

Five Stacks Residential Care Centre LLP

Five Stacks Residential Care Centre

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	

Overall summary

The inspection took place on 26 August 2015 and was unannounced. Five Stacks Residential Care Centre provides accommodation and personal care and support for up to 30 older people, some who may be living with dementia. Also care may be provided for people who have a physical disability and younger adults. At the time of our inspection there were 30 people who lived in the service.

The service had a registered manager in post. 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 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

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health needs were managed by staff with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people's healthcare needs were well managed. Staff interacted with people in a caring, respectful and professional manner, and were skilled at responding to people's care and support needs.

People were encouraged to take part in interests and hobbies that they enjoyed. They were supported to keep in contact with family and develop new friendships so that they could enjoy social activities outside the service. The manager and staff provided people with opportunities to express their views and there were systems in place to manage concerns and complaints.

There was an open culture and the management team demonstrated good leadership skills. Staff were enthusiastic about their roles and they were able to express their views. The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were sought and feedback was used to make improvements and develop 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?

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Good



Is the service effective?

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and considerate in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

People were supported to maintain important relationships and relatives were consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

Staff understood people's interests and supported them to take part in activities that were meaningful to them. People were encouraged to build and maintain links with the local community.

There were processes in place to deal with any concerns and complaints and to use the outcomes to make improvements to the service.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

The service was run by an established management team that promoted an open culture, shared the same vision and demonstrated a commitment to providing a good quality service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Good



Five Stacks Residential Care Centre

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.

The inspection took place on 26 August 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were

cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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.

We spoke with seven people who lived in the service, one senior care staff member, four care staff members, Three visiting relatives, a visiting HR (Human Resource) consultant, the manager and the provider.

We looked at six people's care records, five staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Five Stacks. Comments included, “The staff are lovely I know them well now, I do feel safe living here.” And, “I would talk to the manager or one of the staff if I was worried about anything.” The provider had taken steps to safeguard people from the risk of abuse. One relative told us, “There are enough staff I think, I visit quite frequently and have not worried about [relatives] safety or had any concerns.”

The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. Staff told us they had received training in safeguarding adults from abuse. They also told us that they were confident and knew how to support people in a safe and dignified manner. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any investigations undertaken by the Local Authority. Where safeguarding referrals had been made we saw clear records had been maintained with regard to these. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

Risks to people’s safety had been assessed. Risk assessments covered areas such as; the safe moving and handling of people, nutrition and dehydration risks and prevention of pressure ulcers. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Our observations and conversations with staff demonstrated that guidance had been followed.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in their risk assessment we saw that their families, advocates or legal representatives had been consulted. Care plans contained risk assessments in relation to risks identified such as nutritional risk, falls and pressure area care, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw

records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people’s care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people’s level of dependency, and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people’s changing needs. Staff told us that there were enough of them to meet people’s needs. The provider and manager told us, “We have our own bank staff as we feel it is important to have people who work here and know the people they are caring for.”

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the processes discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) had been accurately completed to reflect this. We observed the lunchtime medication round. This was done with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about the use of these medicines. This included medicines that people needed on an ‘as required’ basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. No one was self-medicating on the day of our inspection

Regular medication audits were completed to check that medicines were obtained, stored, administered and

Is the service safe?

disposed of appropriately. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

Is the service effective?

Our findings

All of the people and their relatives we spoke with were complimentary about the service they received and the manner in which staff supported them. They told us that staff had the required skills, knowledge and the ability to communicate effectively with people who may be living with dementia. One person told us, “The staff know me well and what to do; they know what help I need.” A relative additionally told us, “I think the home has a nice atmosphere, they know what [relative] needs.”

Staff told us that they were supported with regular supervision, which included guidance on things they were doing well. It also focused on development in their role and any further training that would benefit them. Staff also attended staff meetings where they could discuss both matters that affected them, and the care management and welfare of the people who lived in the service.

Opportunities for staff to develop their knowledge and skills were also discussed and recorded. One member of staff said, “We do have to do a lot of training but I think that is a good thing as it keeps us up to date.” The management team supported staff in their professional development to promote and continually improve their support of people.

People were cared for by staff that were well trained to deliver their duties. The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. Training for staff was predominantly provided via e learning and group based sessions. Staff told us the training was good and gave them the information they needed to meet people’s needs. Training was well managed and updates for established staff were provided promptly when they were due. We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the needs of the people they provided care and support to. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as moving and handling, dementia, health and safety and nutrition. Staff communicated and interacted well with the people who used the service.

