Mrs P Hogan

Stirling Park Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Stirling Park Residential Home is a care home providing accommodation and support for up to six people, some who are frail and may be living with dementia and others who are independent. The home is situated over two floors. At the time of the inspection three people lived at the home.

We carried out an unannounced inspection of this home on 19 February 2016. The service was last inspected in August 2013 and there were no concerns.

There is 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.

At this inspection we found that medicines were managed safely. People were given individual support to take part in their preferred hobbies and interests. There was a programme of activities at the home and people told us that they participated in these. However, care plans did not always reflect people's individual needs.

People told us and demonstrated that they were happy at the service by showing open affection to the staff who were supporting them. Staff were available throughout the day, and responded to people's requests for care. Staff communicated well with people, and supported them when they needed it. There were systems in place to obtain people's views about the service. These included reviews and informal meetings with people and their families.

People were confident that the registered manager would deal with any complaints appropriately. People and their relatives told us they had no concerns. Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The provider and staff contacted other health professionals for support and advice.

People were provided with a diet that met their needs. We observed that staff offered people drinks throughout the day.

Staffs had been with the service for some time, and were not subject to recent employment checks. Care plans and risks assessments lacked details of how people should be cared for and how to minimise risks and systems to monitor the quality of the service were not in place.

We found three breaches relating to staff support, ensuring people's consent, and quality assurance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
People told us they felt safe. Relatives told us that they felt their relatives were safe living in the home, and that staff cared for them well. Medicines were safely managed.

Staff had been employed some time ago, and were therefore not subject to current rigorous recruitment checks. There were enough staff deployed to provide the support people needed.

Staff knew the signs to look for if someone was being abused. However, staff required a better understanding of what would constitute a broader safeguarding issue. Risk assessments did not demonstrate how risks should be mitigated.

Is the service effective?

Requires Improvement

The service was not always effective. Relatives said that staff notified them of changes to their relative's needs.

Although staff understood the importance of asking consent before providing care, staff had not been trained in the Mental Capacity Act 2005 and how this might impact on people who lacked capacity. People's capacity to make decisions about their care was not fully assessed.

People were offered food of their choice, including culturally specific foods.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

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Is the service caring?

Good

The service was caring. People were treated with dignity and respect.
Staff were supportive, patient and caring. The atmosphere in the home was welcoming and homely.

People told us that staff treated them with dignity and respect. Relatives felt their relative was well cared for and staff treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. People were referred to other healthcare professionals to help staff to meet their needs. Relatives told us they felt involved in their relative's care.

People said they didn't have any complaints but felt confident to approach the registered manager with any concerns.

People were supported to maintain their own interests and hobbies, including going out with relatives.

Is the service well-led?

Requires Improvement

The service was not always well-led. People and relatives and staff felt the service was well led. However, systems were not in place to monitor all aspects of the service. Records were not always up to date and accurate.

Stirling Park Residential Home

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.

We undertook an unannounced comprehensive inspection of the service on 19 February 2016. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed interactions between staff and people using the service and spoke with people and staff supporting them. We spent time looking at records including all three people's care records, three staff personnel files, reviewed medicines administration record (MAR) sheets for all three people using the service, staff training records and other records relating to the management of the service. On the day of our inspection, we met and spoke with all three people living at the service. We spoke with the registered manager, deputy manager, and a care assistant. We also spoke with two relatives and a local authority commissioner.

Requires Improvement

Is the service safe?

Our findings

People told us that they were happy and safe living at the home. One person responded, "Yes," to the question of whether they felt safe living at the home. A relative told us that they felt their relative was, "100 per cent" safe living at the home.

Safeguarding policies and procedures were in place, however these required updating to include the current contact details for the Commission. Staff knew people well and were able to tell us the signs they would look for that would indicate someone may be suffering abuse. Staff knew about whistleblowing and understood the importance of reporting any concerns of abuse. They were able to tell us the types of abuse and said that any concerns would be reported in the first instance to their registered manager. However, staff required a better understanding of what would constitute a broader safeguarding issue.

