

EL Marsh Care Home Ltd

# Stoneleigh House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Stoneleigh House is a residential care home providing personal care to people with learning disabilities and autism. At the time of the inspection there were four people living there. The service can support up to four people.

### People's experience of using this service and what we found

#### Right support

People told us they felt safe. One relative told us; "I have no concerns about [my loved ones'] safety." Another said; "I don't have to worry about [my loved one]. We saw the home was clean, staff wore appropriate personal protective equipment (PPE). People were supported by sufficient levels of suitably trained staff. People were supported to pursue their hobbies and interests. For example, one person loved to travel and showed us photographs of a recent holiday.

#### Right Care

People received kind and compassionate care. People told us they were happy living at Stoneleigh house. One person told us; "I like the staff, I like my room, I really enjoyed my day today." A relative told us; "[My loved one] is happy so I am happy, I don't have to worry." A professional who works closely with the service said; "[The person living at the service] gets on well with the staff, I think they have a good quality of life." People's care plans detailed their needs and wishes and promoted choice, independence, dignity and privacy.

#### Right Culture

People knew the registered manager and deputy manager well. One person told us they would speak to the deputy manager if they had any concerns. Relatives spoke positively about the registered manager. One relative told us; "[The registered manager] is really good and takes everything on board". Staff described the registered manager and deputy manager as supportive and available. They told us they were encouraged to seek people's ideas and opinions to help keep them active and stimulated. Quality assurance checks ensured the service remained safe and effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 August 2017)

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The inspection was prompted in part due to concerns received about how restraint was being used by staff. A decision was made for us to inspect and examine the risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this report. We received concerns in relation to the use of restraint. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# Stoneleigh House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two Inspectors.

#### Service and service type

Stoneleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 January 2022 and ended on 3 February 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We communicated with four people who used the service about their experience of the care provided. Some people who used the service were unable to talk with us and used different ways of communicating including Makaton, photos, symbols, objects and their body language.

We spoke with seven members of staff including the registered manager, the deputy manager, and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at multiple staff supervision documents. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with the HR manager and looked at two staff files in relation to recruitment and induction. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two relatives about their experience of the care provided. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We saw recording of the use of restraint did not include a clear description of the exact type used in some cases. For example, when a person had to be restrained on the floor, notes did not record whether the person was facing up or to the floor. We spoke with the registered manager about this. They explained that staff were not trained to restrain people to face the floor. This method was not permitted and therefore the reference to the 'facing up' detail in recording was thought unnecessary. They agreed to ensure a name for the type of restraint used would be included as well as the description. Staff showed a good understanding of how to avoid restraint whenever possible and use it safely when it was essential. They were able to describe why face down restraint is unsafe and not used. Staff had received specialist accredited training in the use of physical restraint, which did not include instruction in the use of face down restraint. We were assured restraint was used as a last resort, in line with techniques approved to specific individuals needs and circumstances.
- A fire risk assessment had been completed shortly before our visit and an action plan was already in place. Some of the work required had already been completed and other work was booked for completion. People's safety within the home was being monitored and maintained.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort. Staff could recognise early signs of emotional distress. They knew how to support people and minimise the need to restrict their freedom to keep them safe.
- People, including those unable to make some decisions themselves, had as much freedom, choice and control over their lives as possible. We saw people choosing what they wanted to do, when they wanted to. This was supported by staff managing and minimising restrictions.
- Care records, including risk assessments, contained the information staff needed to help support people safely. We saw that records were up to date, clear and stored securely.

### Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. We saw Infection prevention guidance for staff was not updated in line with current government guidance. In practice current guidance was being followed. For example, a policy referred to out of date testing guidance, but staff were being tested for COVID-19 in line with current guidance. The registered manager updated the way in which staff were asked to read new guidance during the inspection.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- The service had managed a recent COVID-19 outbreak effectively and had alerted other agencies as required.
- The service followed government guidance for visiting care homes. Checks were made to limit infection risk from people visiting the home. People were supported to receive visitors and visit their relatives. During a recent outbreak guidance on visiting had been changed in line with government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person told us, "Yes I feel safe, I can talk to the night staff if I need to at night."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us the induction and training they received gave them confidence they could support people well.
- People and their relatives knew how to raise safeguarding concerns. Information about personal safety was shared in a way people could use.

Staffing and recruitment

- People were supported by sufficient numbers of staff. They had one-to-one support to pursue hobbies and interests as well as visits out when they wanted.
- The registered manager and provider checked that new staff were suitable to work with people before they started and had carried out all necessary recruitment checks. Each staff member had references from previous employers and a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services."
- Staff were recruited safely to ensure suitability for the role. Staff told us about their inductions, which included shadowing experienced staff and time set aside to read care files.
- The registered manager ensured a suitable skill mix of staff in the home for people's wishes and needs to be met safely.
- People's care files included clear summary sheets. These contained essential information and do's and don'ts to help new or temporary staff see quickly how to support people.