People’s capacity to make day-to-day decisions was taken into consideration when supporting them and people’s freedom was protected. The provider was meeting the requirements of the Deprivation of Liberty Safeguards

(DoLS). People who could not make decisions for themselves were protected. The manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) 2005 and DoLS legislation and new guidance, to ensure that any restrictions on people’s activity were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities. We saw people had been consulted and consented, where they were able, to their plans of care. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual’s best interest.

People were complimentary about the food. They told us they had enough to eat, their personal preferences were taken into account and there was a choice of options at meal times. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. One person told us, “I really like the food here and if you don’t like something they will always make you something else. One relative also told us, “I don’t really worry about [relative] eating enough as I know the food is good here.” Care plans contained information for staff on how to meet people’s dietary needs and provide the level of support required. People were happy and interacted well with staff whilst enjoying their meal. We saw that where people had specialist diets, a balanced diet was followed and people had plenty of snacks and drinks offered throughout the day.

The service appropriately assessed people’s nutritional status and used the Malnutrition Universal Screening Tool (MUST) to identify anyone who may need additional support with their diet such as high calorie drinks or specialist diets. These assessments were up to date and had been reviewed on a regular basis. People had been regularly weighed and where necessary referrals had been made to relevant health care professionals including speech and language therapists for issues around swallowing, or dietetic services for people with particular dietary requirements.

Is the service effective?

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the

chiropodist, dietician, speech and language therapists (SALT) and social workers. People were encouraged to discuss their health. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input.

Is the service caring?

Our findings

All of the people we spoke with, including the relatives, told us the staff were caring and kind. One person said, “The staff are really caring.” A relative said, “The staff are very kind, I know they can get very busy but [relative] is looked after.” Additionally we saw that two surveys completed by relatives annually stated. “It is always a pleasure to visit, residents seem content and well looked after” and “Excellent standard of care.” The surveys had been developed by the service to gain feedback about the service.

The atmosphere in the service was not rushed and was calm and relaxed. We observed staff talking to people in a kind compassionate way. Staff knew people well and chatted to them about their interests and family members, whilst they provided support. We observed lots of laughter and banter between staff and the people that lived in the service. One person we noted became anxious and upset at regular times. They were reassured effectively by staff and a challenging situation averted by communicating well with the person and focusing them on moving to another area effectively. Staff did not become frustrated either when they had to repeat the same reassurance a number of times on different occasions as the person was confused and required a lot of emotional support.

People were involved in making choices about their care. One person told us, “You can stay in your room if you want to and they still include me in things they are doing.” Another person told us they had been involved in the care planning of their relative. The staff showed a good understanding of the needs of the people they cared for. They were able to tell us about each person’s individual needs and preferences.

Staff told us that they respected people’s choices around meals and activities and we observed this throughout the day. Staff listened to people, showing empathy and understanding, giving them time to process information

and waited for a response without rushing them. People told us they were treated with dignity and respect. Our observations confirmed this during the lunchtime period when one person showed signs of distress, and staff dealt with this in an efficient caring manner.

We observed the service had a strong, visible, culture which focused on providing people with care which was personalised to the individual. Staff were highly motivated, passionate and caring. People told us and our observations confirmed that staff respected people’s privacy and dignity.

We saw that doors to bathrooms and people’s bedrooms were closed during personal care tasks to protect people’s dignity. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity.

Staff addressed people by their preferred names, and chatted with them about everyday things and significant people in their lives. Staff were able to demonstrate they knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff. Staff told us how they respected people’s wishes in how they spent their day and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others.

Staff were able to explain when people had expressed preferences and choices around their end of life care. This was recorded within their care plan and where people had made a decision about resuscitation, a completed ‘do not attempt resuscitation’ directive was in place in their care plan.

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and were satisfied with the care and support they received. They had been given the appropriate information and opportunity to see if the home was right for them, and could respond and meet their needs appropriately prior to moving in. People also told us they had the opportunity to be involved in their care planning. One person told us, "This is a lovely place, it is just a nice place to be." An audit survey completed for 2014, highlighted published comments such as, "Outstanding cleanliness and beautifully decorated." And "I have not met one member of staff I don't like, all great."

Care plans included a full assessment of people's individual needs to determine whether or not they could provide them with the support they required. Care plans were comprehensive and provided staff with the guidance they needed in how to support people with their identified needs such as personal care, receiving their medicines, communication and with their night time routine. Care plans were focussed on the person's whole life and reflected how people would like to receive their care, treatment and support. For example, there was information that detailed what was important to the person, their daily routine and what activities they wanted to be involved in. People's changing care needs had been identified promptly, and were regularly reviewed with the involvement of the person and or their relatives.