Medicines were securely stored. We saw that a temperature book was kept in the cupboard. This showed that the temperature had been checked once a day and recorded temperatures were within the recommended 25 degrees. Medicines received from the pharmacy were logged in a book and sometimes these were also recorded in the medicines administration record (MAR) charts. There was no medicines policy in place. Although staff confirmed that they had been trained in administering medicines, records we reviewed showed that some staff had not been trained since May 2004.

Risk assessments seen included areas such as risk of pressure ulcers, moving and handling and risk of falls. However we noted that risk assessments for people whose behaviours challenged the service were not in place. The registered manager was aware of the need for further improvements to ensure that risk assessments were in place and these provided staff with clear guidance on how to mitigate risks. Each person had an individual fire evacuation plan in place. The fire authority had assessed the service as satisfactory following a recent visit to the home. We saw that weekly testing of the fire alarm and emergency lighting took place. Fire drills had taken place in July 2015 and October 2015. A fire risk assessment checklist had also been completed, this was a tick list of areas for consideration.

We reviewed staff personnel files and found these contained proof of address and identity. Staff had only one reference none of which were from a previous employer. There were no application forms to show staff employment histories and no evidence that staff had been interviewed for their role. The registered manager informed us that staff had worked with the service since they opened and were all known to her from her previous employment of eight years, therefore a previous employment history was not required. She also told us that staff had been interviewed when they started, however, the service does not keep paperwork beyond seven years. Staff criminal records checks had not been updated. Good practice recommends that renewal of criminal records checks should take place every three years. The registered manager told us that some recruitment records were not available as staff had worked for the service for a number of years. She also told us that they would be looking to renew criminal checks for all staff.

On the day of our visit we saw that there were suitable numbers of staff on duty to care for people. The staff duty rotas showed how staff were allocated to each shift. The rota demonstrated there were enough staff on

shift to meet people's needs. The deputy manager told us that staffing levels were based on individual needs. There was always a manager on shift and on call

Requires Improvement

Is the service effective?

Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found some people had signed a consent form indicating that they had consented to the care provided by the service.

However, the service did not always work within the principles of the MCA. We saw that the DNAR (Do not attempt resuscitation) form for one person indicated that they lacked the capacity to understand what resuscitation meant. They did not have their mental capacity assessed or a best interest decision to ensure that this was in their best interests. They also did not have an independent advocate as they did not have any family or representative acting on their behalf at the time of completing the DNAR form. The home's own assessment of mental capacity noted that this person did not have impaired decisions regarding finances or emergency care. This contradicted the mental capacity assessment regarding resuscitation. Therefore the service did not ensure the person's human rights had been protected. The registered manager told us that a mental capacity assessment had recently been completed by the funding authority, and they had yet to be informed about the outcome of this.

Three of the ten staff members employed by the service had received recent training in the MCA and DoLS, a course run by the local authority. Staff we spoke with had limited understanding of the MCA and how this impacted on the people they cared for. Mental capacity assessments were incomplete and there was conflicting information about people's capacity in care records reviewed. Therefore we could not be confident that people's human rights had been protected.

The above amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records reviewed showed that staff had completed training in a number of areas. This included medicines management, dementia care, food hygiene, and challenging behaviours. Each staff member had a training book which indicated the areas of training they had undertaken. Books were completed yearly in June in all subjects for all staff as a record of cascaded training. We saw that these were completed up to June 2015 and included emergency procedures in the event of an accident, principles of care, preventing pressure ulcers and abuse and continence care. We saw a folder containing a number of training manuals for staff. These covered topics such as diabetes, infection control and health and safety. The registered manager told us that training was updated using the internet. She also explained that staff had attended training where certificates had not been given. We saw that the deputy manager had attended training in challenging behaviour in September 2013. However, training in areas such as food hygiene and

administering medicines were last completed more than 10 years ago. Staff confirmed that they had received some training but could not recall when these had taken place. Therefore staff may not be up to date with the latest guidance to ensure that people receive appropriate and safe care and treatment.

