Care Quality Commission

Stoneleigh House (Residential Home) Limited

Stoneleigh House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place from 14 July 2015 to 17 July. Further phone calls and contact were completed by 24 July 2015. This inspection was announced to ensure there was a senior staff member or the registered manager at the service when we visited.

The service is a residential care home for older people. It has twelve beds and currently supports ten people.

The service had 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.

People felt safe and well cared for and had their needs met. They felt part of the home and involved in the service provided. They enjoyed the homely and friendly atmosphere and shared positive comments about the service and most of the staff. One person told us that a staff member had, on one occasion, been discourteous and we fed this back to the registered manager. However, we were unable to explore this further.

Summary of findings

People were comfortable and at ease in the presence of staff and there were opportunities during activities and meal times for people to engage with staff and others living at the home.

While there were sufficient staff to meet people's needs, several people and staff felt that there was insufficient time to spend with people because of the wide scope of duties care staff were tasked with carrying out which included cleaning, quality checks, cooking and some catering.

Our observations showed that staff took an interest in each person and understood their specific needs and wishes, supporting them with a person centred approach. People spoke about the positive relationships and friendships they had made with others living at the home, including some of the staff.

People had care and support plans which took account of their level of independence and staff regularly discussed people's needs with them to identify changes. We heard staff seek verbal consent before providing support and observed people being assisted to maintain their safety. Care plans showed that people had been consulted and where able, had signed their consent to decisions made within the plan.

While risks to people were reviewed it was not always clear how this process was carried out. There was limited information in some care plans regarding how risks were effectively reviewed and documented.

People received their medicines on time and the staff we spoke with understood how to administer medicines safely. They told us what actions they would take in the event of errors or omissions.

The service was not effective. While some training was made available to some staff and some development opportunities were provided, the approach was inconsistent. All new staff were given opportunities for shadowing more experienced members of staff. New staff that had social care experience was not always offered in-house training to develop their skills. Staff new to care work were provided with an induction and comprehensive training, yet existing staff did not have specific training to support their learning and development needs. Some staff had not received moving and handling or safeguarding adults training and most staff were not aware of the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards. There were inconsistencies in how staff received supervision and appraisal.

People had mental capacity to make decisions about their care and treatment and we were informed that no one living at the service was subject to a Deprivation of Liberty Safeguard. Where people do not have mental capacity to consent to their care or where their freedom of movement is restricted or they are subject to continuous supervision, decisions about some aspects of their care might have to be made within the framework of the Mental Capacity Act 2005 (MCA). We were told by the registered manager that no one living at the home lacked sufficient capacity or would require an MCA referral.

People enjoyed their meals and drinks and had sufficient amounts to eat. People were involved in growing food from the garden and this was used to make fresh and nutritious meals. People had a choice of soft drinks and alcoholic beverages with their main meal and could choose an alternative if they did not like the main meal of the day.

People were referred to healthcare professionals appropriately and in a timely way to ensure that changes to their health were monitored, treated and addressed. Staff worked with a variety of health professionals to implement care and treatment for each person.

People were cared for by staff that interacted in a caring and considerate manner. They provided meaningful and individualised care, demonstrating patience, understanding and an awareness of people's needs when delivering care and support. Staff engaged responsively with people and enjoyed appropriate humour to add to the friendly and homely atmosphere. People were encouraged to express their comments and wishes about their care and treatment through open dialogue and informal discussions with the registered manager and staff. We heard discussions between staff and people about future health appointments and changes to their treatment. These discussion took place in private or quiet areas of the home.

People's preferences were recorded in their care plans. There was guidance on how people wanted to maintain

Summary of findings

their own independence and have their aspirations valued and respected. This included how staff would meet the expressed needs of people who had limited vision and hearing.

People were encouraged to complete feedback surveys and share their experiences and comments about the service. People's views were taken into account and used to improve the service. Feedback from relatives was positively received, addressed and used as an opportunity for learning, development and to improve people's experience.

People were supported and encouraged to follow their own personal interests and to continue enjoying community activities and maintain their hobbies. These included poetry groups, gardening and visiting local shops and places of interest.

