

Amber Care Limited

Stonebow House Residential 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

This inspection took place on 6 October 2014 and was unannounced.

Stonebow House Residential Home provides accommodation for people who require personal care for a maximum of 30 older people some of who have a dementia related illness. There were 25 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were positive about the care they received and about the staff who looked after them. Relatives said that they were very happy with the overall care and treatment and felt part of their family ‘member’s lives. Our observations and the records we looked at supported this view.

Summary of findings

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. People received their medicines as prescribed and at the correct time.

People told us and we saw that their privacy and dignity were respected. The care provided took into account people's views and input from their relatives.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection no one had an application in place.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were supported to eat and drink enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with both internal and external training which they felt reflected the needs of people who lived at the home.

Staff told us that they would raise concerns with the nursing staff, the duty manager or the registered manager and were confident that any concerns were dealt with. The provider and registered manager made regular checks to monitor the quality of the care that people received and look at where improvements may be needed.

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 received care and treatment from staff that understood how to keep them safe and free from potential abuse. People received their medicines on time and as prescribed.

People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home.

Good



Is the service effective?

The service was effective.

People's needs, preferences and risks were supported by trained staff that had up to date information specific to people's needs. Staff told us and we saw that the information in the care records were consistently followed.

The Mental Capacity Act (2005) code of practice was being met. At the time of the inspection no applications for Deprivation of Liberty Safeguards (DoLS) had been required.

People told us that they enjoyed their meals and had a choice about what they ate to meet specific dietary needs. Staff had contacted other health professionals when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People and relatives feedback showed people received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences.

We saw that staff spoke with and provided care

Good



Is the service responsive?

The service was responsive.

People were supported by staff or relatives to raise any comments or concerns with staff and these were responded to appropriately.

We saw that people were able to make everyday choices. We saw people engaged in leisure pursuits, such as reading and interacting with staff.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff were very complimentary about the registered manager and told us they listened to their views and were approachable.

The registered manager and provider monitored the quality of care provided. There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good



Stonebow House 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

This inspection took place on 6 October 2014 and was unannounced.

The membership of the inspection team included two inspectors and an expert by experience who had experience of older people care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

During the inspection, we spoke with 13 people who lived at the home and five relatives. We spoke with four care staff and the registered manager. We spoke to one GP that was visiting the home.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at two records about people's care, staff duty rosters, complaint files, meeting minutes and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

All people we spoke with told us they felt safe and the staff treated them well. One person said, “I chose this place because it is what I want and I feel safe”. Another person said, “You will always have someone to help you”. Three relatives told us they felt confident that their relatives were kept safe and not at risk of abuse. One relative said, “[Person] is treated with respect and I feel they are safe when I leave”. In addition, all relatives we spoke with told us they felt confident that they could raise concerns with any of the staff if required. One relative said, “The love and trust is beyond what I expected”.

All four staff we spoke with told us how they would respond to allegations or incidents of abuse, and also knew who to report to in the home. One staff member said, “If I was concerned, I would follow the safeguarding procedure and tell the manager”. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They confirmed that they had an understanding of adult protection awareness and had received training.

One person said, “Even though I am [age], I still do things for myself”. Another said, “I am more than capable”. Plans were in place that made sure staff had information to keep people safe. The plans in place told staff how to support them and staff confirmed the support that person had needed. Where a risk had been identified it detailed how to minimise or manage the risk. For example, we saw that one person’s eating had been identified as a risk.

We looked at staffing levels in the service. The care staff were supported by the registered manager, catering, administration and housekeeping staff. People we spoke with felt that staff were available to support them when they needed assistance. One person said, “If I press the bell someone will come immediately if they are not busy, it might take a little longer if they are busy”. One relative said, “Always appears to be enough staff and [person] is always smiling here”.

We saw that staff had time to spend with people and responded in a timely manner. For example, call bells were answered promptly by staff. The registered manager had also looked at how many staff were needed to meet the needs of people who lived at the home. The registered manager showed us that the current staffing levels were higher than needed.

Two people we spoke with told us that staff looked after their medicines for them and they felt they got their medicines at the same time every day. One person said, “I have several in the morning, lunchtime and evening. I forget what they are for but I know I need them. The staff will tell me if I ask what they are for”.

