

Methodist Homes Stones Place

Inspection report

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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

Stones Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Stones Place is located in Lincoln, Lincolnshire. The home provides residential care and support for up to 42 older people.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

This comprehensive inspection took place on the 18 September 2018 and was unannounced.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People continued to receive a safe service. Staff were recruited in a safe way and were provided with training to ensure they had the skills and knowledge to deliver safe care. Staffing levels were sufficient to safely meet the needs of the people living in the home. Medicines were administered and managed safely. The manager implemented processes and systems to manage risk. Accidents and incidents were monitored and where necessary, actions taken to prevent them from reoccurring.

People continued to receive an effective service. Staff were provided with regular training to ensure that they could meet the needs of the people living in the home. This was regularly refreshed and updated. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Food and drink at the home was good quality and plentiful. The home worked together with a range of health and social care professionals to ensure that people's health and wellbeing were well maintained.

People continued to receive a responsive service. Systems were in place to ensure that people were involved in planning and reviewing their own care and support needs and they were supported by person centred staff who understood their needs and wishes.

People continued to receive a caring service. The atmosphere in the home was inviting and friendly. Staff demonstrated that they had the right balance between being friendly and professional and treated people with respect and kindness. People living in the home were provided with regular opportunities to express

their views which were listened to and acted upon. People's privacy and dignity was respected and promoted.

People continued to receive a well-led service. The registered manager fostered an inclusive team culture, led by example and was visible to the staff and the people living in the home. The provider and registered manager implemented high standards of quality assurance, governance and audit systems, which were used to ensure that shortfalls were identified and improved.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Stones Place

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 18 September 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require the provider to send us in advance of our inspection to tell us about what the service is doing well and what improvements they plan to make. We use this information to assist us with the planning of the inspection and take the information on it into account when we make our judgements in this report.

We looked at other information we held about the service. This included information from notifications the provider sent to us. A notification is information about important events, which the provider is required to send us by law, such as incidents or allegations of harm.

Prior to our inspection we contacted the local authority commissioners to ask them about their views of the service. These views helped us to plan our inspection.

On 18 September 2018 we spoke with nine people living in the home, the registered manager, the deputy manager, four staff including the cook and a volunteer. We looked at care documentation for five people using the service and their medicines administration records. We also looked at four staff files, staff training along with other documents relating to the management of the service. These included records associated with audits and quality assurance, policies and procedures relating to medicines as well as compliments received.

Is the service safe?

Our findings

People were supported and cared for by staff who understood how to keep people safe from abuse and were appropriately trained in this area. Staff knew the action they should take if they suspected or witnessed abuse. A person using the service told us, "I am very safe here, the staff make sure I'm well looked after." The provider had a safeguarding policy which covered reporting abuse, who to contact and how to contact them.

Risk assessments were undertaken where hazards had been identified. Assessments we saw, contained clear information about the risk and what actions should be taken to mitigate them. The manager conducted a falls risk assessment for every person living in the home every month to ensure that people remained safe and the risk of injury was reduced. Records showed that people living in the home had their own personal evacuation procedure in place. We asked a staff member if they thought the home was safe, they said, "It is safe. Staff look out for each other and the residents. The management make sure we're all safe".

The provider had a recruitment procedure in place. New staff were all subject to pre-employment checks to ensure that people were suitable for the role and were safe to work with vulnerable people. During the inspection we saw that staff responded promptly to requests for assistance. We reviewed staff rosters and saw that staffing levels were sufficient to meet the needs of the people living at the home.

People's medicines continued to be administered and managed safely. Medicines were administered to people by appropriately trained staff. People were given the choice to have their medicines managed by the home or by themselves. Stocks of medicines were well managed so that they were available when people needed them and were stored in line with national guidance. Protocols for people who had 'as required' medicine were generally in place. It was identified that one new resident was on two different 'as required' medicines but did not have protocols in place. This was rectified before the inspection ended.

We saw that the home was clean. Personal protective equipment for staff were in plentiful supply. Staff had received training in infection control and food hygiene. The manager ensured that monthly audits of cleanliness were undertaken in the home and that shortfalls found were addressed swiftly. We did note that there were no hand wash or gel stations within the home that visitors, staff or residents could use whilst in the home to reduce the risk of spreading infection. The manager indicated that this issue would be raised and rectified.

The provider had good systems in place to report accidents and incidents in the home. Staff members told us that they were aware of how to report accidents and incidents as well as being confident that issues would be investigated and lessons learnt where appropriate. An example was identified where a resident took another's medicine. When this was identified it was dealt with appropriately, in a timely manner and shared with staff not involved to prevent further incidents.

Is the service effective?

Our findings

The registered manager planned and scheduled comprehensive training for the staff team. Staff development was very important and staff training was monitored to ensure that training is up to date. Staff told us they had the opportunity to develop within the organisation should they wish. The deputy manager told us they were taking part in the provider's management training programme and felt that they were being supported to develop.

