Care Quality Commission

Stoneleigh Care Homes Limited

Stoneleigh House

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

The inspection took place on 19 and 20 April 2016 and was unannounced. At our last inspection on the 11 June 2014 the provider was not fully compliant with the regulations inspected. We found concerns with how the provider ensured the appropriate standards were in place for how they assessed and monitored the quality of the service and the standard of their record keeping. We asked the provider to send us an action plan outlining how they would make improvements and we considered this when carrying out this inspection.

Stoneleigh House is registered to provide accommodation and support for 24 people who may have a learning disability. On the day of our inspection there were 21 people living at the home. There was a registered manager 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 legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

We found that the provider had taken sufficient action to ensure the quality of the service was assessed and monitored to an appropriate standard. The provider was carrying out checks on the service that were written down with any actions identified. We found that improvements to how records were being kept had been made. Records were also more consistent and clear so staff were able to understand how people were to be supported.

Care staff knew how to keep people safe and where people were at risk of abuse staff knew who to report any concerns to. There were sufficient staff to ensure people were supported safely and people had their medicines administered as prescribed.

Care staff were supported to ensure the skills and knowledge they needed were in place to meet people's needs appropriately. People told us that staff were kind and caring toward them. We found the atmosphere within the home to be relaxed, warm and welcoming.

People were not supported without being able to give consent. Where people were unable to verbalise their consent the provider had appropriate systems in place to be able to know that people's consent was given. People's human rights were protected as required within the Mental capacity Act (2005). We found that staff received training to ensure they knew how not to deprive people of their liberty.

People were able to live their lives as independently as they were able and their dignity and privacy was respected by staff. People made choices as to how they lived their lives, what they ate and drank and how they socialised. People were able to access health care support as required and health care professionals were approached as and when needed.

We found that people's support needs were assessed and care plans were in place to identify how people

would be supported. The provider had the appropriate systems in place to carry out regular reviews of people's needs.

The provider had a complaints process in place which people knew how to use. People were also able to share their views on the service. The provider had a quality assurance system in place to ensure the service was delivered to people at the right standard.

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.

People told us they felt safe.

There was sufficient staff to meet people's support needs.

People received their medicines as prescribed

Is the service effective?

Good

The service was effective.

Staff were supported to ensure they had the appropriate skills and knowledge.

The provider ensured where people lacked capacity that their human rights were not restricted as is required within the Mental Capacity Act (2005).

People were able to access nutritional meals and get regular fluids to ensure they were hydrated.

Is the service caring?

Good

The service was caring.

Staff supported people and showed them kindness, friendship and were professional in how they supported them.

The provider ensured where people needed an advocate that the service was available.

People's independence, privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

The provider had a care planning process which involved people in identifying their support needs.

The provider had a complaints process to enable people to raise a complaint if they wanted.

Is the service well-led?

Good

The service was well led.

We found that the provider had taken all the appropriate actions they told us they would take to improve the service since our last inspection.

People were able to share their views on the service by completing questionnaires and attending meetings.

People spoke positively about the home and how it was managed and run.

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Stoneleigh House

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.

Our inspection took place over two days, 19 and 20 April 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from two Local Authorities but they did not share any information with us.

We spoke with three people, two relatives, three members of staff and a community nurse. We also spoke to the registered manager and the provider. We looked at the care records for three people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

One person said, "I do feel safe living in the home". A relative said, "Yes she is safe here". Staff we spoke with were able to explain the actions they would take where people were at risk of harm. One staff member said, "I would document what I saw and inform the manager". Staff also confirmed they had received the appropriate training to recognise where people were at risk of harm. We saw evidence to confirm that training was available to staff, that they attended the training and that safeguarding alerts were raised when people were put at risk of harm.

The provider told us in the provider information return (PIR) that they carried out risk assessments. We saw that the appropriate risk assessments were taking place to identify where people were at risk and the actions required by staff to reduce any potential risks. Staff we spoke with were aware of the risks to people they supported and how these risks should be managed. For example, where people were unable to go out of the home on their own staff knew this and accompanied them to the shop.

One person said, "There is enough staff and they help me when I need it". A relative told us that there was enough staff in the home. Staff we spoke with told us there was enough staff and they had no concerns with staffing levels. One staff member said, "There is enough staff on shifts". We saw that when people needed support from staff they were on hand to offer the support required. Where people needed support outside of the home we found that there were still enough staff in the home to meet people's support needs. The registered manager told us they had a system in place to ensure they had the right levels of staffing to support people appropriately. We saw evidence to confirm this.

The provider told us in the PIR that they carried out appropriate checks on staff before they were appointed. The staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure staff were able to work with vulnerable people. The provider's recruitment process also included references being sought.

A person said, "My medicines are always given to me on time and I can get pain relief if I need it". Another person said, "Staff do my medicines regularly and I am happy with it". We found that staff who were responsible for administering medicines received the appropriate training before they could do so. Where people were being administered medicines 'as and when required' the appropriate guidance was in place to ensure this was done as prescribed and consistently. One staff member said, "I have had medicines training and my competency is checked by the manager". We were able to confirm what we were told.