The service had an internal whistle-blowing policy and had recently updated several other policies. Medicine and fire checks were completed although general health, safety and maintenance checks were not evident or routinely carried out but there were safety and service-level contracts in place.

The registered manager was aware of the day to day culture within the service and fostered team values, communication and tailor-made care for people. Where staff fell short of delivering the service values these were challenged and addressed.

Staff expressed confidence in discussing matters of concern openly with the registered manager. People and relatives felt that the registered manager would address their concerns and was reliable in making the necessary changes when issues were identified. There was an open door policy for staff, people and relatives and this contributed to the transparent culture of 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?

Good

The service was safe. Staff were aware of how to protect people from harm and understood their safeguarding responsibilities. They explained what actions they would take if they felt concerned about someone's welfare and how this would be reported.

People were encouraged to maintain their independence, autonomy and choice. Care plans were discussed with people by staff that were aware of risks and how to manage these with people's consent.

Medicines were administered safely and staff followed the policy and procedures and understood the actions to take in the event of an error.

There were sufficient staff to meet people's needs although several people and staff felt that there was insufficient time to spend with people because of the wide scope of duties care staff were tasked with carrying out.

Is the service effective?

Requires Improvement

The service was not effective. There were inconsistencies with staff training, supervision and appraisal. Staff new to care work received induction and training to prepare them for their role. Not all staff however received regular training or updates including moving and handling and safeguarding adults. The registered manager told us this would be addressed.

People's health and social care needs were met by staff who were informed through the assessments carried out and recorded in people's care plans.

People were supported to enjoy a healthy balanced and nutritious diet using food grown in the garden and freshly prepared for their meals.

Is the service caring?

Good

The service was caring. Staff worked in a caring manner with people and demonstrated patience, kindness and understanding when delivering care and support.

Staff and people shared humour and engaged responsively with each other. Relationships between people, staff and others were positive and respectful.

People were encouraged to express their views, ideas and comments about their care and treatment through open dialogue and informal conversations with the registered manager and staff.

People received care and support from staff who demonstrated respect for their dignity and personal space and who took account of their level of independence and individual abilities.

Summary of findings

Is the service responsive?

Good

The service was responsive. Individualised care plans showed people's preferences including their aspirations and drew upon their past experiences and current needs, likes and dislikes.

People were encouraged to provide regular feedback and share their comments about the service. These were taken account of and acted upon to improve their experiences at the home.

Individual feedback from relatives was positively received, addressed and used as an opportunity for learning, development and improvement of the service.

Is the service well-led?

Good

The service was well led. Service values were based on individualised needs and a 'tailor-made' approach. This approach by staff took account of what was important to people. Staff were responsive and had a 'can-do' manner in the way they addressed people's requests.

Staff felt confident to raise matters and ideas with the registered manager. Some felt able to discuss a range of topics and make service improvement suggestions.

The registered manager and staff had a shared ethos about the delivery of the service, their achievements and successes. The registered manager acknowledged that further improvements could be made across some aspects of the service.

Stoneleigh House

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 14, 15 and 17 July and was announced. The provider was given 48 hours' notice because the location was a small care home and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector and an inspection manager. We requested a Provider Information Return (PIR) from the service before the inspection. A PIR is a form that asks the provider to give key information about the service, what it does well and the improvements they plan to make. Before the inspection we looked at information we held about the service including notifications from the provider. We made contact with other health and social care professionals who provided support and services to people living at the home and who worked in partnership with the service. During the inspection we asked the provider to tell us what did well and the improvements they planned to make.

We spoke with eight people and observed practice and interactions between staff and people. We spoke with two relatives and five members of staff. We reviewed five care plan and four risk assessment records and several Medicine Administration Records (MAR). We spoke with the registered manager, an activity leader and four members of care staff. We looked at management records including two medicine checks, a fire testing check, a staff rota and records related to staff recruitment, induction and training. We also looked at several feedback responses from people and written communication with and from relatives.

Before and after our inspection, we spoke with community professionals who had involvement with people who received care; treatment and support from the service, including a foot specialist, one member of staff from adult social care services, a staff member form the local authority contract monitoring service, a member of staff from the mental health team and a local GP.

Good

Is the service safe?

