Care Quality Commission

Doncaster Metropolitan Borough Council

Stenson Court

Inspection report

Greenfield Lane,
Balby,
Doncaster,
South Yorkshire
DN4 0PT
Tel: 01302 853122

Date of inspection visit: 29 and 30 October 2014
Date of publication: 16/01/2015

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

Overall summary

The inspection was unannounced, and the inspection visit was carried out over two days; 29 October 2014 and 30 October 2014. At the last inspection visit in December 2013 we found that this service met all the national minimum standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

Stenson Court is a care home situated in Balby, Doncaster which is registered to accommodate up to 30 people. The service is provided by Doncaster Metropolitan Borough Council. At the time of the inspection the home was providing residential care for 19 people, some of whom had been diagnosed with dementia.

The service has a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

We spent time in all the areas of the home. This included the unit where care was provided for people living with dementia, and the residential unit. We observed the interaction of the staff with the people who lived there. We saw staff knew people well and respected their dignity at all times.

People told us they felt safe living in Stenson Court. We found staff were aware of their roles and responsibilities to keep people safe at all times. One person had written a comment on a notice displayed in the entrance to the home saying, "I live with joy through the day and peace through the night." The person told us this was how she felt about living at Stenson Court.

There were procedures to follow if staff had any concerns about the safety of people they supported. The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had individual personal plans that were centred on their needs and preferences and had a good level of information, which explained how to meet each person's needs.

People had access to some activities, however recent changes to staffing meant there was no designated activity co-ordinator based at the service.

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?

Good

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke in glowing terms about the care staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The service had procedures in place to ensure an appropriate level of support for people living with dementia.

The religious and spiritual needs of people were met through visiting clergy.

Summary of findings

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to Stenson Court.

Communication with relatives was very good and visitors we spoke with told us that staff always notified them about any changes to their relatives care.

People told us the manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciate this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Stenson Court

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 checked 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 29 October and 30 October 2014 and was unannounced.

The inspection team consisted of an Adult Social care Inspector and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received provider information return (PIR) from the provider which enabled us to focus on the areas of the inspection we wished to look at in detail. 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 spoke with seven members of staff and three people who used the service. We also spoke with eight visitors who came into the home during the two days of our inspection.

We conducted a Short Observational Framework for Inspection (SOFI) during the breakfast period. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also interviewed key staff for example the cook, to help us understand how people were involved in decisions about the choice of meals. As part of the inspection process we also contacted two health care professional about how the service was run.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with three people who used the service and they told us they felt safe. One person said, "With respect I am safe, very safe and nobody picks on me." Other people said, "I feel safe; we all get on well together," and "I came to visit to see if I liked it, I definitely feel safe otherwise I wouldn't have stopped."

We spoke with four staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the assistant manager or the registered manager. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. This meant incidents would be dealt with quickly and appropriately. Staff we spoke with said they would report anything straight away to their line manager or the registered manager.

Staff had a good understanding about the whistle blowing procedures felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff files were held centrally by Doncaster council and the registered manager was informed when all the required checks had been received.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This ensured only suitable people were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty on the days of our visits and checked the staff rosters to confirm the number was correct. The registered manager told us they had a flexible approach to ensure sufficient staff were on duty to meet people's needs. She told us that senior staff looked at risk assessments weekly. This was to determine if people's needs had changed making them more dependent. The information was used to assess if additional staff were needed. We observed that staff were able to spend time talking to people and supporting them in a kind and caring way. People who used the service that we spoke with told us that staff attended to their needs and they received assistance when requested.

We looked at how the service managed risk. People's choices and decisions were recorded in their care plans and reviews. People who used the service and the staff told us people were supported to take risks so they could be independent. The records we looked at had an assessment of each person's care and support needs and risk assessments specific to their needs. There were care plans for each risk that had been identified. For example, we saw that a falls risk assessment had been completed for one person who had fallen on a number of occasions. We saw equipment was fitted to chairs and in their bedroom to monitor when they moved around. The equipment would alert staff if the person tried to get up out of the chair or out of bed. This had reduced the numbers of falls occurring. One relative we spoke with told us, "The staff are very good with our relative they try to keep a close eye on them but it is sometimes difficult. Staff ensured tests on their urine took place to make sure there was no infection which could be a reason why they were unsteady and more confused, and therefore more likely to have a fall."

