Mrs Catherine L Arnold

The Stables Residential Care Home

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 30 March 2015 and it was unannounced.

The Stables Residential Care Home provides care for up to seven older people and on the day of our inspection there were seven people living there.

The home 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 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe and would feel at ease to raise any concerns with staff if they needed to. Care staff knew how to protect people against the risk of abuse and had completed training in safeguarding people, so they knew how to recognise abuse and poor practice.

Staff made sure people had access to health professionals to support them with their healthcare needs and people were given their medicines when they needed them. People's medicine records were not always clear enough to help prevent the risk of staff making errors.

Staff completed training on a regular basis so they had the skills and knowledge to carry out their role and support people safely. Staff knew to gain people's consent before delivering care and had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They knew how people who lacked capacity may need to be supported in making decisions.

People were provided with choices of nutritious food that met their dietary needs and there were regular choices of drinks available during the day. Where people needed support to eat, this was provided.

Everyone we spoke with considered staff to be caring and helpful. Staff understood how to treat people with dignity and respect. People said they felt listened to and would feel confident to raise any concerns with staff if they needed to.

People who lived in the home, relatives and care staff said the home was well managed and we saw there were systems in place to monitor the quality of the service and to identify any areas needing improvement.

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.

People told us they felt safe and there were sufficient numbers of staff to support people's needs and manage their care. Potential risks to people's health and safety were assessed and care plans were in place to help staff manage identified risks.

People received their medicines as prescribed but medicine records were not always clear enough to show this.

Good

Is the service effective?
The service was effective.

All staff received training to meet the needs of the people who lived in the home and to ensure their health and wellbeing was maintained. Arrangements were in place that ensured people received meals and drinks that met their dietary needs. People received ongoing healthcare support from a range of external healthcare professionals.

Good

Is the service caring?
The service was caring.

There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had a good quality of life. People were valued and staff understood the need to respect people's independence and dignity. Staff demonstrated they cared through their approach and the way they engaged with people.

Good

Is the service responsive?
The service was responsive.

People told us they were happy with their care and had no complaints about the service they received. People said if they had any concerns they would raise these with the staff or the registered manager. People were involved in their care and staff knew about people's needs and preferences so they could support people how they wished.

Good

Is the service well-led?
The service was well led.

People living in the home, their relatives and staff told us the home was well managed by the registered manager and deputy manager. Quality monitoring systems helped identify where any improvements may be needed to raise standards within the home.

Good

The Stables Residential Care 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.

This was an unannounced inspection carried out on 30 March 2015 by one inspector. Before the inspection we checked to see what information we held about the service. There had been no issues of concern reported from any agencies involved in people's care and no serious incidents or accidents reported by the service.

We spoke with four people and two visitor's (including a district nurse) about the home and carried out observations within the service to see how people were supported. The registered manager was not available on the day of our visit but we spoke with two care staff and the deputy manager. We looked at records for managing medicines, accident and incidents, daily communication procedures and quality monitoring records.

Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe. They told us, "There are always people about and it's knowing people are around all of the time." "I find it very safe; it's a lovely little home."

There was a safeguarding policy in place which staff told us they had read so they knew about their responsibilities and how to report any concerns or abuse. Staff told us they felt it was important for people to feel safe in the home and they had completed safeguarding people training to help them recognise abuse. They told us signs could be someone with bruises, upset, withdrawn or not communicating. One staff member told us, "If I suspected abuse I would speak to the manager, if I didn't feel they were doing anything, I would go outside the company for help. We have a hotline for CQC."

Staff told us how they kept people safe. One staff member told us, "I like to keep them safe by going by what they need, making sure they are handled properly, that we have learning in all of the equipment so we do not hurt them." Another told us how it was important for people to have access to a call bell so they could alert staff when they needed help or support. We noted there were effective communication systems to ensure all people within the home could communicate their needs. These included the use of calls bells to alert staff to people's needs as well as written communication if people were not able to communicate verbally.