There was an individualised approach in the planning of activities to meet people's needs and promote their sense of wellbeing. The staff knew the people they cared for well, this included their preferences and care needs. Staff described how they encouraged people to maintain their independence and to get involved in daily activities and hobbies and interests of their choice. Staff told us that people were supported with a variety of activities that they were interested in, and supported to maintain any hobbies and interests they had. This was confirmed from our discussions with people and their relatives. One to one time was scheduled and provided for people such as sitting and chatting, reading or listening to music. People told us they could also choose to spend time alone in their rooms

or be involved in group activities. We observed occasions when two residents became irritated by one another whilst walking together. We saw staff respond in a reassuring manner and not become frustrated when they had to repeat things so the people involved remained calm.

We saw how activities that had taken place were recorded and monitored for attendance and participation. People's individual choices and views had been sought in the future planning of activities. The manager told us that activities were arranged according to people's choices, and about how they had volunteers come to the home. We were also told about a resident's party which included external entertainment and one person who had visited their favourite football matches. More lively activities included, days out to the seafront, trips to the zoo and trips to the theatre.

We saw that forthcoming events were clearly displayed on the noticeboard so people could plan what they wished to attend. A publication 'Daily Chat' distributed to people, provided reminiscence articles and activities/quizzes for people to do independently or in groups. People told us they could choose to spend time alone in their rooms or the quiet communal areas as well if they preferred.

All of the people we spoke with told us they were very happy with the service they received and would speak to the manager or other staff if they needed to. People told us that if they had raised any concerns this had been dealt with promptly and sensitively. People told us they had daily access to the management team and found them very approachable. They also told us they had regular opportunities to express their views about the care they received through care reviews, independent discussion, residents meetings and surveys.

No formal complaints had been received since the last inspection. We were told that any complaints received would be acted upon promptly and were used to improve the service. Feedback would be given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaints procedure in place which was displayed prominently in the service for people to refer to.

Is the service well-led?

Our findings

People and their relatives told us they all had confidence in the management and staff. They told us they felt involved in how the service was run and were asked for their views in planning improvements. The service was well managed and the provider and manager were very visible and accessible. All the people we spoke with told us they knew who the manager was and comments included, “The manager is around when you need them.” And, “I can speak to the manager and they are good with things that I need or worry about. All the staff help me.”

People told us they had no concerns with the management and staff. We also received positive comments about the provider and manager from staff who told us that they were approachable, fair and communicated well with them.

All of the staff told us they worked in a friendly and supportive team. One told us, “We all work really well together as a team.” They felt supported by the provider and manager and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns with their manager and felt listened to by both manager and colleagues. Staff felt able to suggest ideas for improvement, and had access to regular staff meetings, supervision and annual appraisals. Staff told us that communication was always inclusive and they were always consulted about any proposed changes. They said, “There is an open door policy here.”

Staff were supported with training to make sure their knowledge and skills were up to date in particular when supporting people living with dementia. We were told the focus of this training was to equip staff with the skills and understanding they needed, and to give them opportunities to discuss how well they were doing as a team in promoting individualised, quality care to people.

The culture of the service was centred around people who used the service, and tailored to meet their care, treatment and welfare and needs. Five Stacks state it is their objective to provide a standard of care that embraces the fundamentals of good practice, within a safe, small home environment, where clients receive individualised, monitored and safe care. Their philosophy says Five Stacks aims to preserve and maintain dignity, privacy and individuality and be sensitive to each client’s changing

needs. It also aimed to meet, the medical, cultural, spiritual, emotional, physical, psychological and therapeutic needs of all clients at all times. Staff understood their roles, responsibilities and own accountability, and the service maintained good links with the local community. We saw that people accessed the community and there was good staff availability to enable any outings and service events to take place and the service links with the community were good.

The management of the service had processes in place which sought people’s views and used these to improve the quality of the service. Relatives and visitors told us they had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative’s care. We looked at the responses and analysis from the last quality audit survey in 2014. The most recent review was also underway at the time of our inspection. This provided people with an opportunity to comment on the way the service was run. We saw that the majority of respondents who lived at the service returned positive responses in relation to personal care and support, daily living, catering, premises and response to complaints. Action plans to address any issues raised were in place and were either in progress or completed.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of incidents documented, showed that staff followed the provider’s policy and written procedures and liaised with relevant agencies where required.

The manager told us that the provider monitored trends such as the number of falls and any medication errors. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the registered manager and provider and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.