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored in each person's bedrooms with additional storage for controlled drugs, which the misuse of drugs act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept.

There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy. We found these records were clear and up to date. We observed staff

Good

Is the service safe?

administering medicines safely; taking time to ensure the person had a drink to help to swallow their medicines. On occasions two people required to have their medicine administered covertly (added to food or drinks) We saw mental capacity assessments had been completed, although the form used did not include who had been involved in making a best interest decision. We discussed this with the registered manager who agreed that they would revisit the document and made sure it was completed fully.

We were told three people were able to manage their medicines independently. One person we spoke with said, "I am more than capable to take my medication, I used to take it at home so why should it be any different here." The person went on to say, "Staff check each week to make sure I am still alright to take my medicines and that's okay with me." We saw there were risk assessments in place to monitor if people were keeping their medication safe and administered correctly.

The registered manager analysed incidents and accidents each month. We saw records which showed these were monitored to identify any potential triggers and trends so that systems could be put in place to eliminate or minimise the risk.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We found the design and layout of the home was suitable for the people who used the service. We looked around the home and saw that décor was mostly in a good state of repair and appropriately maintained. We checked records relating to the maintenance of the building. Fire safety checks and servicing of equipment had been carried out to ensure the premises and equipment was fit for purpose.

Good

Is the service effective?

Our findings

We observed staff assisting people to move into the dining areas for lunch. Staff spoke to people in an appropriate manner about where they were going and that it was time for lunch. Staff told us about how they supported individuals with their meals. For example on the dementia unit staff were aware of each person's likes and dislikes. They told us about how they needed to encourage some people to eat independently while offering more support to others who needed more assistance.

Meals were served from a trolley by two members of kitchen staff. Meals were plated up and taken to the table by care staff. There did not appear to be any organisation as to who was served first. This meant that some people who required assistance had their meal left on the table until a member of staff could help them. We noted two people had not had any dinner by 1pm and their dinner had gone cold. Staff removed the lunch and encouraged them to have a dessert which they both did eat. The registered manager told us they would look at ways to improve the dining experience for people living on the dementia unit at mealtimes.

We spent time speaking with people who used the service about the choice of food and about how staff supported them during mealtimes. We also observed breakfast and lunch being served to people who used the service. People told us "The food is very good we get a choice except for Friday which is fish and chips. They (the staff) will ask us what we want at breakfast and its all home cooked." This person went on to tell us that she would get offered different things at supper time for example, cheese and crackers or biscuits. They told us this was because of their medical condition. Another person said, "The food isn't bad, we get quite enough, a good plateful and a pudding. We don't know what we are having till lunchtime, there is a menu. If I don't like something I can ask for something else." Relatives we spoke with told us that they thought the food was good and there were lots of variety.

We spoke with the cook in detail about menus and diets We saw that all the care plans we looked at contained a nutritional assessment and a weekly or monthly check on peoples' weight was recorded. We noted that people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. The cook gave us examples of using full fat milk and cream as a way of increasing calories into people's diet. The cook also said that things like malt loaf and cakes were also available as snacks.

We looked at the way staff were recruited to work at the service. All new staff were subjected to a probationary period where they were expected to complete the provider's induction training which included a mixture of internal and external training. The registered manager told us that staff would shadow experienced staff until they were competent to work unsupervised with people who used the service.We looked at the training provided to staff and records which confirmed staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had received training in dementia care and dementia awareness and related well to people. The registered manager told us that she has undertaken further training in dementia care. She also told us she read social work magazines and had access to web sites linked to the Alzheimer's Society to ensure she was up to date with current best practice.

Staff we spoke with told us that most staff had worked at the home for a number of years. They said they enjoyed working at the home and they received guidance and support from the managers. They did however raise concerns about the future of the service due to the current public consultation regarding all of the Doncaster council care homes.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

We observed staff asking people how they wanted to have their care delivered and consent was obtained before any

Good

Is the service effective?

care task was undertaken. Care records we looked at confirmed consent had been obtained to take photographs of the people who used the service. These were used for medical and care records.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS ensures where someone may be deprived of their liberty, the least restrictive option is taken. Decisions about depriving people of their liberty should only be made so that people get the care and treatment they needed where there was no less restrictive way of achieving this. The registered manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. We looked at completed mental capacity assessments and documents completed for best interest decisions. The registered manager told us they would add further details to the MCA assessments to ensure they were decision specific, for example where people may sometimes need to have their medication administered covertly (in food and drink).