People’s medicines were up to date and had been recorded when they had received them. During our observations staff offered people their medicines. People were supported with instruction and encouragement. We spoke with staff on duty that administered medicines. They told us about people’s medicines and how they ensured that people received their medicines when they needed them.

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person told us, "They seem to know what they're doing. I think they do get training". Another person said, "They know what they are doing. They must get training to be able to do this". Relatives told us they were confident that their relative's needs were met. One relative said, "The staff are wonderful, can't fault them."

During our observations staff demonstrated that they had been able to understand people's needs and had responded accordingly. Staff were aware of people's individual behaviour and emotions when talking with them and were able to tell us about the person's life history. One relative said, "I completed some forms so they know about [person]".

We spoke with two staff and they told us that they felt supported in their role and had regular one to one meetings with the registered manager. One said, "Training is provided regularly. [Manager] carries out supervision and observations, is open and will listen". Staff told us they had received training that reflected the needs of the people they cared for.

Staff had been trained and future training courses had been booked. The subjects included food hygiene, moving and handling, understanding the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The registered manager showed that they kept their staffs knowledge up to date with regular training.

We looked at how the Mental Capacity Act (2005) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We also looked at DoLS which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person's right to choose or refuse care. They told us they would refer any issues about people's choice or restrictions to the registered manager or senior care staff on duty. The provider and registered manager knew of a judgement

made by the Supreme Court in March 2014. The judgement meant that restrictions that previously would not have needed DoLS authorisation would need to be reviewed by the funding authority.

The registered manager and provider had asked the local authority for further advice, however at the time of the inspection no applications had been required. People who lived at the home were supported by staff that knew when an application may need to be made.

All people that we spoke with told us they enjoyed the food and were always offered a choice at meal times. Relatives told us they were happy with the food provided. One relative said, "Food seems good and [person] eats better here than when they were at home".

We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. We observed how people were supported over the lunch time period. We saw that people had been given a choice of food and drinks. Where people required a specialist diet or required their fluid intake to be monitored this information was recorded by staff.

We looked at two people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. This matched the information in the care files we looked at and what people told us. This meant that staff had the information available to meet people's nutritional needs.

Staff told us that they reported concerns about people's health to the senior on duty, who then took the appropriate action. For example, contacting the doctor for an appointment. We spoke with a GP that visited the home regularly. They told us that they felt people received the care they needed and staff were good at responding to people's changing needs. One person said, "I get to see my GP every week, or when I need them". People also got to see other professionals to help them maintain a healthy lifestyle. For example, people received regular appointments with opticians and chiropodists.

Is the service caring?

Our findings

People looked comfortable and relaxed in their home. We saw that people were confident when approaching staff for requests or support. One person said, “The staff are all very friendly and courteous to everyone”. Another person said, “The staff here are all very good, you’re looked after well”.

Three relatives commented about the warmth, friendliness, caring nature and approachability of the staff at the home. Staff were welcoming and caring towards family members and provided information about their relative. Visitors were comfortable to approach the registered manager to talk about their relatives care and support. One relative said, “[Person] always looks well cared for and happy. [Person] always comes out smiling”.

When staff provided care and support to people they spoke with kindness and were sensitive with the person they were supporting. For example, where appropriate, staff allowed people to move independently in an unhurried way and offered encouragement where needed.

Staff had a good knowledge of the care and welfare needs of the people who used the service. When we spoke with staff they told us about the care they had provided to people and their individual health needs. One member of staff said, “I get to know people by reading their history, which is in their care plans and talking to them and relatives”.

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. Whilst reviewing records we saw people had expressed choices about their care or this information had been gained from relatives. For example, people had been involved in decisions about their preferred daily personal care routine.

Staff told us and we saw that they made sure they were fully up to date with any changes to people’s care needs. Staff discussed the care and support for all people daily and the senior staff made changes to people’s care records when necessary. Two staff members told us about how they discussed people’s needs when the shift changes to share information between the team. This helped to ensure that the records reflected the care that people received.