Staff told us they felt well supported by their managers. Staff said, and records showed that staff had received supervision up to December 2015. The registered manager told us that they aim to supervise staff every quarter "either here at the kitchen table, or by going round with staff and talking with them as they do their work." We saw from supervision records that staff had received generic supervision which did not detail the areas covered. Therefore, staff had not had the opportunity to reflect on their work and identify their personal development and training needs. The reason for supervision was noted as 'policy and procedures' however a written policy and procedure was not in place. The deputy manager told us that seven of the 10 staff employed by the service were qualified at NVQ level two, however, as it had been some time since staff were employed these records were not available. She also informed us that staff had been signed up to the new Care Certificate standards. These are standards used by health and social care workers in their daily working life.

The above issues amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Each person had a nutritional care plan outlining their likes and dislikes. People told us they had choices about what they ate. One person told us what they liked was given to them. We saw that the service kept a food book which recorded the meals provided to people and that people's cultural needs for food were taken into account when preparing meals. For example one person was given curried goat and spicy chicken according to their choices. The deputy manager told us that people were able to have what they wanted and extra snacks were available as they wanted, including fresh fruit. Care staff encouraged people to eat when they had a poor appetite. On the day of our visit we saw that people were offered regular drinks throughout the day and we saw staff offering people cups of tea and juices.

People were referred to health services that they needed. We saw on care records that people received health visits from the community mental health team, opticians, dentist and GP. For one person with incontinence needs the service worked closely with the continence team to assist staff in meeting their needs. For another person the service had supported them to attend a dentist appointment for treatment. This was confirmed by the person and their relative. This demonstrated people were supported to maintain their health and access to appropriate health and social care professionals. Staff were able to tell us about people's different health needs and what actions they needed to take to ensure people's health was maintained. People's care records included notes of visits from healthcare professionals.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity and respect. We observed that staff interacted with people in a respectful manner and knocked on people's doors before entering. One person told us, "They [staff] care about us. They respond positively and they're [staff] always smiling." A relative told us that the quality of care at the home was, "Fantastic. They [staff] really look after [my relative." Another relative told us that their relative felt like part of a family and said that their relative's wellbeing had improved since living at the home, "They look after [my relatives] wellbeing."

Relatives felt involved and had been consulted when changes in their relatives needs occurred. Staff encouraged people to make choices throughout the day. Staff supported people in a patient manner and treated people with respect. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Staff chatted to the people about how they felt and their day so far.

People had personalised their bedrooms according to their individual choice. For example, family photos and pictures on the wall. Staff told us about people's individual needs and preferences. We saw some evidence of individualised care for one person who was in the process of having their room decorated.

Although people received individualised care, care plans were not person centred and were written using some inappropriate and judgemental language. This was in contradiction to the way we observed care being delivered by staff. The objectives set out in this person's care plan stated that that staff should maintain the person's independence and dignity at all times to ensure their wellbeing. We brought this to the attention of the registered manager who told us that further improvements were required to ensure that all care records were person centred. She also said that this was an area they were working on and hope to complete these within the next month.

People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences. The registered manager told us of the importance of encouraging people to maintain their independence and how she tried to encourage one person whose needs had changed. This includes allowing them to make decisions about how they receive assistance with continence care. Changes in care and treatment were discussed at the daily handovers of shifts. People were involved in their reviews and their views were recorded.

Good

Is the service responsive?

Our findings

People participated in activities of their choice. One person told us, "I'm doing what I like doing." One relative told us that their relative gets to do what they want and staff brought their relative, "Out of their shell," and they were always, "Laughing and joking." Another relative said they felt their relative was happy but they felt they could go out more, but this was not the fault of the service. Funding had limited their ability to take part in activities outside of the home.

The registered manager told us that people that people participated in activities of their choice. For one person who the registered manager said preferred to stay in their room, she told us, "We bring the world to them." We asked whether people had outside interests. The registered manager told us that people go out to the shops if they want and the home has a dog and cat which people are familiar with. She described the environment as being, "Like home from home."

