

Kevin Bell

Stoneleigh

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Stoneleigh is a residential care home registered to provide accommodation for up to 11 people, including people living with a mental health condition. There were eight people living at the service at the time of the inspection.

People's experience of using this service:

- People and their families told us they felt the home was safe. There were enough staff to support people in a timely manner. However, we identified that some pre-employment checks had not been completed when two staff members started working at the service.
- Medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately.
- Individual and environmental risks were managed appropriately, which meant people were kept safe from avoidable harm.
- Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported appropriately by the provider and the registered manager.
- People were supported by staff with their nutritional and hydration needs. People were offered choice at mealtimes and menus contained a variety of nutrition and healthy foods.
- People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.
- Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what mattered most to them.
- People had a clear, detailed and person-centred care plan in place, which guided staff on the most appropriate way to support them.
- People, their relatives and staff members commented positively about the leadership of the service and felt that the service was well-led. The provider was engaged with the running of the service and was approachable to people and staff.
- There were appropriate auditing systems in place, which ensured that issues were acted upon and ideas for improvement were responded to.

Rating at last inspection:

The service was rated as good at the last full comprehensive inspection, the report for which was published on 10 August 2016.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

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 was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Stoneleigh

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Stoneleigh is a care home registered to accommodate up to 11 people who need support with personal care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

We did not give notice of our inspection.

What we did:

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

This included:

- Two staff recruitment files
- Staff training records

- Five people's care records
- Audits and quality assurance reports
- Six people using the service and two relatives
- The provider, the registered manager and two members of care staff

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels and recruitment:

- Recruitment processes and checks were in place when new staff started working for the service. However, we identified that two staff recruitment files did not contain a reference or information of why their employment had ceased with their previous employer. Therefore, we could not be assured that the provider had effective systems and processes in place to ensure people employed at the service were safe to work with people who had care and support needs. We discussed this with the provider, who advised that they would make arrangements to ensure that all references from previous employers were obtained or discussed.
- There were enough staff to support people safely and meet their needs in a timely way. One person said, "Yes, there are enough staff. I don't really need much help, but if I do, they are there." Staffing levels were calculated according to people's needs and allowed for staff to engage with people on a personal level and in a relaxed and supportive manner. The provider and registered manager were also trained and available to provide extra support when appropriate.

Systems and processes to safeguard people from the risk of abuse:

- Appropriate systems were in place to protect people from the risk of abuse. People told us they felt safe living at Stoneleigh. One person said, "I do [feel safe]. I've got no worries here."
- Staff had received training in safeguarding and knew how to identify, prevent and report abuse. Staff had access to phone numbers for the local authority safeguarding team and were aware of how to contact them should the need arise.

Assessing risk, safety monitoring and management:

- People's care plans contained detailed risk assessments which were linked to their support needs. This meant staff knew what actions they should take in order to promote people's safety and minimise the risk of harm.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Contingency plans were in place, which helped to ensure that people were provided with consistent care and support in the event of an emergency. Staff were aware of the fire procedures and action they would take if an evacuation was necessary
- Since the previous inspection, no incidents or accidents had occurred at the service. The registered manager was able to explain the actions they would take if an incident occurred in order to prevent further recurrence or harm.

Using medicines safely:

- Staff had been trained to administer medicines to people appropriately. Staff competency to administer medicines was monitored informally by the registered manager, however there was not a system in place to

record this. We discussed this with the registered manager who made arrangements to record staff competency in medicines administration.

- There were robust systems in place for obtaining, storing, administering, recording and disposing of medicines safely. This was in accordance with best practice guidance.
- Medicines administration records were completed fully and confirmed that people had received their medicines as prescribed.

Preventing and controlling infection:

- The service was clean and tidy. Staff completed regular cleaning duties in accordance with set schedules. A staff member said, "We all take it in turns. We have a cleaning book and it gets divided out between us [staff]."
- People and their relatives were complimentary of the cleanliness of the service. A relative commented, "I was only saying to [a staff member] the other day, it's so spotless here!"
- Staff had received training in infection control, which was updated regularly. Staff had access to personal protective equipment, including disposable gloves and aprons, which they used when required.

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.

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:

- Comprehensive assessments of people's care and support needs were completed before people moved to the service.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance if needed, including where people lived more independently within the service. Furthermore, some people used technology to stay in contact with their friends and family, or to keep in touch with the staff at the service whilst they were out in the community on their own.

Staff support: induction, training, skills and experience:

- People received effective care from staff that were skilled, competent and suitably trained.
- New staff completed an induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training, such as infection control, safeguarding and first aid.
- Staff had completed a range of additional training to meet their needs. The training was refreshed and updated regularly. A staff member said, "I've not long had [a training update]. We have regular updates but there are always the booklets available if we need to refer back for something."
- Staff told us they felt supported in their roles by the registered manager and the provider.
- Staff received regular one-to-one sessions of supervision, which they told us they found useful. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support.

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

- People's nutritional and hydration needs had been assessed and were met appropriately.
- There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person said, "The food is marvellous, it's very good. We had a roast yesterday, it was roast gammon and at lunch we have soup, sandwiches, anything you want really. They do give you an alternative."

Staff providing consistent, effective, timely care:

- People told us they received effective care and their individual needs were met. One person told us, "I like living here, it's very relaxed and they know me well." A person's relative said, "I'm very happy with the service. [My relative] is far happier here than they have been for years. From what I've seen they [the staff] are very well trained."

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare services when needed. One person told us, "If I'm unwell, they will help me."
- Staff liaised effectively with other organisations to ensure people received support from specialised healthcare professionals. Records showed that specialists such as GP's, social workers and community nurses were contacted when required.