Our findings

People received safe care at the service. People told us they felt safe living at Stoneleigh House. One person said "I feel quite safe here". During the inspection we observed people being assisted and supported safely by staff who were aware of how to prevent harm and injuries to people. Staff explained the types of abuse and signs they would observe for when working with people. Two staff described who they would alert if they had concerns about someone's safety and welfare and the relevant services to report to. One staff member told us about the internal Whistle blowing policy and how staff were encouraged to speak with the registered manager if there were any concerns.

Staff provided individual care and support to people. The registered manager told us staff understood the importance of meeting people's tailored requests and considering their specific wishes. This included enabling people the time they needed to achieve their own level of independence. We observed staff provide encouragement, assistance or support to several people with sensory and mobility needs. They followed the care plans which gave detailed guidance about the support each person required. For example, we observed one person maintained their independence using walking equipment while another person needed more time to move independently. We looked at four care records and two people required raised toilet seats to promote their independence. No one using the service required restraint although some people needed physical guidance to ensure their safety and this was written in their care plans and followed by staff.

People were kept safe because the registered manager took account of incidents and accidents and had a mechanism for collating information about these and reviewing any trends. The registered manager told us that accidents including falls were monitored to identify whether a pattern was emerging and this highlighted whether medicine reviews or other changes needed to be considered.

Following a change to one person's risk management an incident led to an internal investigation of the security measures at the service. New arrangements were deployed to reduce risks while protecting the movement and choices of individuals. These arrangements were shared informally with those affected and formally with appropriate agencies. Staff people and relatives were made aware of the emergency plans and the relevant changes to the premises.

At the time of our inspection the service was undergoing refurbishment of the kitchen and catering area. Although no plans were available to show how risks relating to this work had been identified or addressed the registered manager had made the necessary provisions and alternative arrangements relating to food storage and the preparation of meals.

Although there were no regular or formal safety checks made of people's rooms and their living quarters, the registered manager informed us that safety checks were carried out by contracted services. These included Portable Appliance Testing (PAT), fire equipment and service checks, electrical surveys and annual gas checks. The stair lift used regularly by some people at the home was serviced twice a year and was last serviced in February 2015. We checked two fire extinguishing cylinders and found these had been serviced, signed and dated and internal fire checks on emergency lighting and door closures had been carried out.

There were sufficient staff available to meet people's needs. Ten regular staff worked at Stoneleigh House with some being part time while others were full time. We were told that staff levels were reviewed periodically in line with people's changing needs. Staff had a variety of roles including cooking cleaning and carrying out checks across the home.

Although several people and staff told us they didn't feel there were sufficient staff employed at the service, people's care and support needs were met. One person said, "I don't think staff have much time to talk to us, they have to use the time they spend caring for us so staff can't really sit down and have a chat". Another person said, "Staff have to do all the other jobs in the house so it's quite a rush for them to fit it all in, but they do their best". One staff member said "It can be a busy time getting everything done" and another staff member told us there were a lot of additional roles and responsibilities besides caring for people. One staff member said, "Staffing has been raised several times but recently extra staff have been employed although some have also left". People were well cared for and staff were available when people needed them during the three days we inspected the service.

Good

Is the service safe?

We checked the weekly staff rota and found a number of vacant shifts. These gaps in shifts were offered to existing staff. We spoke with the registered manager about the shift vacancies and were told that this was because it was the holiday season and rather than employ agency staff the existing staff would often cover the holiday gaps. Staff told us that they didn't feel under pressure to work extra hours and staff could freely decide whether they worked the additional shifts or not.

Staff had been recruited to the service during the previous year and while some staff had previous experience of health and social care others had not. Staff without a background in health and social care received training through attending courses. Employment checks and recruitment practices were followed. For example, we saw that new staff had received the necessary checks including requests for reference requests and identification documents had been obtained before people were permitted to begin their employment. Where a previous staff member had been unsuitable in their role, the manager took action and recorded the details.