People told us there were enough staff to meet their needs and staff said there was enough of them to support people without rushing their care. Throughout our visit we observed there were sufficient staff to provide the support people needed to keep them safe. One staff member told us, "I think there is (enough staff) for how many residents we have. I think it is quite efficient."

Staff knew about risks associated with people's care and how to manage them to prevent people being put at risk of harm. Care plans we looked at confirmed information they told us. For example, staff told us about one person who was prone to infections and needed to be given drinks more frequently to increase their fluid intake and help prevent these. This person's care plan reflected this information and staff told us the person had not had any infections since the increased fluids had been given. This demonstrated the risk was being managed. Staff also told us about other risks where people required specialist mattresses and pressure relief cushions to help prevent the development of skin damage. We saw pressure cushions and specialist mattresses were in use and we were told nobody in the home had any skin damage. Staff told us they monitored people to make sure they were not placed at risk of harm, such as, if they did not sleep well which may increase their risk of falls or if they had behaviours that placed them at risk. They explained they followed up issues of concern with health professionals when required and followed any advice given. A visiting district nurse confirmed that staff followed the professional advice given to them.

Accidents and incidents within the home had been minimal but had been recorded so it was clear how they had been managed. There were no ongoing risks identified from those recorded, and where appropriate, people had been monitored to make sure they were safe. The deputy manager told us she regularly checked the accident and incident records to identify any reoccurring concerns such as falls that may need further action.

There was specialist equipment available to support staff in moving people safely when needed. This included a hoist, slide sheets for moving people in bed and handling belts to support people when being moved. We saw staff use a handling belt when moving a person from their chair. Staff made sure the person understood what they needed to do to ensure the transfer was managed safely. Staff told us equipment in the home was regularly checked to make sure it remained safe to use. For example, one staff member told us, "I feel it (the home) is as safe as could be. All equipment is checked regularly. PAT (portable appliance testing) is done on electrical goods. If we have any concerns at all we write it down and the manager acts on it. We have a communication book."

Staff knew what action they should take to keep people safe within the building in the event of a fire until the emergency services arrived. They also knew the meeting point outside if they needed to leave the building. They told us those people who would need support to evacuate the home had personal evacuation plans in place. One staff member did not know of any contingency plan should they need to evacuate people from the home. The deputy manager told us there was a contingency plan available

Good

Is the service safe?

which was held in the 'emergency folder' which also contained all emergency telephone numbers the staff may need. All staff knew about the emergency folder and the need to consult this if necessary.

We looked at the management of medicines in the home. People told us they received their medicines when they expected them. One person told us, "They never miss us, they are very good and come to check to make sure we have had them." Staff told us they had completed training in administering medicines so they could manage medicines safely. Where medicines had been prescribed on an "as required" basis such as pain relief, staff made sure people were not given dosages that exceeded safe levels. Although people received their medicines as prescribed, we found there were some areas in relation to medicine records and monitoring that needed to be improved. Medicines were stored within a secure medication trolley but the temperatures they were stored at were not being checked to make sure medicines always remained effective. People's medicine administration records (MARs) were not always clearly written, for example, handwritten entries did not always reflect the prescribing instructions on medicine labels which meant there was a potential risk of error in how this medicine was given. In one case a medicine dosage had been changed half way through the cycle which had resulted in a lot of handwritten entries on the MAR which were difficult to read and understand. However, staff were able to describe how they were managing the medicine which was in accordance with the latest prescribing instructions.

The provider followed a thorough recruitment process to make sure staff had the right skills and experience to meet the needs of people who lived at the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining written references. We noted one of the start dates recorded on a recruitment file was before the date the DBS check had been received. The deputy manager explained she had checked the online system prior to the person working to confirm the checks were acceptable before the person started. Staff spoken with confirmed they had not started work at the home until their DBS check had been completed.

Good

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them safely and were happy with the care they received. One person told us "I would say seven out of ten, they are all nice personalities and never make you feel demanding." "They are very good, yes they have the right skills to look after me."