People were supported in promoting their dignity and independence. For example, people were able to lock their bedrooms and plate guards were used to promote their independence at meal times. We saw that staff always knocked on people’s doors before entering and ensured doors were closed when providing personal care. One person said, “I appreciate their kindness and I’m grateful that they are always polite”. Another person said, “They always knock on my door and ask if they can come in”.

Is the service responsive?

Our findings

We observed that people had their needs and requests met by staff who responded appropriately. For example, staff supported people with their mobility or responded to requests. One person said, “They are good because I have diabetes, they know when I am not well and take care of me”. One staff member said, “We help them if they need it otherwise we offer encouragement and reminders”.

People told us and we observed that they got to do the things they enjoyed which reflected their interests. People we spoke with remembered the different activities that they had done. For example, crochet work, card making and exercise. One staff member told us people received personalised hobbies and interests and not just group activities. These included drawing and painting nails. One person said, “I have two things that I am passionate about and I get to do them here”. Another person said, “I can now make Christmas cards, never done it before. She [staff] has interesting activities”.

People’s views about the home and their care and treatment were asked for individually at the end of each month. One person said, “I do everything for myself; I know what I want. I read about it before I decided to come here”. Another person said, “They take care of everything. I do not get involved”, which had been the person’s choice. Relatives had also been asked for their views which had been considered when planning people’s care. One relative said, “The paperwork was in place from the start and it’s

updated”. The two care records we looked did not record people’s involvement in their care planning. The registered manager agreed that this could be better recorded to reflect their input in their care plans.

People told us that they knew how to raise concerns or complaints. They also told us the registered manager and staff were approachable. One person said, “I’ve got no problems to discuss. If I did want to talk about anything, I’d go to the manager.” Throughout our visit we saw that relatives had been comfortable to approach the registered manager to talk about the care and treatment of their relative.

We looked at two people’s records which had been kept under review and updated regularly to reflect people’s current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. People told us that they saw the dentist and we looked at positive feedback from the dentist who visited the home. However, it was not always clear in people’s care plan when they would visit the dentist or if they had chosen not to have an examination. Therefore, we could not see if people had received dental care that met their needs or preference.

Although no written complaints had been received, the provider had used feedback from people and relatives on how to improve their individual care needs. We saw these had been recorded with the outcomes or action taken. For example, one person now had a more suitable bed in place. This meant that people had been listened and responded to.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people who we spoke with knew the registered manager and staff at the home and were confident in the way the home was managed. People's comments included, "She [registered manager] is very friendly", "She knows our relatives and speaks to them", "She always has time for you" and "You can talk to her anytime". Family members were complimentary about the care of their relative and told us they were listened to and supported. One relative said, "[Registered manager] is excellent".

The provider had recently sent an annual questionnaire to people and relatives and were in the process of reviewing the responses. Once this had been completed their findings would be provided to people in a newsletter. Where individual concerns had been raised these would be addressed separately. They told us they planned to follow this with a survey for staff. We saw recent compliments that relatives had sent regarding the care and treatment that had been provided.

The provider used an external consultancy to support the registered manager in updating their knowledge and carry out monthly checks of the home. Any gaps identified from these checks were recorded and passed to the register manager to action. In addition, the registered manager provided their own monthly report that included when and how they had made the improvements. People were supported by a provider that took steps to make changes and improvements where they had been identified.

The provider visited monthly to monitor how care was provided and how people's safety was protected. For

example, care plans were looked at to make sure they were up to date and had sufficient information and reflected the persons current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. For example, ensuring that people had the right equipment in place.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "[Registered manager] is open and will listen". The registered manager told us that they had good support from the provider, and the staffing team.

The registered manager had checked and reviewed the service by looking at the environment, how the medicines were managed and the cleanliness of the home. They also looked at how many incidents, accidents and falls people had during the month. The provider and registered manager had then looked at these to see if there were any risks or patterns to people that could be prevented. For example, one person had additional equipment in place to alert staff on leaving their room at night to ensure they were kept safe.

The register manager told us they sought advice from other professionals to ensure they provided good quality care. They had followed advice from district nurses and the local authority to ensure that people received the care and support that reflected professional standards. For example, the provider was making improvements in their palliative care process. Palliative care looks at providing people with the best possible care at the end of their life and provides support for their families.