The provider had a medicines procedure in place to support and guide staff when administering medicines. Staff were able to demonstrate a good understanding of people's medicines requirements and we observed staff administering people's medicines as it was prescribed. Where medicines were administered the provider had a Medicines Administration Record (MAR) for staff to sign.

Where people were administered controlled drugs we found that these medicines were being stored

appropriately and a second member of staff ensured the process was followed correctly to ensure people's safety.

Good

Is the service effective?

Our findings

One person said, "Staff are able to support me how I want". Another person said, "The staff know how to support me with my back". A relative we spoke with told us the staff had the skills to support people appropriately.

Staff told us before they worked on their own they went through an induction process which also involved them shadowing more experienced staff. One staff member said, "I went through an induction and I was able to shadow staff". We found that the provider had documentation relating to the care certificate. The care certificate sets out fundamental standards for the induction of staff in the care sector. While the provider had not yet used the standards they had everything in place so the next newly appointed staff could use the process.

One staff member said, "I do get regular supervision, I am able to attend staff meetings and I recently had an appraisal". We saw from our observations that when staff needed support they were able to get support. One member of staff said, "I do feel supported". We saw evidence to confirm that staff were able to access support when needed to ensure they had the appropriate skills and knowledge. This ranged from being able to attend relevant training courses, supervision and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the provider had the appropriate process in place to ensure where people lacked capacity that the appropriate assessment took place. Where they had to make decisions in the best interest of someone, this was being done and a referral was also made to the 'Supervisory body' where people were at risk of being deprived of their liberty.

One person said, "My consent is given before staff help me". Staff we spoke with were able to explain that where people were unable to give verbal consent this was sought through a range of other methods. For example, their knowledge of people's preferences, likes and dislikes and the involvement of relatives. One staff member said, "I have had training in the Mental Capacity Act". We saw evidence to confirm this and that training was also available to staff regarding DoLS. Staff were also able to show an understanding as to how they could act in people's best interests where they lacked capacity or sought approval where necessary to restrict their liberty. We found that while staff were not always sure who, if anyone, had been approved to have their liberty restricted in their best interests, no one was on a DoLS. We saw people's consent being sought by staff before they supported them and where people were unable to give verbal consent we saw staff use sign language and hand gestures to explain and gain consent.

A person said, "I have a cooked breakfast, I can also have cereal and I can get a drink whenever I want one". Another person said, "They [staff] always ask me what I want to eat and I do get a choice". Staff we spoke with told us that people were able to eat and drink whatever they wanted. We saw that people's fluid intake was monitored regularly to ensure they did not dehydrate and a menu was available so people had an understanding as to what food was available. The provider ensured people had access to a balance diet. At meal time people were observed eating a range of different meals as part of making their own choices and where people needed support from staff to eat their meal we saw that this was done in a respectful and caring way.

One person said, "I am able to see an optician when I need to", while another person told us they were able to see their dentist. A relative said, "[Person's name] health care needs are met". Staff we spoke with told us that people were all able to see a health care professional whenever they needed. One staff member said, "Wellbeing checks are carried out by the doctor". We saw evidence of this noted in people's care notes to show that people's health care needs were an integral part of the support they received and whether any actions were required by staff. We also saw that health action plans were being used to ensure people's health care needs were appropriately being met. Where someone saw a dentist, doctor or chiropodist this was noted and where a follow up appointment was needed staff ensured people attended. A health care professional told us that they saw several people within the home on a regular basis.

Good

Is the service caring?

Our findings

A person said, "The staff are friendly and the manager is my favourite". A relative we spoke with talked positively about the staff and told us they were approachable and they could contact them whenever they needed. A community nurse said, "The care is excellent driven by the manager". Our observations were that people were relaxed around the staff. The interactions between staff and people showed that staff were caring, understood people's support needs and treated people with consideration and kindness. One person told us throughout the inspection about their keyworker being on holiday, which showed they had buit up a relationship with a staff member who supported them.

One person said, "I am able to pick the clothes I want to wear". Staff acknowledged people and ensured they were listened to and their choices respected. Staff we spoke with were able to show a good understanding of the people they supported. We saw staff sitting and talking with people and reassuring them. Where people had difficulty in communicating, staff knew how to support people to share their views by way of sign language or other formats. Where people were more independent we saw staff encouraging and enabling people to do what they could for themselves.

We found that regular meetings with people took place. These meetings allowed people to make choices on a range of things, for example; activities within the home, outings to go on and decisions about the home they lived in. We saw the minutes from a recent meeting which confirmed the decisions and choices people were able to make about how they lived.

We found that the provider had an advocacy service available to people who needed support in their views and rights being advocated. Staff we spoke with were aware of the service but were unsure as to whether anyone was currently using the service as people relied on their family members to advocate for them. We saw from staff meeting minutes that the advocacy service was an item on a recent staff meeting agenda. This was to ensure all staff were kept up to date about the service and where people used the service.

