some people were able to occupy themselves with a book or a jigsaw, we saw other people sitting in communal lounges for extended periods of time. They had little to stimulate them and only occasional interactions with passing members of staff.

We raised our concerns with the manager who acknowledged that further work was need to improve the provision of activities in the home, to ensure everyone had sufficient stimulation and occupation.

People were encouraged to personalise their bedroom and we could see that some people had their own photographs and other souvenirs on display. One person told us with pride, "I have a lovely bedroom." Another person showed us their model collection which they had brought with them when they moved into the home and which was a source of pride and ongoing interest.

Requires improvement

Is the service responsive?

Information on how to raise a concern or complaint was provided on the noticeboard in the reception area of the home. This information was also included in a new 'Welcome to Stonehaven' booklet that the provider was about to introduce for people moving into the home.

The manager told us that formal complaints were received only rarely as, "We encourage people to talk to us if there are any issues." We saw that there had been one formal complaint in the previous 12 months and that the provider had handled it to the satisfaction of the complainant. The manager had also reviewed practice in the home to try and prevent something similar happening again. Staff were aware of how to respond if people raised concerns about their care and they told us they were confident that the manager and other senior staff would respond promptly to any issues raised.

Requires improvement

Is the service well-led?

Our findings

The atmosphere in the home was warm and welcoming. The manager told us that she wanted people to feel as if they were in their own home and one regular visitor said, "It's like stepping into my Nana's house. There are always lovely cooking smells."

The provider had a number of audits in place to monitor the quality of the care provided to people. However, these were not consistently effective. For example, monthly audits of care plans were conducted but these had not picked up the gaps in recording and shortfalls in risk assessments that we identified in our inspection. No medicines audits were undertaken which meant the errors in medicines management we identified had not been picked up by the provider. Other audits were more effective. For example, the manager undertook a regular infection control audit and we saw that the infection control officer from the local authority had recently given very positive feedback on the standard of infection control within the home.

The manager was clearly well known to the people who lived in the home, their relatives and staff. One staff member told us, "The manager is very approachable." Throughout our inspection visit we saw that the manager regularly spent time out of her office, engaging with people and their visitors and providing additional support to staff if required. One of the directors of the registered provider visited the home regularly, including on the day of our inspection, when he spent time talking with people and staff. One member of staff said, "[The director] always comes over for a chat when I am in."

Throughout our visit, the manager demonstrated a very responsive and reflective management style. She was also quick to acknowledge and take responsibility for the shortfalls we identified in areas including care planning, medicines management and activities provision. The manager's open and accountable leadership provided a positive role model for other staff and set the cultural tone within the home. For example, one member of staff told us that if they ever made a mistake, they would not be afraid to tell their supervisor who would give them support to resolve the issue.

We saw that staff worked together in a friendly and supportive way. One member of staff said, "There's a good atmosphere in the staff team. It's a nice place to come to work." There were regular staff meetings and staff told us that they felt listened to by the manager and other senior staff. For example, one member of staff said that they had suggested a change to the way daily notes were recorded in people's care plans. The manager had taken up the idea and introduced it throughout the home. Another staff member told us, "I feel if I voice an issue, something is put in place. It's sorted." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home that could not be addressed internally.

The provider undertook regular surveys to measure satisfaction with the service provided. A summary of the results from the most recent survey was displayed on the noticeboard in the reception area of the home. The manager told us that she reviewed the survey returns carefully to identify any areas for improvement. For example, changes had been made to the way personal care was provided to one person, in response to feedback from a relative.

The provider did not organise group meetings with people or their relatives to discuss any issues or suggestions relating to the running of the home. However, the manager told us that she did meet with people on an individual basis and responded to any issues raised. For example, one person had asked if their bedroom could be redecorated in a particular colour scheme and this had been organised.

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies such as the local authority safeguarding team. The manager told us, and records showed, that incidents had been considered carefully and changes made to policies and practices where necessary.