Using medicines safely



- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff followed effective processes to assess and provide support people needed to take their medicines safely.
- Staff followed national practice to check people had the correct medicines when they moved between services.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them. This information was shared with other health professionals and people's relatives.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training, tailored to their specific needs and conditions. The registered manager explained that during the pandemic most of the training provided was online. They planned a return to more face to face training, including National Vocational Qualifications (NVQ's) for some staff.
- Some staff had completed two different courses on restraint. This did not appear to cause confusion amongst the staff. However, since the two courses used different terms the registered manager agreed a quick reference guide to the terms and positions for both approaches would be developed. This would help prevent confusion and future plans were to only use one course for all staff. Staff were knowledgeable about and committed to deploying techniques which promoted reduced use of restrictive practice.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. This included a recently introduced employee of the month scheme within the wider organisation.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some staff did not know who had a DoLS authorisation. They did however have a good understanding of what restrictions people may be subject to if needed in practice. Documents were in place confirming who

had DoLs authorisations. We found no evidence that anyone was being unnecessarily or unlawfully restricted. We discussed this with the registered manager who agreed to address this in the upcoming team meeting and in supervisions.

- Staff empowered people to make their own decisions about their care and support.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people with decisions they would lack capacity to make.
- Staff respected the rights of people with capacity to refuse their medicines and ensured that they gave consent to take medication.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People's care and support plans were personalised, holistic and strengths based. They reflected people's needs and wishes and included their physical and mental health needs. Where possible, people took part in reviews of their needs with staff and relatives.
- People's plans included ways to promote independence and short as well as longer term goals and wishes. Relatives and people told us about many experiences they had had having expressed a wish to do so. Staff told us they were encouraged to support people to go out and try new experiences as much as they wanted to.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping and planning their meals. We saw photographs of people out in the local supermarket. One person told us they enjoyed their food, another communicated they enjoyed taking part in preparing their meals.
- We saw mealtimes were flexible to meet people's needs and wishes.
- People were able to eat and drink in line with their cultural preferences and beliefs. For example, one person was supported to eat a Halal diet in accordance with their wishes. Staff described how they ensured Halal versions of other people's food choices were available. This way if the person liked the look of someone else's meal, they could have the same too.

Adapting service, design, decoration to meet people's needs

- Much work had been done to improve the décor and condition of the home. This included a sensory room to help people have some quiet time, engage in craft activities or reflect and communicate.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. It was clear one person was very proud of their room and keen to show it to us.

Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People played an active role in maintaining their own health and wellbeing. We saw people had participated in a fitness programme with a personal trainer. People were encouraged to walk and access local parks and were supported to achieve their health-related goals.
- Staff worked with other services and professionals to help people maintain good health and address any health concerns.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked to instil a culture of care in which staff truly valued and promoted people's individuality. They protected people's rights and enabled them to develop and flourish. Staff and relatives spoke positively about the registered manager and deputy manager. One staff member told us; "We can talk to the manager any time and things get sorted out quickly."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One staff member said; "It's relaxed there and there is lots of understanding from the manager and the other staff. ....it's like one big family."
- Staff told us they felt able to raise concerns with the manager or deputy without any fear of what might happen.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood their responsibility under the duty of candour.
- Relatives and people who were able to, told us they knew how to raise a complaint.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes were effective and helped to hold staff to account and keep people safe. They also helped to protect people's rights and provide good care and support.
- The registered manager and care staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff had a clear understanding of their role and what was expected of them in respect of individual people they supported. Staff described ways in which they worked together as a team to provide consistently good care for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to contribute ideas for the development of the service, for example ideas for

group events or home furnishings. One person had the idea of holding a welcome home party for someone returning to the home. The staff supported the person and enabled this to happen.

- Staff and relatives were encouraged to give feedback about the service in a number of ways, including surveys.

Continuous learning and improving care; working in partnership with others

- The registered manager oversaw the development and review of various improvement plans for the service. These included health and safety, infection prevention control, home improvements and ideas for events for people to enjoy. Future plans included hiring an incubator so people could care for chicks as they hatched and grew, and a wider service sports day event in the warmer weather.
- Staff told us about their annual refresher training to ensure that important learning was retained and updated.
- The service worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing.
- Professionals working regularly with the service gave positive feedback. One professional told us; "They are quick to respond, and they are good at communicating... They are a good team."