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

- The environment was well maintained and suitable to support the needs of the people living there.
- People had access to a variety of spacious communal areas in the home, which meant they could choose whether they spent time with others or alone.
- People's bedrooms were personalised and contained their own personal possessions and items of furniture.
- There were two separate accommodation 'bedsits' next to the main building, which allowed for two service users to live independently. Each bedsit included an en-suite bathroom, a kitchen and a bed/sitting area. We spoke with a person living in one of the bedsits and they commented, "I love living here, it's the best."

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

- All the people living at Stoneleigh had full capacity to make decisions about their care.
- The registered manager described the action they would take if they were concerned that a person was no longer able to make decisions for themselves. This was in line with the Mental Capacity Act 2005, (MCA). 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 with appropriate legal authority. 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 and found they were. Everyone living at the service was free to come and go as they wished and their liberty was not restricted.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff showed care, compassion and respect towards the people living at Stoneleigh. People and their relatives spoke positively about the attitude and approach of staff. Comments included, "They [staff] are nice people. They help me out if I need it", "The staff are nice, we can have a laugh with them" and "They are lovely, they are so caring."
- We observed people were treated with kindness and consideration by staff. Staff spoke respectfully to people and supported them in a patient, compassionate way.
- Staff had developed positive and supportive relationships with people, which provided a friendly and homely atmosphere to the service. For example, during lunchtime, staff sat with people to eat their meal and had a conversation with them about day to day topics.
- People were encouraged to maintain relationships with the people that were important to them. For example, some people used technology to keep in contact with their friends and family and one person invited their friend to the service on a weekly basis.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity:

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices about what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day.
- Records confirmed that people were involved in meetings to discuss their views and make decisions about the care provided. This included information within their care plan and how they wished to be supported.
- People's cultural and diversity needs had been assessed and were detailed within their care plans. This included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's individual needs and choices were met.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported and encouraged people to be as independent as possible in their day to day routines. For example, we saw that many people living at the service accessed the local community independently and enjoyed doing their own washing and cleaning. A person told us, "I wash up, I dry up and I go shopping. I like to go off shopping, it's good for me to be independent. I also do my laundry and tidy my room."
- Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and knocking doors before they entered. During the inspection, we saw that staff were considerate and asked for consent before they entered a person's bedroom.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care to meet people's needs, preferences, interests:

- People told us their needs were met. One person said, "They know me so well. [The staff] make sure everyone looks after themselves."
- Pre-admission assessments were used to develop detailed care plans for each person, which described the person's needs. They included clear guidance for staff to help them understand how people liked their care and support to be provided. Documentation confirmed people were involved where possible, in the development of their own care plan.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- People had access to activities that were important to them and were supported to follow their interests. Most people living at the service were independent and able to engage in activities of their choosing, such as going out in the local community, attending day centres, playing games and watching television.

Improving care quality in response to complaints or concerns:

- Since the previous inspection, no complaints had been received. A complaints procedure was in place and people told us they felt able to raise concerns. A relative said, "I am confident they [management] would resolve an issue, but so far I haven't had to complain."
- Staff were knowledgeable of how to support people with any concerns or issues. The registered manager commented, "Overtime, we have built such close relationships with people, we can pick up on things and we will put it right there and then. We know if something is wrong."

End of life care and support:

- At the time of the inspection, nobody living at the service was receiving end of life care. However, the provider reassured us that people's wishes and preferences at the end of their life would be discussed and respected should this be required.
- The registered manager and a member of care staff had attended a training course a month before the inspection in advanced care planning. They told us they planned to use this learning to have further conversations with people about their end of life wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; encouraging a positive and open culture:

- People told us they enjoyed living at Stoneleigh and felt the service was run well. One person said, "I enjoy living here, the [registered manager] is really nice." A relative said, "[The registered manager] is fabulous. If I have a problem, they are fantastic and sort it."
- The provider described the values of the service as those of 'keeping the service homely', 'providing people with security and safely' and 'ensuring they were happy.' We saw these values were reflected in the attitude of staff and how they encouraged a positive atmosphere.
- There was an open and transparent culture within the home. The provider's previous performance rating was prominently displayed in the reception area of the service and the registered manager notified CQC of all significant events.
- People's friends and family members could visit the service at any time. They were made to feel welcome and were offered meals and drinks.
- Staff were committed to encouraging an inclusive and empowering environment and told us they enjoyed working at the service. One staff member said, "I love it, every day is different. I enjoy working here, long may it continue" and another said, "I must admit, when I go home, I get satisfaction from this job and that's from the residents, the staff and the management. We are all like a big family really."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on duty of candour responsibility:

- There was a clear management structure in place, consisting of the provider and the registered manager.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. For example, staff used a handover between shifts, which was thorough and allowed them time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "Handover is very useful and we all get along well. It's a very small team and there is something really nice about that."
- There were appropriate quality assurance procedures in place. These included auditing aspects of the service, such as infection control, medicines, care planning and fire equipment.
- The provider and the registered manager were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff:

- The provider sought feedback from people about the service in a range of ways. This included annual quality assurance surveys, resident and staff meetings, and one-to-one discussions. A person told us, "They give us a form every now and then to say if we are happy about things or not."
- Staff spoke positively about the leadership of the service and told us they thought it was well-led. Staff described the provider and the registered manager as "approachable" and "there when you need them." One staff member told us, "[The provider] is really good and supportive, and [the registered manager] is always asking if there is anything she can do to help me in my role."

Continuous learning and improving care; Working in partnership with others:

- The provider analysed feedback from people, staff and audits. They used the findings to identify areas of improvement and create action plans.
- The provider attended regular forums with the local authority to share best practice and improve people's care experiences.
- The provider and the registered manager worked with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided.