

Stonesby House Ltd

# Stonesby House LTD

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Stonesby House LTD is a residential care home that offers care and support for up to 14 people living with mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, ten people were living in the service, and one person was using the respite care service.

People's experience of using this service:

The provider's systems and processes had not consistently protected people from harm. Staff had not identified potential neglect or taken appropriate action when people regularly declined their care and support. The registered manager had mitigated future risks through implementing robust documentation and monitoring, refreshing staff training and knowledge and improved working with relevant external agencies to ensure people were safe.

The provider had made some improvements to quality assurance systems to support the monitoring of care and support provided. However, further improvements were needed to ensure systems were sufficiently robust and effective in identifying improvements to ensure people received consistently good quality care.

There were systems in place to monitor people's safety through risk assessments. Care plans provided staff with clear guidance on the measures they needed to take to support people safely. People received their medicines safely and as prescribed and were protected against the risk of infection.

There were enough staff available to meet people's needs. The provider did not use a systematic approach to determining staff deployment within the service. The registered manager told us they would implement this following our inspection.

People's needs were assessed before they began to use the service. Staff had received training relevant to their role and this was in the process of being updated and developed. Staff felt supported in their role.

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. Staff enabled them to access routine and specialist healthcare to maintain their well being. People were supported to have sufficient amounts to eat and drink and protected from the risk of malnutrition.

People were treated kindly and respectfully by staff who encouraged them to make choices and decisions about their care and support. People's independence was promoted wherever possible.

Care plans provided the information and guidance staff needed to ensure people received personalised care. People were able to access a range of activities, though these were not consistently available

throughout the day. People were confident to raise concerns or complaints and felt these would be listened to and resolved.

The registered manager and staff were clear on their roles and responsibilities and were committed to improving and developing the service to ensure people received a safe, high quality service.

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:

At the last inspection we rated this service as requires improvement (report published on 29 June 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Stonesby House LTD

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

This inspection was carried out by one inspector and an Expert-by-Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had experience of mental health services.

#### Service and service type:

Stonesby House LTD 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 we looked at both during this inspection.

The service had a registered manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Our inspection visit on 21 May 2019 was unannounced.

#### What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. We also received information from the local authority who pay and monitor the care for some of the people.

Providers are required to send us a provider information return (PIR). This is information that gives some key

information about the service, what the service does well and improvements they plan to make. The provider completed a PIR and we took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with four people who used the service and observed care and support provided in communal areas. We also met with the registered manager, the deputy manager and three care staff. We reviewed care plans and care records for three people and looked at three staff recruitment and training records. We looked at other records relating to the day to day running and management of the service and records relating to quality assurance.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were not always safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Prior to our inspection, we reviewed safeguarding concerns relating to standards of people's care which had been raised by external agencies and substantiated. Areas around people regularly declining care and support and potential for neglect had not been identified by the provider as potential safeguarding concerns. Records did not evidence the action staff had taken to protect people from harm or demonstrate risks had been reviewed.
- Where safeguarding concerns had arisen, the registered manager had then worked with other agencies to ensure action was taken to keep people safe and protected from avoidable harm. The registered manager had implemented robust documentation to monitor people at risk from neglect and refreshed staff training in safeguarding to reduce the risk of further concerns.
- Staff demonstrated they knew what constituted safeguarding and how to report any concerns.
- The provider's safeguarding policy supported staff to understand their role and responsibilities in protecting people from the risk of abuse and ensuring people were not discriminated against in the event of safeguarding concerns.
- The provider's safeguarding and whistleblowing policies provided contact numbers of external agencies to support staff to raise concerns about potential malpractice in the service.

Assessing risk, safety monitoring and management:

- People told us they felt safe using the service. Comments included, "I feel safe living here, the building is pretty secure. If I felt unsafe I would speak to management," and "I feel safe; when I feel unsettled the staff always find time to talk with me which helps."
- Systems were in place to identify and reduce risks to people and these included risk assessments and behaviour management strategies.
- Staff had developed a good understanding of individual risks to people's health and wellbeing, and the measures they needed to take to reduce those risks. For example, people had risk assessments relating to their mobility, lifestyle choices and the environment.
- Further improvements were needed to risk assessments to support staff to respond to behaviours that may challenge as some records were not as detailed as others. For example, one person's assessment identified two staff were required to respond when the person became agitated. However, the assessment did not provide guidance on what agitation looked like for the person or suggested interventions to prevent the person becoming anxious or agitated in the first place.
- Staff interventions for a second person were vague and did not support effective monitoring and intervention to keep the person safe. For example, staff had recorded 'reported to senior' as an intervention and outcome for the person. The registered manager told us they would address this.
- The provider had carried out risk assessments and safety checks to ensure the safety of the premises.
- Personal evacuation plans were in place to guide staff in the event they had to evacuate people in an

emergency.

#### Staffing and recruitment:

- Staff felt there were usually enough staff available, but felt more staff were needed for respite placements. One staff member told us, "We have enough staff on in the week. We can be stretched and rushed at weekends when we have respite in. We have raised it with the [registered] manager. They told us they would get more staff in."
- The provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people and keep them safe at all times. The registered manager told us they had reviewed staffing levels within the service since our last inspection visit but was unable to demonstrate how they did this.
- The registered manager told us they were recruiting bank staff at the time of our inspection visit and would review the deployment of staff using a systematic approach.
- We saw there was always a staff presence within communal areas, although staff were engaged with tasks such as cooking and completed documentation. Staff periodically checked on people's welfare.
- People felt there were enough staff around to meet their needs.
- The provider had completed checks to ensure staff were suitable in their role. These included checking employment history, assuring their identities and a check with the Disclosure and Barring Service.

#### Using medicines safely:

- People's medicines were stored and administered safely in line with their prescriptions.
- People's care plans included details of the support they needed to take their medicines and we saw staff followed this guidance. Guidance included actions staff should take in the event of a person consistently declining their medicines.
- People told us they received their medicines on time and in line with their preferences.
- Where people were prescribed medicines 'as and when required,' these were supported by protocols.
- Staff completed records accurately and were trained to administer medicines. One staff member told us, "I have completed training in administering medicines and recent training with the district nurses to enable me to administer insulin."
- The registered manager and deputy manager completed regular audits of medicines and reviewed the competency of staff.

#### Preventing and controlling infection:

- Infection control was well managed. Staff had received infection control training and followed staff practices.
- Personal protective equipment, such as gloves and aprons were available throughout the service and we saw staff used these.
- Guidance and information was included in people's care plans where they had known infections or were at particular risk.
- People were encouraged to maintain good hygiene, including hand washing.
- The home was clean and odour free. People said cleanliness was maintained.

#### Learning lessons when things go wrong:

- All accidents and incident reports were reviewed by the registered manager who carried out an analysis.
- Any themes or trends were identified, such as changes in people's needs or behaviours and any lessons learned were shared with staff to prevent reoccurrences.
- For example, following incidents where a person repeatedly declined care and support and demonstrated behaviours that challenged, the registered manager had implemented more robust documentation and reviewed interventions by staff. This in turn had encouraged a positive response from the person and



reduced incidents.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs continued to be assessed before they began to use the service.
- Assessments were undertaken by the registered manager who liaised with the person and agencies involved in their care.
- Assessments included details of people's preferences, wishes and expected outcomes from their care and support.

Staff support: induction, training, skills and experience:

- People felt staff were well trained and knowledgeable about their needs. One person told us, "The staff know me well. They are able to see when I am becoming unsettled and talk me through it."
- The registered manager had reviewed staff training when they started working in the service. They found training had lapsed for some staff and training was not always effective to enable staff to meet people's needs. They had arranged for all staff to attend mandatory and development training.
- One staff member told us, "I have completed refresher training in manual handling, infection control and medicines. Further training is planned for us. We have also spent time looking at the different approaches we can use in supporting people with mental health needs, which has really improved outcomes for people."
- Staff spoke of development training and consistent guidance from the registered manager to ensure they had the skills and knowledge they needed to support people.
- Staff told us they felt supported in their roles and received supervision from the registered manager. They told us they felt able to share their views, were clear on what was expected of them and felt listened to.