Medicines were ordered, checked and any unused tablets were recorded and returned. The registered manager told us that the service had close links with the local pharmacy for support. There was a designated staff member who took the lead for ordering, checking and returning medicines. Arrangements were in place to monitor the safe use of medicines and most medicines were administered from a pre-packed and Monitored Dosage System (MDS). All staff we spoke with had received medicine training, supervision and shadow support before they were given the responsibility to carry out this role. This was confirmed by the registered manager.

We observed medicines being administered to four people and all the necessary checks were carried out during the procedure. For example, staff told us that the correct medicine dose should be administered to the correct person at the correct time and using the correct method before signing their charts. People's identities were checked and they were offered their medicines hygienically and safely and these were signed for each time once taken. Staff told us that medicine keys were held on their person and passed from hand to hand at the change of shift to ensure these were held securely. Staff were aware of the more frequently used medicines and understood how to offer and record 'when required' doses. Three staff told us what actions they would take in the event of an error or a medicine omission and gave examples of informing the manager, the doctor, the emergency services and informing people's relatives then following up with a report.

Two people told us they received their medicines regularly and were offered pain relief but could choose to decline these medicines. One said, "I'm offered pain tablets but can choose not to have them".

We checked the expiry dates on two boxed medicines which were being used within the expiry dates. Some medicines were dated once opened, for example a bottle of eye drops but one liquid medicine was not however, this was likely to be used within a month given the dose and frequency. We reviewed three Medicine Administration Records (MAR) for a period between 6 and 14 July 2015. These had photographs of the people detailed on the records to aid identification. Records were signed to indicate administration and tablets were absent from the MDS indicating that these had been administered. Pharmacy labels were present on all medicines detailing people's name and administration instructions. Some medicines had to be stored below a certain temperature and these were stored in a lockable box within a domestic refrigerator which was checked daily to ensure correct temperature readings. These were recorded in the service diary. Apart from two readings that were outside of the safe range by a maximum of 0.5 of a degree Celsius all other readings were consistently within the safe range.

Two people had capacity to safely administer their own night time medicines as part of promoting their independence and this had been assessed by a staff member in discussion with both people. Risk assessments had been written and reviewed monthly for both people during June and July. The assessments were signed by the staff and both people.

Medicines were stored safely. We saw the medicine trolley was kept locked and secured to the wall and there was a designated wall mounted cupboard for the use of controlled drugs along with a recording register. Procedures had been followed when staff had administered controlled drugs and these had been correctly managed and recorded. There was a safe administration of medicines policy which included

Good

Is the service safe?

managing drug errors including guidance available in the medicines file on medicines safety produced by the Royal Pharmaceutical Society of Great Britain and the Nursing and Midwifery Council.

Requires Improvement

Is the service effective?

Our findings

The service was not effective. Although some staff received the training required to carry out their role we received mixed responses about the training and support they received to meet people's needs.

Staff training was inconsistent and while staff, new to care work, had received induction and a range of training opportunities supported by certificates of attendance, other staff had not received similar opportunities to update their skills. New staff had received induction but we were told by the registered manager that staff had not specifically followed the new Care Certificate Standards.

The registered manager informed us that all staff had completed medicine administration training but not all had completed safeguarding adults and moving and handling training. Three staff we spoke with had not received recent moving and handling or adult safeguarding training. This meant that staff and people could have been at risk of harm or injury from staff that had not received the most recent guidance on moving people safely. We were assured that this would be addressed.

New staff told us that they had attended a variety of training soon after they started work and this included an induction, first aid, food hygiene, health and safety and the control of infection. They also shadowed experienced staff prior to starting their work unsupervised. Another staff member told us they had attended training to support their role and the registered manager provided information on sources of external training and development opportunities which included a computer course, fire training and attendance at Partners in Care Learning Hubs.

One staff member told us that development opportunities were offered but they did not feel they needed further development. Other staff told us that they had not received recent training on moving and handling, safeguarding adults and other aspects of care. Staff had not received training or learning and development opportunities to support people who might lack capacity or have mental health conditions. Staff did not fully understand what the Mental Capacity Act was and was not aware of the Deprivation of Liberty Safeguards (DoLS) or when restraint or Best Interest decisions might be used to help protect people and their rights. However, the registered manager informed us that everyone accommodated at the home had capacity to consent to their care arrangements.

