

Masterpalm Properties Limited

Stoneleigh House

Inspection report

Cooper Street
Oldham
Lancashire
OL4 4QS

Tel: 01616245983

Date of inspection visit:
19 March 2019

Date of publication:
10 April 2019

Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service:

Stoneleigh House is a large stone built property which has been converted and extended. It is located approximately three miles from Oldham town centre. Stoneleigh provides accommodation and personal care for up to 31 people. There were 27 people accommodated at the home on the day of the inspection.

People's experience of using this service:

We found the service had improved safety by ensuring all radiators were covered to prevent possible burns.

We examined three staff files. Two files contained all the documents to show the service recruited safely. However, for one file we saw there were no references which the manager said must have been mislaid. The day after the inspection the registered manager found one of the references. We recommended the provider recruited staff safely and ensured two references were always provided for inspection, as detailed in their policy.

Staff had received safeguarding training and knew how to identify and report any concerns. Accidents, incidents and falls had been documented consistently, with audits completed to look for trends and help prevent a reoccurrence.

We recommended that the provider looked at best practice for the use of signage to aid people with dementia better understand their surroundings.

Staff had received sufficient training and ongoing support to help them carry out their roles.

Care plans were sufficiently well developed to provide care staff with sufficient details to deliver care.

People who used the service told us food served at the home was good and there was a choice of meals.

The equipment at the home was well maintained and the home was warm, clean and in reasonable decorative order.

People told us staff were caring and responded to their needs.

For more details please see the full report either below or on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection (report published 26/03/2018) the service was rated as good with a breach of the regulations for unsafe temperatures of some radiators.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. As the home was in breach of a regulation we returned within 12

months to check the necessary improvements had been made.

Follow up: We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern 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 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection was conducted by one adult social care inspector.

Service and service type:

Stoneleigh House is a 'care home'. People in care homes receive accommodation and 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:

The inspection was unannounced, which means the home did not know we were visiting.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

Prior to the inspection we asked the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people accommodated at the home, the registered manager, deputy manager and two care staff.

We reviewed three care plans, three staff personnel files, ten medicines administration records (MAR) and other records relating to the management of the home and care provided to people living there.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment.

- The service did not always follow safe recruitment procedures. One of the staff files we examined did not have two written references. The registered manager showed us the emails where they had sent for references but they could not be found. We did receive a copy of one reference the day after the inspection. Two other files we examined did contain two written references. Staff who work within a care home must have two written references to ensure they are safe to work with vulnerable adults and we recommended the provider ensures they follow their recruitment policies and procedures for safe recruitment.
- There were sufficient staff to meet people's needs. People who used the service said, "I get staff help when I need it and have seen them (staff) care for others" and "Staff are quick to answer the call bell."
- Staff told us and we observed that staff had time to sit and chat with people who used the service.

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

- People who used the service told us they felt safe and one person added, "Nobody bothers me."
- Staff we spoke with said, "I would report any abuse straight away if I saw abuse. I have the numbers of the local authority safeguarding team" and "I am aware of the whistle blowing policy. I would report to the manager and if nothing was done I would go higher."
- The service used the local authority safeguarding policies and procedures to report any incidents of abuse.
- Staff were trained in safeguarding topics and were aware of what constituted abuse. Staff had a whistle blowing policy to report any concerns they had with confidence.

Assessing risk, safety monitoring and management.

- Training in manual and people handling had been provided to staff and was refreshed annually, to ensure knowledge remained up to date. We observed staff using the correct techniques during the inspection.
- Audits and checks of equipment had been completed regularly to ensure they were fit for purpose and in good working order.
- People had risk assessments in place for falls, any risks to mobility, tissue viability and nutrition. We saw where any risks were identified people had access to relevant equipment or specialists, for example a speech and language therapist (SALT).
- Ongoing monitoring to maintain people's wellbeing and safety had been completed. Accidents, incidents and falls had been documented and ways to minimise further incidents explored.
- Checks of the premises and equipment had been completed in line with guidance, to ensure they were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, water safety, hoists and fire equipment.

- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.
- There was a hoist on the second floor of the building. The hoist would have to be carried up and down some stairs if it was required on the other side of the building. This was unsafe and we were told the provider had ordered another hoist to prevent this.