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

- People's dietary needs and preferences were documented in their care plans. Records showed staff monitored people's intake, where they were at risk of poor nutrition, to ensure they had sufficient amounts to eat and drink.
- Staff provided jugs of juice with glasses in the dining area and we saw people asked for this or helped themselves throughout the day.
- Staff supported people to have a choice of hot or cold drinks throughout the day and fresh fruit was available in communal areas.
- People were positive about the meals provided and told us they could have an alternative choice of meal if they didn't like the menu choice.
- We observed the lunchtime meal and saw people were consulted on what they wanted to eat, the food was appetising and portions were substantial, and people were able to eat their meals in their preferred area.

Staff working with other agencies to provide consistent, effective, timely care: supporting people to live healthier lives, access healthcare services and support:

- People told us they received support from staff to arrange and attend healthcare appointments.
- People's care plans showed people had opportunities to access healthcare services and support.
- People's care plans included guidance from healthcare professionals and fact sheets about their health conditions and this was followed by staff.
- We observed staff had arranged a GP visit for a person during our inspection visit due to concerns about their wellbeing. Staff liaised with the GP and the person to agree the most appropriate support for the person.
- Where people declined healthcare appointments, staff liaised with other agencies to identify alternative approaches or measures that the person may accept in order to maintain their wellbeing.

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

- The premises and environment met the needs of people who used the service.
- We saw people moved around the premises freely, including external areas.
- People were involved in decisions about the premises and environment and could decorate their room with personal belongings.
- Bedrooms were spacious and most included en-suite wet rooms which helped to support people's independence and privacy.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA and authorisations to deprive people of their liberty were complied with and regularly reviewed.
- People's care plans detailed decisions and choices they were able to make and the support they needed, where required.
- Care plans did not always detail actions staff needed to take to support people to make more complex decisions, where they required support to do so. The registered manager told us they would ensure this was included.
- We observed staff sought consent before providing care and support
- Staff described using alternative approaches to encourage people to accept care, whilst respecting people's right to decline their care and support. Records showed staff monitored outcomes where people had declined their care and liaised with external agencies to ensure duty of care was followed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect: and involved in as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People provided consistently positive feedback about staff and the service.
- Comments included, "The staff are very kind and caring. They will always listen to me and there is no rudeness or shouting from staff," and "It's the best home I've been in. The staff treat me with respect, have time to speak with me and know me really well."
- We observed staff being kind to people and speaking respectfully with them.
- People showed confidence approaching staff, initiating conversation and asking for support. This showed people were comfortable with staff.
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted.
- Staff told us they usually had time to provide the care and support people needed, as well as spend time talking with them.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to be involved in making decisions about their care and support, in the way that they felt comfortable with.
- We saw people made day to day decisions, for example, how they wanted to spend their time and the support they wanted from staff.
- Staff advocated for people to ensure their views and preferences were taken into account in decision making.

Respecting and promoting people's privacy, dignity and independence:

- People had their own space and told us their privacy was respected. Staff could describe how they protected people's privacy whilst providing care and support.
- We saw staff prompted people regarding their clothing and appearance to support their dignity.
- Staff demonstrated they knew people well and were keen to ensure people's rights were upheld and they were not discriminated against in any way due to the choices and decisions they made.
- People told us they could have visitors and family members visit when they wished and staff supported people to maintain relationships that were important to them.
- People were encouraged to participate in tasks around the service, such as light domestic tasks, to encourage their independence.
- Information we saw about people was kept securely and only shared with authorised agencies.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they were happy with the care they received. Our discussions with staff and observations of care showed people received personalised care from staff who knew them well.
- Care records had improved; they were up to date and reflected people's needs, although this work was in progress.
- We reviewed care records that had been transcribed onto a new format and found these were detailed. Staff told us these provided the guidance and information they needed to meet people's individual needs.
- The registered manager told us all care records were in the process of being transcribed onto the new format and this work would be completed as a priority.
- Staff understood people's communication needs and these were recorded in people's care plans.
- Care plans detailed how people liked to receive information. For example, one person required all information to be given verbally. Their care plan provided guidance on content and pace of information, and how staff could identify if they person had understood the information.
- Information around safeguarding and health and safety was available in large print on notice boards.
- Each person had a weekly activity programme which guided staff on potential activities people may like to participate in.
- Some people liked to go out to local shops and facilities and staff supported this. Other people were able to go out or visit family independently or go to a day centre. Staff told us some people enjoyed being involved in day to day household tasks. However, we saw no evidence of this during our inspection visit.
- We did not see any activities or stimulation provided for people who were in communal areas, other than the television. One person told us, "Staff have asked me if I have any interests and will take me out to the local community. Activities could be improved though."
- The registered manager told us activities were usually provided in the late afternoon/evening, as this was when people were most receptive to them. Activities included board games, beauty and social outings. They told us they would review in-house activities during the day time to ensure people were provided with opportunities for meaningful engagement and stimulation.