In care records, DoLS was considered and the least restrictive practices were used to protect people's rights. One person's care plan included details about how they could 'come and go freely' and showed evidence that they had accessed the community independently and on a frequent basis. Another person's care plan included a risk to the person of leaving the home alone at night and staff were guided to keep the person occupied and awake during the day. The registered manager told us that no one at the service lacked capacity to make decisions about their care. However, one person might have been restricted from leaving the service on their own and we brought this to the attention of the registered manager.

We observed staff ask for people's permission and check verbal consent before carrying out care throughout the inspection including when medicines were administered and when people were assisted to walk. Care plans had been signed and dated by people using the service.

Some staff were supported through appraisals and supervisions but this was inconsistent and not always recorded or carried out on a regular basis. Some staff were not fully aware of the role of supervision and appraisal and its purpose in supporting staff development and improvements in the delivery of care. We received mixed responses to questions about both. We asked the registered manager at the inspection about this form of support and development for staff and they described an event that they had recorded in relation to poor care but also told us that not all sessions with staff were written up. Following the inspection we asked for further information about this and the registered manager informed us they carried out one to one support with staff throughout the year, confidentially and in private but these had not been recorded. The plan was that this would be recorded in the future.

Staff confirmed they regularly communicated and discussed work and people's needs informally with the registered manager and with each other at shift changes as part of their responsibilities but that this was not a formal or recorded process.

Requires Improvement

Is the service effective?

People received support to maintain their health and where necessary have access to healthcare services. Records indicated that staff had sought medical attention and advice from healthcare professionals to address injuries and medical conditions. Community nurses and local doctors visited regularly to provide on-going healthcare assessment and treatment. These healthcare professionals told us that referrals were "appropriate and timely" and that staff followed the advice provided. However district nurse visits were not detailed daily on one person's care records and we were told that visiting staff usually feedback to staff because the service was small. Healthcare professionals told us that staff usually accompanied them when visiting people in the home to carry out clinical care.

Three care records provided detailed information about people's dietary choices and preferences and included how people's weight was monitored. Examples of details included, portion sizes, types of food and drink that people did not like and alternative options for meal and drink choices. Most people's weight was stable or there had been a slight increase in their body weight. One record indicated that the person was underweight, had a small appetite and needed to be encouraged with small meals and supplements. Weights were recorded in a mixture of metric and imperial units which could increase the risk of weight changes more difficult to detect. The registered manager informed us that fluctuations in people's weight could occur if they were weighed at different times of the day and dependant on their clothing and this had been raised with staff. There were no specific tools used to assess the risk of malnutrition, although food charts were used to monitor and record the person's dietary intake.

Staff offered encouragement and assistance to people at lunchtime. Some people required longer to eat their meals and no one was hurried to complete their meal. No one required physical help with their food but one person was given more attention and support to enjoy their meal. The meal time was a social experience for people where they gathered together to discuss the news and other topics of the day.

The main tables were arranged to promote communication between people and prepared with napkins, water, juices and alcoholic beverages. Condiments including salt, pepper and sauces were available for people to adjust to their own tastes. People were offered a nutritious meal which included protein, carbohydrates and vegetables. Where people did not want the main meal, alternatives and snacks were offered. One person was offered yoghurt and biscuits and someone else had an omelette. Everyone was offered additional portions and people were encouraged to make their own decisions about portion sizes and extra servings.

Fruit was available and people could help themselves to this throughout the day. Snacks and refreshments were offered several times between meals and shopping was ordered regularly and fresh food collected more frequently. People told us there was a good choice of food and that most of the fresh fruit and vegetable produce was grown in the garden. One person said, "The food is very fresh here" and someone else said, "The meals are hot and taste good". Everyone expressed being satisfied with the quantities they were offered.

Builders undertaking kitchen refurbishments were asked to stop work for the duration of the mealtime to promote a more enjoyable meal experience.

Good

Is the service caring?