One person said, "Staff support me with personal care when I need it, but I can dress myself". A relative told us that people's independence, dignity and privacy was respected by staff. Staff we spoke with gave examples as to how they promoted people's independence. One staff member said, "I always ensure the curtain is shut and people are covered over when supporting them with personal care". We saw that staff were respectful of people's privacy and dignity. The provider told us in their provider information return (PIR) that staff had access to training to ensure they knew how to respect people's privacy and dignity. A dignity champion was in place to support staff in ensuring people's dignity was always respected. While staff were unclear on the person's role people's dignity was respected.

Good

Is the service responsive?

Our findings

People told us they took part in the assessment process. A relative said, "I was involved in the assessment and care plan and I do take part in reviews". We saw that the provider had a care planning process which involved people in determining the support they needed. We also saw that a review took place to ensure where people's needs changed that this could be implemented into their care plan. A person said, "Staff sit with me monthly in a review".

We found that care plans had improved since our last inspection and people's support needs were much clearer for staff to follow. Information was being updated and consistent so staff could know what to do. Staff showed that they knew what people's support needs were and how to support people.

We found that people were able to share their views and make decision on how they were supported. People attend regular meetings with the registered manager to share their views on the service and were involved in the decision making process of the home.

We saw that people's support needs were centred around their preferences, likes and dislikes. Staff we spoke with were able to illustrate what people liked to do. We found that where people wanted to attend a day centre or just go to the shops they were able to do so. One person said, "I play football in the local park when I want and I go to church on Sundays". Other people told us they were able to go out on trips to the local zoo. A person said, "I went to Liverpool last year". We saw that one person had a large flat screen television in their room because they wanted one and liked to watch football on a big screen. Our observations were that people were able to go out of the home when they wanted to take part in a range of activities or social engagement.

One staff member said, "Activities are based on what is on people's activity plans". We found that people had individual activity plans in place which staff were able to access as part of ensuring people's preferences were met. Staff we spoke with were able to explain what people's preferences were and how their preferences were met.

One person said, "If I am unhappy I will speak with the manager. The manager is my favourite person". Another person said, "If I had a complaint I would speak with the manager". People told us they had never had to complain. Staff we spoke with told us if someone had a complaint they would bring it to the manager's attention to deal with. We saw that the provider had a complaints policy in place and a logging record to identify when a complaint was made, the action taken and the outcome of the complaint. We also found that the process was identified in the service user's guide people were given when entering the service in both written and pictorial format.

Good

Is the service well-led?

Our findings

When we last inspected this service in June 2014 we found breaches in Regulations 10 and 20 of the Health Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the provider did not ensure the appropriate standards were in place to be able to assess and monitor the quality of the service and ensure record keeping was of an acceptable standard. We asked the provider to send us an action plan outlining how they would make the necessary improvements.

At this inspection we found that the provider had put in place all the actions they told us they would do to ensure the appropriate standards were in place to be able to assess and monitor the quality of the service. The standard of records had also been improved so they were clearer and consistent. Quality assurance checks were taking place and the provider also carried out checks on all aspects of the service. This was written down with any actions that needed to be followed up by the registered manager. These checks were alongside the ones carried out by the registered manager. We saw that the provider and registered manager had a very good and professional relationship and people told us the provider visited the home regularly. We saw the provider walking about and talking and greeting people with a smile and had a relaxed manner.

People we spoke with told us the home was nice and they liked living there. We found that everyone spoke highly of the registered manager and felt the home was well led. A relative said, "The home is well led. The checks in the home are always done". A staff member said, "The manager listens and support us on the floor when we need it". We found the atmosphere in the home to be warm and friendly, staff showed they cared and all worked as a team to ensure people were supported well. A relative told us they were always made to feel welcome when they visited the home.

People we spoke with all knew the registered manager. One person said, "The manager is nice and checks on us and I see her walking about and checking the staff". We saw that the registered manager was regular walking about speaking with people, laughing and generally very approachable with people.

We found that arrangements were in place to ensure cover was available when the registered manager was not available. A health care professional we spoke with said, "Staff know what they need to do and able to run the service okay". Staff we spoke with were able to tell us what they would do in an emergency and the registered manager was not available. Staff also told us there was a whistleblowing policy in place and they were able to explain the circumstances that would lead to them using the policy. One staff member said, "The policy would allow me to raise concerns of abuse anonymously".

A person said, "I do get a questionnaire and staff help me to complete it". A relative said, "I do get a questionnaire to complete". Staff we spoke with confirmed they were also able to share their views by completing a questionnaire. We saw evidence to confirm that the provider used questionnaires to gather views on the service and the information they gained was analysed to help identify areas for improvement.

The provider had an accident and incident process in place which staff were aware of. We found that where

an incidents or accidents had taken place they were noted down in an accident book and the registered manager had a system in place to monitor for any trends so action could be taken to reduce accidents. Staff we spoke with knew the process to follow if an accident happened and how they would deal with people who they found to have fallen over.

The registered manager understood the notification system and their role in ensuring we were notified of all deaths, incidents and safeguarding alerts.