People were happy with the quality of food provided. A person told us, "There is so much food here, I am never hungry." During our visit we observed the lunchtime experience of people living at the home. This was very good and was a social experience for everyone involved. Care staff changed out of their care uniforms into their 'whites' when serving food. This little touch completely changed the experience of people from being in a care home to restaurant style dining. Food looked very appetising.

The provider has fostered strong relationships with health and social care professionals in the local area. We saw evidence of collaborative working with the local GP and community nurses. A visiting professional told us, 'One of the better homes in the area that I work with. Staff always helpful, friendly and attentive'.

Records showed that people were supported to access healthcare professionals such as doctors, nurses, dentists, chiropodists, physiotherapy and occupational therapy. People at increased risk from conditions such as diabetes had clear information written into their care plans so that staff were fully aware of their condition and understood how to support them in the most effective way.

The accommodation was adapted and decorated to a good standard. Bedrooms were spacious. A person told us, "It is a home from home here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People were supported to make decisions about their care and staff supported people when required. Policies and procedures as well as staff training on the MCA would help identify any person who may need advocacy or care in their best interests. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. People were continually offered choices in all areas of their care and wellbeing.

Is the service caring?

Our findings

People were supported by a dedicated and caring staff team who knew them well. People indicated by telling us that they liked living in the home. People were seen to be comfortable and confident in staff presence. Five family members told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful. One person told us, "The staff are very respectful and kind when they talk to me." Another person told us, "The staff are lovely." We saw that staff interaction with the people living in the home was warm and kind. Staff understood the principles of person centred care, describing how they carried it out in their work daily.

People were encouraged to express their views openly.

People's rights to privacy dignity and independence were promoted by staff who understood how to achieve this. One staff member explained to us how they would ensure that doors were closed and curtains were drawn when providing personal care. One staff member told us, "We always make sure we follow their care plans and make sure they do as much for themselves as they can." Staff told us how they would always ask the person what support they wanted and talk them through the care that they were about to provide. It was noted that care plans did not record a person's preference of the gender of the person providing personal care. It would be beneficial for this information to be obtained and included.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

Is the service responsive?

Our findings

The service remained responsive to the care and support people needed.

The registered manager described how people were assessed before they move into the home. The manager described how people would have a full, detailed assessment of their needs, taking into consideration many aspects of their life. The provider used a structured system for the assessment which fed into the care plan which was developed when the person moved into the home. The care plans we saw were specific about people's needs and contained good detail about the person's likes and dislikes. People had been involved in the planning and review of their own care. One person told us they believed the care that they provided by care workers within the home, in tandem with the GP, saved their life.

The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being. People took part in activities both within the home and outside. There was a large allotment area, that could be used by residents. Volunteers had been keeping the allotment but they had found it too much, so had not been attending the plot. The manager informed us that further volunteers had been identified to assist with the allotment which would be beneficial moving forward. It is also planned that fruit and vegetables grown on the allotment would be used in meals cooked within the home.

Policies and procedures for end of life were based on national guidance were in place to support staff when needed. The registered manager told us that they had worked with people to identify their wishes at the end of their lives and these were recorded in advance decisions in place. This ensured staff knew and could provide the care people needed at this important time of their lives. If the need arose we were assured that relevant support would be provided from health professionals and that people would be supported to have as comfortable and pain free death as possible.

The home had not received any complaints in the 12 months prior to our inspection visit. This was down to the culture within the staff team and their responsive approach to resolve low level issues quickly and avoid them developing into formal complaints. We asked people about how they would complain if they were unhappy. One person told us, "If we have any concerns about things we tell staff." Another person told us, "They [staff] always try to get things done and do their best."

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was monitored and assessed by the registered manager, the deputy manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies.

There was an open, transparent and inclusive atmosphere with the registered manager operating an open door policy. The philosophy of the home was one of striving for excellence and this was clearly evident from those staff spoken with. All staff reported that there was a very positive culture within the home and that staff were proud to work for the provider. Staff consistently told us the management team had created a transparent culture within the service, where their opinions and views were discussed and taken seriously. This made staff feel their contributions were valued and cultivated a strong team spirit. One member of staff told us, "The manager is very approachable and encourages us to think about how we can improve things."

The provider had ensured that effective governance, audit and quality assurance systems were in place. We saw evidence of a wide range of regular monthly audits which were undertaken by the registered manager. These included; infection control, medicines, nutrition and hydration and falls. We saw that the provider was using these to drive improvement and quality in the home and addressing issues and shortfalls regularly.

The provider undertook a quality assurance survey with people living in the home and their relatives regularly. People and their relatives knew the provider and the manager well.

There are strong links with the community in the local area that are positive for the home, such as with a local nursery where children visit residents at the home.