Our findings

Staff fostered a positive and caring relationship with people at Stoneleigh House. Staff took time to explain their care and talk to people during meals and activities. Staff knew people well and enjoyed sharing banter and appropriate humour with people. We observed staff attending patiently to people when they needed help and assistance. Staff were encouraging and respectful and took an interest in each person when communicating and interacting. For example, on several occasions staff visited people in their rooms to check on their needs. Staff discussed people's health and social care needs with them in their rooms and in a quiet area of the home. Staff listened to people's comments and responded attentively and with interest. We observed people being greeted in the dining area and staff made positive comments such as complimenting one person on their recent haircut. Another person with sight difficulties was assisted sensitively to the table at lunch time and staff explained who was in the room and helped them to be seated, explaining where to locate the edge of the table.

People received support from staff that were helpful and responsive and who assisted people to maintain their comfort. Three people told us that when raised, their call alarms were quickly responded to and staff reacted patiently and positively. One person commented, "I never have to wait long before staff quickly respond" and "The staff are helpful and patient". We observed staff regularly visiting people to check if they needed support with moving or with managing their care.

People were supported to express their views and be involved in their care, treatment and support. People were able to make their own decisions although some people were also supported by relatives and friends. Three staff members told us how they worked with people to learn about their specific wishes. They gave examples of how people had been actively involved in deciding their own level of needs and this was confirmed in care plans signed by people. Staff discussed one person's health related needs, two people's dietary wishes, one person's medicines' and two people's mobility needs with them. One person said, "They always ask me if I want anything for pain, I usually say no I don't need anything". Comments made by people about aspects of their care showed that staff at the service had listened and made changes to support people's views on food choices, laundry and managing finances.

People were treated with dignity and respect. We observed that most staff knocked on people's doors and waited for a response before entering. On one occasion however, a staff member entered a room without knocking or checking first. Doors to people's bedrooms and bathrooms were observed to be closed when people were being supported with personal care. Staff visited people in their rooms to talk to them about their care. One person told us that staff asked them about the support they needed and listened to what was important to them. They said, "The staff know me very well; they understand what I like and prefer". One room which was clean exuded an odour which we brought to the attention of the registered manager. The registered manager told us that the room and carpet was regularly cleaned but agreed to look at what could be done to address the odour.

People were encouraged to remain independent and had the choice of using the stairs or an electric stair chair lift. People had been assessed for equipment that enabled them to exercise their own independence and maintain control of parts of their environment. Examples included walking frames, walking sticks and raised toilet seats. Some people managed some of their own medicines and others enjoyed arranging their own activities and visits.

Staff were respectful in their interactions with people and treated each person individually showing they were aware of how to demonstrate equality and diversity. For example, staff acknowledged people's personal wishes to retain their own independence or to join in with activities but respected those who chose to remain in their rooms. Staff were accessible to help people if they required assistance. Two staff members talked to us about the person centred approach which worked well at the service. One staff member said, "People here receive tailor-made care".

The registered manager explained that when a recent environmental disaster had occurred abroad everyone at the home decided to get involved in a social event. This helped to raise awareness of worldly affairs and the challenges for various cultures.

Good

Is the service caring?

Three people and two relatives told us that there were no fixed rules about visiting. Comments included “Within reason, visitors can call when they wish” and “I can visit whenever I wish but generally it’s within working hours or early evening”.

Healthcare professionals told us that when they visited Stoneleigh House they observed staff to be knowledgeable about people’s needs and demonstrated compassion and empathy when working with people.

Good

Is the service responsive?

Our findings

People received person centred care that was responsive to their needs. Care records showed that people were consulted and their care discussed with them. This was supported by discussions between staff and people at the service and included people's signatures. Care records included a medical history, information about people's medicines and their hobbies, interests and preferences. Details included information about people's friends and relatives and what activities people had been involved in within their previous communities. Relatives told us that they were kept informed and felt involved in the support and treatment decisions made and were able to contribute.

Staff understood and respected people's diverse needs and shaped the service to meet these needs. One person chose to remain in their room for their meal and requested an alternative meal which staff respected and provided. Staff told us about people's likes, dislikes and preferences and knew about their family background, where they had previously lived and people's previous employment. For example, several people had previously enjoyed activities like poetry, gardening and shopping. Activities and outings had been arranged to enable people to continue to participate and enjoy similar events.