Care plans reviewed covered areas such as, mental health wellbeing and choice, activities and interests, continence and elimination with dignity, personal care and religious and cultural needs. Care plans documented people's likes and dislikes. One person who enjoyed reading and walking had this detailed in their care plan. This was confirmed by the person who told us that they liked walking in the garden and enjoyed reading. We saw this on the day of our visit and we were shown a selection of books they liked. We saw another person liked to listen to church CDs and received visits from friends at a local church. This was confirmed by the person. Another person received regular visits from their relatives who often took them out. Staff knew people well and how to care for them. This was also confirmed by a relative who told us, "Staff understand [my relatives] needs. They [staff] are really good."

We saw that some people's rooms were personalised with family photos and pictures. Relatives told us they felt the environment was homely and their relatives were happy.

The service had a complaints policy. We asked people about making a complaint, people said that they had not raised any concerns or had cause to. People told us that if they wanted to make a complaint they would be happy to approach the registered manager or other staff with their concerns. The registered manager told us that they had not received any complaints. A relative told us that they have never had to make a complaint and said they felt confident to make one.

Requires Improvement

Is the service well-led?

Our findings

The service is a family run small business. Most staff employed by the service were friends and family who lived locally and therefore were able to accommodate any changes as necessary to meet people's needs. Decisions about the running of the service were made by the registered manager with support from the deputy manager.

Relatives felt the service was well led. One relative told us they felt staff were, "well led, efficient, caring and professional." I think the service is excellent." Another relative told us "There's nothing I could fault here." One person who used the service told us, "They [staff] have a lot of experience. [the registered manager is experienced in care of the elderly."

Staff felt supported by senior management and felt listened to. They were confident in raising concerns about care or making suggestions to improve the service. There was continuity of staff with many staff working with the service for many years. The management team were passionate about their work and had a number of years' experience of working with the people they cared for. The registered manager told us that the staff group was, "Was like a family. We are flexible and cover for each other." This was confirmed by staff who said they could approach the registered manager and deputy manager at any time with their concerns.

The environment was warm and inviting with a lounge area for people to sit and meet with their relatives or other visitors. We saw that people were able to approach staff throughout the day and staff responded positively in a calm and friendly manner. People chatted with staff, they were comfortable with staff and there was a lot of banter and laughter.

We saw that a comprehensive medicines audit had been conducted by the local authority pharmacist in April 2015 who had commented that the home had 'good medicine management.' However this had identified that a procedure was required for PRN medicines (prescribed as required). Following our inspection the provider sent a copy of their PRN guidelines, however this did not include individual PRN protocols for people living at the home. Other audits such as the quality and accuracy of care plans and risk assessments and health and safety audits were not in place. Care records were incomplete and did not indicate how care would be provided. For example, one person's care records stated, "doesn't come out of their room. On a daily basis we have a 121 session." However we saw no evidence of the one to one care provided to this person in their daily records. Therefore we could not be confident that this person received care in accordance with their plan of care. The registered manager and deputy manager told us that they were in the process of improving the quality of care records.

We saw that a copy of the whistleblowing policy was displayed on a notice board in the entrance. However we found that policies and procedures held by the service were out of date. This included safeguarding, and whistleblowing which contained out of date contact details for the Commission and made reference to the previous Commission for Social Care Inspectorate (CSCI) at an old address. Policies were not in place for recruitment, supervision, mental capacity and consent. We raised this with the registered manager who

agreed that some policies required updating. She also told us of the service's intention to conduct a review of people's care files to make these more person centred, including the language used. This would include producing new guidance notes for staff to follow and updating their policies and procedures. We spoke with to local authority commissioners who told us that they were working with the provider to improve quality at the home. We saw that a visit by the local authority had identified issues found on the day of our visit

The registered manager was unclear about notifying the Commission of notifiable incidents.

The above issues amounted to a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulation 2014

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. (2) Paragraph (1) is subject to paragraphs (3) and (4). (3) If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act. People's capacity was not always assessed before decisions were made about the care and treatment they received.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with this requirement. Such systems or processes must enable the registered person, in particular, to assess, monitor and improve the quality and safety of the services provided (including the quality of the experience of service users in receiving those services) and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Maintain securely accurate records.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.