Using medicines safely.

- The administration of medicines remained safe. One person we spoke with told us, "We get our medicines on time. Staff do that for us."

Preventing and controlling infection.

- There were policies and procedures for the prevention and control of infection to inform staff of good practice issues.
- Staff had access to personal protective equipment, good hand wash advice in key areas, with soap and paper towels to prevent the spread of infection.
- Domestic staff recorded what cleaning they undertook for managers to follow an audit trail and help ensure the home was clean.

Lessons learned.

- The service learned from any incidents or complaints to try to minimise further occurrences.

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.

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 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.

- People had been assessed for their capacity to consent to specific aspects of their care. Where people lacked capacity to consent and did not have a legal representative, such as a Lasting Power of Attorney (LPA) for health and welfare in place, we saw mental capacity assessments and best interest meetings had taken place to make important decisions.
- The service had made any applications through the correct channels and had three people with a DoLS in place. Several other people were at various stages of the application process with the local authority.

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

- People who used the service told us, "The food is very good. You get a good choice"; "The food is very nice. There is a reasonable choice. I am not fussy really." and "The food is good. I eat it all right." There was a choice at lunch and in the evening. People could have what they wanted for breakfast including a cooked option.
- We found there was a good supply of fresh, frozen, dried and canned produce. This included fresh fruit.
- Any special needs a person may have with regards to their diet was assessed in the plans of care and any action such as a special diet or need for specialist advice was completed.
- The service had achieved a five star rating from the local authority food hygiene department. This is the highest rating and shows the service have good systems for food safety.

Staff support: induction, training, skills and experience.

- Staff completed regular training and supervision sessions, to ensure they had the knowledge, skills and support to carry out their roles.
- Staff training included a detailed induction programme, covering training the provider considered to be

mandatory and included time spent shadowing experienced staff.

- Staff told us, "I have had many supervisions. We can see the manager if we need anything. You can bring up your own needs at supervision. I think there is enough training to do the job. I like to update the training." and "Training is good here. I have had supervision with the senior. I do not wait until supervision if I need to bring something up. I go straight to the manager or a senior. They listen to you and take action."
- Besides mandatory training such as moving and handling or health and safety staff were also supported to take further training in the care of people with dementia, end of life care and a course in health and social care, such as a degree or NVQ.

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

- People's needs were assessed prior to admission to the home to ensure staff could meet their needs.
- People completed a document which highlighted their needs and choices. The document formed part of the plan of care and ensured people were treated as individuals.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
- We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.

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

- There was some signage to denote what a room was used for and people had their photographs on their bedrooms doors to help them find their way to their rooms if they wished. However, we recommended the provider looked at best practice guidance with regards to signage suitable for people with dementia in care homes.
- There were two lifts for people to access the upper floors of the building.

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

- We saw records of attendance at hospitals and routine appointments with opticians, podiatrists and dentists had been arranged.
- We saw where required people had been supplied with equipment, for example pressure relieving and mobility devices.

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 as partners in their care.

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

- People who used the service told us, "I have been here a short while and hoping to get a permanent place. The situation is good and I like it here."; "I find it all right. You have to think of others when you live in a place like this. I am quite satisfied living here and like it. I get on with the staff. They are caring staff." and "There is nothing wrong with living here."
- Staff we spoke with said, "I like the bond I have with the people who live here. I feel like they are family and you treat people as you would your own family. I would be happy for a family member to come here. They are good carers here" and "I think the care is very good here. I would be OK with a family member living at this home. A lot of our residents are local and have come from word of mouth."
- People were clean and well groomed. Staff documented any daily personal care tasks provided and we saw people had been supported to wash, bathe or shower in line with their wishes.
- People's equality and diversity was recognised and respected. Staff were trained in equality and diversity.
- Care files contained sections to document whether people had any specific needs, whether these be spiritual or cultural. We saw people had access to two denominations of ministry to practice their faith if they wished.