Improving care quality in response to complaints or concerns:

- People told us they felt confident to make a complaint to staff or the registered manager if they needed to. One person told us they would also liaise with their family for support if they needed to.
- The provider's complaints procedure clearly guided people on how to raise a complaint and how this would be managed. People were also provided with contact details of external agencies to support them to raise concerns outside of the service.

End of life care and support:

- There were no one currently receiving end of life care.

- The registered manager was in the process of consulting with people and their relatives to discuss people's end of life wishes.
- Staff had received basic training in supporting end of life care. The registered manager told us this training would be enhanced should people using the service required end of life care.

# 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 our last inspection in May 2018 we found the provider did not operate an effective system to assess and monitor the service provided in order to make sustainable improvements to the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: good governance. At this inspection we found the service had taken steps to improve the leadership and governance of the service; therefore this action has been completed and the provider is no longer in breach of this regulation.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider had an on-going action plan to improve the quality of the service provision. We found some progress had been made in securing improvements since the last inspection. The registered manager acknowledged further improvements were required to ensure people received a good quality service and stated their commitment to achieving this.
- Some progress had made in quality assurance systems. The registered manager and deputy manager undertook regular checks and audits on medicines. They had completed an audit of staff training, recruitment files and care records. This had resulted in improved training for staff, re-organisation of recruitment files and improved care records were in progress.
- The registered manager told us they had focussed on the areas that had been identified as requiring improvement by external agencies, such as CQC and local authority commissioners. They were in the process of working towards completing action plans to improve standards and the quality of care.
- At the time of our inspection visit, improvements were still in early stages and it was not possible to determine the impact for people using the service. Further improvements were required to ensure people received a consistently good quality service.
- The service had a registered manager who was new to the service. Their hours were divided managing two services. The registered manager was supported by a deputy manager who managed the day to day running of the service.
- The registered manager and all staff were clear about their roles and responsibilities. They promoted person centred care and created a warm and inclusive culture within the service.
- Staff gave positive feedback about the registered manager and leadership. Comments included, "[Registered manager] has made a lot of good changes since they started, mainly to documentation. They also reviewed the needs of people to make sure we were able to meet them. We have more time to spend with people now and take them out, which we couldn't do before. Things are improving slowly," "The [registered] manager is really good, supportive and we can call on managers any time for advice or

guidance," and "There have been improvements to records and the way staff record things (in care plans). I can share my views with the [registered] manager and feel they are listened to."

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

- People told us they were involved in the service as they wanted to be and staff consulted with them on an individual basis.
- The registered manager had not held any meeting with people; they told us this format did not always support people to share their views so this was done on an individual basis. However, no formal record was kept of this consultative process.
- The registered manager was in the process of developing satisfaction surveys for people, relatives and professionals to gain an overview of people's views of the service.
- The registered manager held regular staff meetings and minutes showed the focus was on improving the quality of care and support and reinforcing best practice in the care staff provided.

Continuous learning and improving care:

- Following our previous inspection, there had been a change in management within the service. The current registered manager was focussed on making the immediate improvements that had been identified by CQC and local authority commissioners.
- The registered manager was able to demonstrate a number of improvements to documentation and systems since our last inspection. These included improving the standard of recording by staff to demonstrate clear outcomes for people and improve the monitor of care provided.
- The registered manager worked closely with the provider in working towards the completion of action plans to improve and develop the service.

Working in partnership with others:

- The service liaised with health and social care professionals and local authority commissioners to support people.
- Local authority commissioners, responsible for monitoring the care and support provided, told us improvements had been made in the service and further improvements were in progress.