Two relatives told us that pre-assessments were completed before a decision was made about their family member choosing to live at Stoneleigh House. These were followed up by a further assessment once people moved to the home and included religious and communication needs. One relative said, "We had a visit first and had the opportunity to ask questions". The registered manager confirmed this and records showed that people contributed to the decision making process. For example, one person required support to move about safely and the care record provided staff with guidance on exactly how to support the person's expressed wishes.

In one record, pain management was important to one person and in other records mobility, independence, community and social interaction was important. Several people had specific dietary choices which staff were aware of and these were recorded in people's assessments. One person told us that they preferred 'time' to move and do things for themselves. One person said, "I get plenty of drinks like coffee and staff ask me first when they offer to help". People's care was reviewed regularly and where significant changes occurred this was documented, dated and signed. Most reviews however, were dated and signed with limited supporting information. There was only limited space on the care records to add detail and we drew this to the attention of the registered manager.

Healthcare professionals told us that both staff and the manager were receptive to people's care needs and any changes and that staff took action speedily and effectively to address changing needs.

People were encouraged and supported to maintain existing friendships, relationships and social interests. For example, one person was supported to enjoy a weekly shopping trip of their choice while someone else chose to visit the local town amenities. Although some people chose to occupy themselves in their own rooms, people were invited out weekly to visit places of interest including visiting museums, manors, formal gardens and having afternoon tea. A daily newspaper was made available to people in the communal area of the home but people could order their own choice of newspapers and this was added to their fees. A local reading group visited to perform poetry recitals and people were offered group activities including musical bingo, card and board games and were encouraged to suggest new ideas.

Four people had adjustments and access to equipment to ensure that their sensory and individual physical needs were met. Staff were aware of how to meet these needs and new information was communicated between staff at shift changes. We observed two people receiving support to move safely and this was in line with their care plan agreement.

People were listened to and their concerns and ideas were considered, discussed and addressed. For example, people and their relatives made suggestions about meals, menus and laundry management and the payment process for some expenses and fees. These were each addressed and changes were made to improve the service people received. There were no formal complaints. People told us that they felt confident to talk directly to the registered manager and staff if they had concerns or complaints. Relatives, people and staff told us that the registered manager had an open door approach. One person said, "If I need to talk to anyone I can speak to the manager, she will listen" and "The staff and the manager is approachable and will act on things quickly".

Good

Is the service responsive?

Although people didn't recall being advised of how to raise a complaint and did not remember receiving information about raising a complaint, most felt this would be taken seriously and addressed quickly. One person said, "I don't remember being given any information or it being discussed but I think I'd know what to do". There was a complaints policy at the service which had recently been updated.

Suggestions and ideas were used as an opportunity to learn and improve the service offered to people. People were regularly invited to complete feedback surveys and participate in contributing their ideas to improve the service. Records supported this process and people told us about how they had contributed.

Relatives and staff were not routinely included in feedback surveys although three staff and two relatives told us they felt they could make suggestions and contribute their ideas for change where this was appropriate. Three staff told us that they were planning to approach the registered manager about service improvement ideas while one staff gave an example of how they had put forward their views.

The registered manager provided several examples of how people and their relatives had shared their concerns and suggestions for minor improvements to the service and their care. These had each been explored and individually addressed. For example, clothing items sent to the laundry for washing were not always returned or were sent to the wrong person. Changes were made to minimise the risk and reduce the re-occurrence. People told us that although this still occurred the incidents were less often.

Good

Is the service well-led?

Our findings

There was a positive approach to the care provided by the leadership and staff within the service. The registered manager was visible and accessible during the inspection and lived at the service and was therefore regularly available to address management responsibilities. Staff were open, honest and transparent and during the inspection a staff member acknowledged that an entry about an accident had not been recorded. The staff member assured us that this had since been addressed and recorded.

Services and community groups came to visit the home and this included poetry recital groups and contact with the local Nepalese community. Some people made decisions to go out regularly and to enjoy the local facilities. A hairdressing service and podiatrist visited the home although people had the choice of using their own hairdresser and podiatrist.