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. Staff told us they felt supported in their roles and the training they received was good. Staff told us that in addition to the training considered essential, they had also completed training such as caring for people with dementia and 'end of life' care to support them in their role. We observed staff putting some of their training into practice, for example, they assisted a person safely out of a chair using a handling belt so they could be supported with personal care.

Care staff were positive about the induction training which included shadowing other more experienced staff so they could learn from them and get to know people and how they needed to be supported. Induction training records confirmed when staff were competent and any areas where they needed to improve. It was not always clear from the records that the areas for improvement had been acted upon. The deputy manager agreed this was an area that could be better demonstrated but advised additional training had been provided to staff where this had been found necessary.

Staff told us they were observed carrying out their role to make sure they carried out tasks in accordance with the policies and procedures of the home. These tasks included changing catheter bags, assisting people with eating and delivering personal care. Staff told us they also received regular one to one supervision with the registered manager where they could talk about any concerns or training and development needs they had. Staff were able to explain information they had learned at their training. For example, how to manage catheter care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required, to make sure people get the care and treatment they need in the least restrictive way. Staff we spoke with had some knowledge about MCA and DoLS and the principles of these and what it meant in practice. For example, one staff member told us, "You have to make sure the individual's needs are met. If they have not got capacity sometimes we have to make decisions for them like encourage them to eat and drink, prompting medication." Staff told us MCA and DoLS training was provided as part of the National Vocational Qualifications (NVQs) in Care they were completing. They told us the registered manager was always available to answer any queries on this and provide support if needed.

An assessment of people's mental capacity had been completed to determine if people needed support in making decisions. This information was available on care files for staff to refer to if needed. Staff told us all people who lived in the home had capacity and nobody had their liberty restricted. People told us staff respected their independence but offered support if they felt they needed assistance. Where staff had doubts about one person's mental capacity they had sought professional advice so that a more comprehensive mental capacity assessment could be undertaken to determine if they required any additional support.

People told us staff always asked if they were in agreement to the care they were about to deliver, to make sure they agreed to it. We observed staff asked people if they required assistance with personal care or to move to their bedroom demonstrating staff knew about gaining people's consent to provide care. Where people may be subject to restraint, such as the use of bedrails, people were able to give their consent to them being used.

Most people told us they enjoyed the food provided and had a choice of meals and enough to drink during the day. Comments included, "Lovely, we never need to complain about it, if you want anything special, you can have different. Yes they discuss the menus, you can't please all of us all of the time." "No not always a choice, at tea and breakfast there is." We observed that choices of squash and hot drinks were available. One person told us they always had a "hot milky drink at bedtime." The deputy manager told us each day there was one main meal provided that

Good

Is the service effective?

they knew everybody liked. The meal provided on the day of our visit was nutritious and looked appetising. Staff told us they had spoken with people about the menu and had asked if they were happy with the meals. People had chosen to continue with the same two weekly meal choices. They knew there was one meal that one person did not particularly enjoy so they cooked this person an alternative meal on the day this was provided. We were able to confirm this happened with the person who was given a different choice on the day of our visit. We asked staff how they knew people's requirements for eating and drinking. One staff member told us, "We ask them what they want, encourage them to eat and drink. A lot we learn through being familiar with the person, with this being a small home with the same residents and teams of people (staff). It's knowing what likes and dislikes are. Quite often they get into a routine of what they like and don't like."

At lunchtime people were able to eat at their own pace and were not rushed, this included one person who needed support to eat. Staff told us if they had any concerns about the amount of food and drink people consumed they monitored this so that their health was not put at risk. They told us contact was made the relevant health professionals for advice when needed such as the Speech and Language Therapist (SALT) or district nurse. They told us on one occasion when they had done this, the advice given was to puree the food so the person could swallow it more easily.

People told us staff promptly organised for them to see a GP if they were ill and commented the GP service they received at the home was very good. The deputy manager told us the chiropodist visited regularly to attend to people's foot care and details were kept of appointments in the home's diary.