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

- Most staff had worked at the home for some time and had formed positive working relationships with people and knew how they wished to be cared for.
- People under the DoLS framework had access to Independent Mental Capacity Advocates (IMCA's) to support decision making.
- People and their families were asked about their views of the home by completing surveys. We saw the results were very positive around care and staff support. Comments made from families included, 'Our relative was very happy with the attention and warmth you showed which was lovely', 'Thanks for looking after our relative with care and dignity' and 'Thank you for all the good care you gave our relative. We appreciate the care and kindness shown and the efforts made to meet their needs.' A person who used the service wrote, 'I am very happy with everything and feel safe'.

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

- People could and did go to their rooms and we saw staff respected their wishes for privacy.
- People said staff spoke to them about their care. We did not see any breaches to a person's privacy when staff needed to assist with personal care which helped protect people's dignity.
- We observed staff spoke to people in a respectful yet friendly manner. There was a good rapport between people who used the service and staff.

- ☐ We saw that where possible people were encouraged to do things for themselves such as dress or eat to promote their independence.
- ☐ Visiting was unrestricted and people told us they could see their visitors in private if they wished.

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's care plans were individual to the person and reflected their choices. Plans of care were updated regularly to reflect their current needs. We saw the care plans reflected individuality in the way they encompassed people's wishes. There was information included about people's lives prior to arriving at the home, which helped staff understand them as individuals.
- Plans of care were detailed and gave staff sufficient information to meet their needs.
- People were able to attend activities of their choice. On the day of the inspection a pamper session had been undertaken for those who wished to attend.
- People could attend activities in a group or on their own. Activities such as shopping were community based and pamper sessions home based. External entertainers also occasionally came to the home to provide music and exercise.
- One member of staff we spoke with had completed extra training in the care of people who had a dementia and was using that knowledge to provide fun exercise activities.

Improving care quality in response to complaints or concerns.

- Two people who used the service told us, "I was a care worker. I know the difference between good and bad care and would complain if I had to." and "I think I could raise a concern if I wanted to."
- There was a complaints procedure available to help people raise any concerns they may have.
- There was a system to record any concerns or incidents if required. The registered manager investigated and provided a response in line with the complaints policy and looked at ways to minimise incidents.

End of life care and support.

- Staff had either completed end of life training at the local hospice or online training for end of life care, which enabled staff to provide care for people who used the service and support bereaved families when required.
- Whilst there was no-one currently being treated for palliative care the registered manager was aware of which services to access when people approached the end of their lives to get support and pain relief.
- The home followed the Six Steps to Success end of life care programme which is recognised as good practice for 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The provider visited the service regularly and conducted an audit of the service. Following one audit the carpets were replaced which showed the audits and actions taken helped improve the home.
- The service had a statement of purpose and service user guide which explained the legal status of the company and the services and facilities provided.

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

- The management team and staff we spoke with demonstrated their commitment to provide a quality service. People we spoke with thought the home was well run and they liked living at Stoneleigh House.
- The staff we spoke with were clear about their roles, what support managers provided and they thought managers were approachable and provided leadership.
- Due to sickness and bereavement some of the audits had fallen behind by several weeks. The registered manager said they would be updated as soon as possible. However, we did not see that this had a negative effect on the service.
- The home had a clear management structure, with the registered manager being supported by a deputy manager.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to the CQC.

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

- The registered manager held meetings regularly with staff. Staff told us they could add items to the agenda (anonymously if they wished) and were asked their views about the topics raised.
- The meetings included topics around the care of people who used the service, good practices and any changes.

- There was a daily handover at the start of each shift. A handover was used to pass on important details of how a person had been or any appointments they may have.
- The registered manager had an open door policy for people who used the service, family members and staff to come and chat when they wanted to. We observed staff and family members having discussions with the registered manager during the inspection.
- The service liaised with the local authority team and other professionals.

Continuous learning and improving care.

- Shortly after the inspection both the registered and deputy manager went on a training course to improve care for people with dementia.
- Staff were supported to attend training on topics other than mandatory training. For example, oral health care, behaviours that challenge, the care of people with diabetes, advanced care planning and people with swallowing difficulties.

Working in partnership with others.

- The service worked with other professionals involved in people's care to provide the right care and support for people who used the service. This included health and social care organisations.
- The registered manager attended meetings with managers from within the organisation and with managers from other services to look at any issues or discuss good care practices.
- We observed staff liaised with staff such as district nurses and provided an area they could work from and store their records.