We saw evidence that confirmed care and support plans were regularly reviewed to ensure people's changing needs were identified and met. We saw records in the care plans we looked at which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. A district nurse was visiting during our inspection and we saw staff take people to the treatment room to be seen in private. People told us they were able to see the doctor or district nurse when they needed to. One person we spoke with told us they had a medical condition that meant they had to have regular check-ups. They said, "Staff look after me and always makes sure they book appointments and give me the support I need."

Good

Is the service caring?

Our findings

We found people were given choices about how they wanted to spend their time during the day.

People told us they were always asked where they wanted to sit or if they preferred to stay in their own room. One person we spoke with said, "I go to bed about 7.30 to 8pm that is my time. I am up about 8am the staff know they just come in for me". Another person said, "I can go to bed whenever I want. I like to stay up and watch telly in the lounge although I have a telly in my room."

Another person had written a comment on a notice displayed in the entrance to the home saying, "I live with joy through the day and peace through the night." The person told us this was how she felt about living at Stenson Court.

We looked at bedrooms and saw that they had been decorated in a bright and homely style. We spoke with people who used the service and they told us they liked their bedroom as it was nice and homely. One person who was sitting in their bedroom said, "I really like it here, it's my home. I have everything I need in my bedroom." The person went on to say, "I am very worried that I may have to move, I have made friends here and my relatives can come and see me as they live close by." Several relatives expressed their concern about the threat of closure to the care home. One relative said, "How can they consider closing such a good home, the staff are excellent, they know how to care for people and make sure everyone is included and happy." They went on to say, "We chose Stenson Court for my relative and we believe it's the best in Doncaster."

People who used the service were given appropriate information and support regarding their care or treatment. Care plans contained a section which considered consent and capacity needs. This included information about best interest decisions for people who had limited capacity.

Another section entitled 'socialisation action plan' encouraged relatives to add information about the persons family, religious beliefs, and about important aspects of the persons past life.

The registered manager told us they would assist people to visit the local churches if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met on a regular basis. We were told that the local church visited every two weeks and those people who wished to attend were given the information of where and when the service would take place. The registered manager told us that at the coming weekend the church was visiting to take a special service for Remembrance Sunday. There was nobody who lived at the home at the time of our visit that belonged to a different faith or culture.

We spoke with one person who was looking forward to attending a coffee morning at the local community centre. When we returned on the second day of this inspection the person told us it was very nice to go out but was disappointed that more people did not attend.

We observed staff around the home, and noted that when they needed to discuss any care issues or people's support needs, they did this discreetly and used language which recognised people's rights to privacy and dignity. Other examples included staff ensuring people were covered while being moved using their wheelchair. We saw staff knocking on people's bedroom doors and waiting to be invited into their bedroom.

We saw that staff knew the people very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a joke with the people they were caring for.

We observed people moving about freely if they were able and being supported by staff as necessary. We noted that staff encouraged people to transfer into their wheel chairs with patience and understanding of people's particular conditions.

Good

Is the service responsive?

Our findings

We spoke with people about how they were able to access activities. One person said, "Nothing much happens during the day. We watch TV or listen to music." Another person said, "I usually stay in my room I have my TV but then sometimes we play bingo or there may be an exercise session. Sometimes there's a fella comes and sings old songs." Another person said "There's not a right lot of things to do but they are going to let me go to the bingo up the road. One of the staff is going to take me twice a week. The registered manager suggested the bingo as she knows I like to get out. I love to be out. Sometimes they will take me shopping by taxi. We have a meal in town it's a lovely atmosphere."

During the two days of this inspection we did not observe any formal activities taking place. People sat watching TV or listening to music. The registered manager told us the activity co-ordinator had left and they now had to share a staff member with another home. We were told the staff member worked three days one week and two days the next week. People also had access to an exercise class which came to the home one day each week.