Good

Is the service caring?

Our findings

We asked people and a visitor if the staff were caring. They told us, “They are nice, very good.” “They will come and help you, they are very motherly.” “Some show a lot more empathy than others.” “They are absolutely brilliant.” One person also commented, “It’s very, very nice here, there is only seven of us, we are all friends together, they are very good.”

Staff we spoke with were knowledgeable of the people they cared for and recognised the importance of maintaining people’s independence. For example, one person needed extra support when they were seated and extra time to eat their meals. The registered manager had organised for them to have an extra-large over chair table so that the person could sit comfortably and had space for their personal possessions as well as drinks which they could easily reach. We also saw adapted cups and cutlery were used to support people to eat independently. Staff spoke with people in a caring manner and engaged people in conversations that generated their interest such as talking about their family members. We saw staff were very reassuring to a person who became anxious during our visit. They took the person into the kitchen so they could sit where staff were working and could talk with them while carrying out their work.

A visitor told us staff had asked them about their relative’s interests and background when they first came to the home to help them provide more person centred care. They told us, “When [person] first came in they wanted to know about the history of [person] as they have a memory night.” This was where staff would discuss events in people’s past and happy memories. They also told us, “I have just showed them a picture of [person] on her wedding day and they have asked for it to use with [person].

Staff told us that people were able to arrange their bedroom and furnishings how they wished. One person told us how they had requested their bedroom be rearranged so their bed was in a different position. The registered manager had organised this and had also organised for the light pull cord to be moved so the person could easily reach it. They told us how pleased they were this had been done. The deputy manager told us about one person who came into the home with a “pretty patterned quilt” but they needed curtains to match so the home had suggested they purchase the matching curtains and this was in the process of being organised.

Staff were observed to be caring and respectful in their approach towards people and understood the important of maintaining people’s dignity. For example they told us, “I make sure doors are closed. When dressing them I put a towel over the front of them when taking their bottoms off. I ask them if it is ok to remove items. If I am entering (a bedroom) I always knock first to make sure I am able to go in.” We observed staff address people by their preferred names and at lunchtime a staff member assisted a person to eat in a discreet manner by sitting next to them at the table. Arrangements were in place for people to access a hairdresser and the registered manager had arranged for a person to visit the home to complete nail care such as filing and painting nails for those who wanted this service.

Good

Is the service responsive?

Our findings

People told us staff involved them in decisions about their care. For example, one person told us they sometimes had difficulty to see things and staff would ask them if they wanted any help. A visitor told us, "If there is anything like [person] not being well they will ring me …..or if a letter comes in, they ring me."

People's needs and preferences were assessed before they came to live at the home to make sure their needs could be met. People's care plans reflected how they would like to receive their care. People's needs were reviewed on a regular basis to identify any changes in support and to ensure this was provided as necessary. Some people knew they had a care plan but were not aware of what was in it. One person told us, "They do have a care plan for everyone and they write in it, I have not been involved to look at it." Although this person told us they had not discussed their care plan with staff, it was evident from discussions with them and information in their care plan that staff involved them in their care.

Staff knew about people's specific needs and preferences. For example, they told us about one person who liked their breakfast in bed and we noted this person chose not to get up until later in the morning. Staff were able to tell us the person's breakfast choices. The deputy manager told us they completed monthly reviews of people's care and staff were required to show in the records how they had involved people in decisions. We saw changes in people's care needs were reflected in care plans and staff explained one decision made during a review with a person in the home was to place a television in the kitchen. We saw the person watching the television in the kitchen during our visit. A visitor told us about films and music their relative liked and stated the home had "movie days" where people watched their preferred films. Staff told us one person enjoyed peeling vegetables and folding laundry so they involved the person in doing this when they could.