Information from complaints and compliments received were used to monitor and review the quality of the service. Although neither staff or relatives were provided with formal processes to complete feedback surveys, people using the service were encouraged to participate in regular questionnaires and several people we spoke with confirmed this. However, the registered manager gave examples of specific requests made by people's relatives to improve their experience of the service and the actions taken to address these responsively. For example, the registered manager reviewed the process used when visiting people to carry out pre-admission assessments as a result of feedback received.

People were encouraged to provide feedback and they made suggestions of how to improve their experiences at Stoneleigh House. Staff and the registered manager welcomed people's ideas and used these and other events and incidents to support learning and service improvement. The registered manager gave three examples of changes that had been made as a result of listening to people and their relatives. These included changes to how clothes were laundered and sorted, a wider choice of outings and activities and changes to menus and meal choice. The registered manager had also taken action quickly to address a security incident at the service and to improve people's safety and well-being.

Staff spoke about their initial concerns in relation to staff levels. They told us that these concerns had been raised with the registered manager and this was partly addressed through recent recruitment of additional staff. Staff told us that they could speak with the registered manager and discuss any issues on a day to day basis. One staff member said, "The manager is usually about, we can ask to speak with her anytime". Another staff member said, "The manager is supportive and will sort things out". A relative said, "The manager is often available and seems quite open and approachable". Several people told us they felt the home was effectively managed. One person commented, "You would go a long way to find a home like this, it's very well managed with good caring staff".

Staff told us they were supported and felt part of a team that worked well together to meet people's needs and maintain the friendly and relaxed atmosphere at the home. There was a whistle-blowing policy which had recently been reviewed and one staff member was aware of the internal whistleblowing procedures and provided an explanation of this. All the staff we spoke with gave clear reasons for why they enjoyed working at the home and this included 'size of the service', 'friendly atmosphere', 'caring approach' and 'an interest in the people as individuals'.

We spoke with several healthcare professionals who visited the service to provide healthcare support to people. They told us that there was effective leadership at the home and that the registered manager would address matters quickly and appropriately where there were concerns for people using the service.

The registered manager kept people informed of changes taking place at the home. There was a notice in the lounge updating people about the kitchen refurbishment and we were told about future improvement plans for the home. Examples included new doors fitted as older doors were getting stiff and needed replacement and planned changes to the heating and plumbing systems.

Although we did not see specific values written about the home, the service brochure highlighted aims and objective which included, comfort, individual lifestyle, privacy and the right to make decisions and community involvement. Staff told us that important values fostered within the service were independence, choice, privacy, respect and a tailor-made service.

Good

Is the service well-led?

Staff received informal feedback on their work. The registered manager told us that meetings took place with staff individually to discuss their work although this was not always recorded and not all staff could recall receiving regular one to one support in this way. The registered manager explained that future meetings with staff would be recorded and that communication was important at Stoneleigh House. They told us that messages were usually conveyed verbally between shifts but that important information was recorded in care records and the diary. They provided examples of when they had challenged staff whose values were inconsistent with that of the service. One previous employee whose values, behaviour and attitude did not align with the service was unsuccessful in meeting their terms of employment and found unsuitable to continue working at the home.

Although checks were not carried out on all aspects of the service to identify any concerns or changes needed to drive continuous improvement, we saw quality assurance records and checks on the laundry service, fire safety and medicine management. These roles were allocated to staff and checked by the registered manager. The registered manager also provided examples of how contact with local services and partnership working improved the service. This included attendance at the Partners In Care Learning Hubs and the Activities Forum had led to new ideas, innovation and changes in documentation used at the home. This was clarified further through discussions with a staff member during the inspection.

A staff member told us that care records were monitored and checked regularly and although reviews took place there was limited space to record new information. The registered manager told us that accidents were documented then placed in people's care records and reviewed for trends in incidents like falls and trips. We saw checks for the administration of medicines. These audits were evaluated and identified improvements required and the actions taken.

The provider is required to inform us of certain events that occur at the service. The Care Quality Commission (CQC) request information about specific incidents occurring within services regulated by the Health and Social Care Act 2008. These are known as Notifications. Before we inspected the service we checked our records and found that the provider had notified the Care Quality Commission of these events through our statutory notification process. We checked these details were accurate during the inspection. This meant that we were able to build a full and accurate picture of the service. All other conditions of registration had also been met.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.