People told us they had a key worker who helped them on a daily basis. Their key worker was a member of the care staff who had particular responsibility for a small group of people who lived at the home. Key workers ensured the daily notes were written during or at the end of their shift and were involved in planning how people's daily needs were met. One person told us, "I like my key worker very much; she is more like a friend than a member of staff."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

People we spoke with told us the staff were very caring, and nothing was too much trouble.

We found that people's care and treatment was regularly reviewed to ensure the care and treatment was up to date. Relatives we spoke with told us they were able to discuss any concerns with the manager. One relative said, "My relatives care plan was just reviewed, this was because their continence needs had changed." The relative went on to say, "Staff act quickly if they (the staff) notice anything has changed. They keep me informed and I feel involved in decisions about their care."

Whilst observing lunchtime we were able to see first-hand the way that staff reacted to an urgent situation. A person who we were told by a member of staff 'didn't seem to be their usual self' was really disinterested in their meal. A member of staff went to see if she could encourage the person by assisting. At first the member of staff knelt on the floor then went to fetch a small table to sit on at the side of the person. This member of staff reacted well when she realised something was not quite right and sent for the registered manager. The member of staff clearly knew how this person should be and that they were ill. The person was supported by staff until the ambulance arrived. The whole incident took place in the dining room but staff were discrete in how they reacted and helped to maintain the person's dignity throughout without causing any disruption to other people in the dining area.

The service had up to date policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display in the entrance. We asked the registered manager and staff if there had been any complaints to deal with since our last inspection. They told us there had been no formal complaints. The complaints log showed minor concerns that had been resolved immediately. We asked people who used the service if they had any concerns or complaints. One person said, "Complain, why would I want to complain it is just perfect here. We get excellent care. The staff are lovely so what more could anyone want." When asked if people knew who to approach if they had a concern or complaint. People told us, "Well I see the manager every day and I would talk to her and I know she would listen". Relatives and friends said, "It is excellent here and we can't fault the care" and "I have certainly got no complaints but if I did I know they would be sorted immediately."

Good

Is the service well-led?

Our findings

The registered manager had been in post at this service since April 2007. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Both staff and people who lived at Stenson Court spoke positively about the leadership of the registered manager. One staff member said, "The manager is always available to offer support to us, especially during the last few months when we have been worried about the future of the service."

The registered manager was aware of national dementia guidance and said she was always looking for ways to improve the service. She said the team was working with the Alzheimer's Society to be dementia friends. She had recently looked at guidance regarding the management of pain when caring for people living with dementia. The management team had started to implement triggers and signs and symptoms to be aware of when reviewing people's pain relief.

Doncaster Metropolitan Borough Council had a clear set of principles and ethics. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff during our visit and they answered our queries in an open and helpful manner. They said the values of the council and of the home were clear and they demonstrated a good understanding of these values.

We spoke with eight relatives and they all said how well the home was run. Comments included, "The manager runs a very tight ship and staff know their roles and responsibilities because of that." Another relative said, "The office staff are really good, any concerns and I would go to them. They are usually very good you only have to say and they sort it."

The provider had good quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the registered manager who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service. Comments were positive and all areas came out as good or outstanding.

The registered manager listened to suggestions made by people who used the service and their relatives. For example, we saw relatives had put up a poster which encouraged people to put down their views about staff. All comments were positive some described staff as 'angels' while others said, "Staff do a sterling job," and "We have fantastic dedicated staff."

The registered manager told us that residents and relatives meeting were held at regular intervals. This gave relatives an opportunity to discuss any concerns they may have had about the service. One relative said, "They have residents meetings which we are invited to but I can't always get. I can always get the notes though." One person we spoke with told us, "They have residents meetings we are encouraged to raise things. The last one was about Christmas and where we might go for our dinner. They like us to come up with ideas."

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The registered manager told us that she had responsibility to audit all care plans twice each year and assistant managers randomly select care plans each week to ensure the information was up to date and completed to a good standard. Assistant managers hold regular in-house training with care staff to ensure consistency and also carry out observations to see if the care delivered is reflected in the care plan.

We looked at a number of audits which demonstrated the home monitored the quality of service provided to people who used the service. Audits looked at included infection control and maintenance audits. Other examples of the quality monitoring included audits for medication procedures, emergency procedures, health and safety, and fire safety. There were no issues which required attention.