People told us staff supported them with their interests. One person told us, "I do jigsaws, sometimes I do knitting and read." They told us they used to go out of the home to meetings but they were not able to do this anymore as they got too tired. Instead staff supported the person to listen to the meetings on the telephone. Another person told us they used to read and knit but there were not able to now due to their health, instead they were happy to watch the television and the news. We observed people in the lounge were asked which television channel they would like to watch and saw staff use the television controls to show them and tell them what programmes were on. Staff knew which channels people liked to watch. When we asked one person if they went out of the home, they told us they used to like going to the park but had not been recently due to the weather. They told us if they asked staff to take them out, they would.

All the people we spoke with including a visitor said they had no cause to complain and felt comfortable to approach staff should they have any concerns. Staff knew to report any concerns to the manager. Staff had personal copies of the complaints procedure and there was also a copy on display in the home for people to follow. They told us, "They can write a letter to the manager or they can complain verbally and I would write it down and tell the manager." Staff told us about lessons learned as a result of a complaint raised. For example, they had received a concern about a person not accessing a specialist for advice on a health condition. Staff told us following this, specialist advice was sought and this had resulted in the person being told to complete regular exercises. Staff told us they supported the person with regular exercises to improve their strength which included walking around with them more so they were not sitting all day. They told us this had resulted in the person's mobility improving.

Good

Is the service well-led?

Our findings

Comments we received from people demonstrated a high level of satisfaction with how the service was managed. Comments included, [Manager] is a very kind person and is very patient and listens to your needs." [Manager] is a lovely person, she does not treat us as old ladies, [Manager] consults us." A visitor was complementary of the management of the home and told us even communicating with the manager by email was like "talking to a friend."

Staff told us they regularly spoke with people about their care to seek their opinions of the service, for example, they had discussed the laundry and each person having different colour towels so each person could identify their own. People confirmed they had their own colour towels.

Relatives had been given an opportunity to complete a satisfaction survey about the home. They had been asked if they felt the service provided a good standard of care. Comments received included, "Excellent" and "Most definitely." A question asked if they felt overall the home was a good place for their relative. One commented, "This is a first class home, should be a showcase, giving excellent care. Good relationships with staff and relatives, spotlessly clean with lovely meals and attention to detail."

All staff had positive things to say about the registered manager who worked alongside them when in the home. This meant the manager was aware of the day to day culture of the service and could observe staff behaviour and attitudes towards their work. One staff member told us, "We do work to a good standard. We soon tell one another if we don't do something." They said the registered manager made a point of telling them if they had not done something right. For example, not making sure a toilet door was shut or making sure everywhere was clean and tidy. They told us, "That's what keeps us on our toes." Staff also told us that any issues of concern that the registered manager identified were raised with them during formal supervisions so they could learn from their mistakes and put things right.

The deputy manager told us formal audits of records were not always undertaken but if she noticed something was not right, such as an error on the medicine records, she would check the information and deal with it there and then to make sure it was addressed.

Communication systems in the home included handover meetings at the beginning of each shift so that staff could report on people's health and welfare during their shift. This enabled staff starting their shift, to be informed about any concerns relating to people's care that may need to be monitored such as, if they had not drank enough or had been unwell.Staff told us there was also a 'communication book' and diary they used to communicate information to one another such as people's hospital appointments. This helped to make sure the service ran smoothly and prevented people receiving delayed care.

Staff were encouraged to share their opinions during regular staff meetings and felt they were listened to by the registered manager. For example, they had raised an issue about the safety of people during the evening when only one staff member was on duty. The manager had responded by increasing staff numbers to two during this shift. Staff were aware of their responsibility to follow the policies and procedures of the home and told us they discussed these at staff meetings and signed records to confirm they had read and understood them.

During our inspection the registered manager was not available but we found the service ran smoothly in her absence. Staff were able to easily access information we requested and were able to provide detailed answers to questions we asked. This demonstrated the manager made sure the home ran effectively at all times.

The deputy manager told us they maintained some links with the local community such as the local church where they supported a person to attend on Sundays. Staff told us they would support people to maintain other links with the community if they requested and where this was possible.