Harvey Stewart & Smith Limited

Stewart Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

Stewart Lodge Care Home is a small care home that provides accommodation and personal care for up to three people. The home specialises in looking after adults with mental health needs. There were three people using the service at the time of our inspection.

This inspection took place on 12 and 17 November 2015 and was unannounced. At our previous inspection in October 2013, we found the provider was meeting the regulations we inspected.

The service had a manager who was in the process of applying to register. They told us that the previous registered manager had left over six months ago although we had not been notified of this in a timely manner. 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 were supported by adequate numbers of staff who had been safely recruited. However, they were not supported by a suitably trained or supervised staff team

Summary of findings

which could lead to people's needs being unmet. There were insufficient arrangements to ensure that staff were appropriately trained and supervised to meet people's needs and carry out their role.

Records required to be kept by the registered provider relating to staff and the management of the service were not readily available or consistently maintained.

People using this service experienced responsive care and support that was person centred and appropriate to their needs. People expressed their views and were involved in making decisions about their care and treatment. Individuals had personalised care plans that were regularly reviewed to make sure they got the right care and support. Risk assessments aimed to keep people safe whilst supporting them to maintain and develop their independence as far as possible.

Staff made sure people's dignity was upheld and their rights protected. Staff understood their responsibilities where people lacked capacity to consent or make decisions. This was because they had received training on the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made where required.

People took part in activities that interested them and were supported to maintain relationships with family and friends who were important to them. Individuals were encouraged to build and develop their independent living skills both in and outside the service.

People told us they received ongoing advice and treatment from health and social care professionals to ensure that they stayed as well as possible. They had access to other services when they needed them. Any advice from external professionals was included in their care and acted on accordingly. People were supported to keep healthy and their nutritional needs and preferences were met. The provider had appropriate arrangements in place to manage medicines.

Auditing systems were used effectively to keep checks on standards, develop the service and make improvements. People and others involved with the service had opportunities to share their views and the provider listened to their feedback.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff training and supervision and the availability of records. You can see what action we told the provider to take at the back of the full version of this report.

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. People felt safe living at the service and their individual autonomy and safety was supported. Risks were identified and steps were taken to minimise these without restricting individual choice and independence.

Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

The environment was safe and maintenance took place when needed.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

People were supported by staff who had not received appropriate levels of training and supervision to carry out their role and provide effective care.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues, including appropriate use of the Deprivation of Liberty Safeguards.

People were supported to manage their health and attend healthcare appointments. People received support with meals in line with their preferences and dietary needs.

Is the service caring?

Good

The service was caring. People's privacy and dignity were respected.

Staff had formed positive relationships with people living in the home who told us they felt well cared for and liked living there.

People were actively involved in decisions about their care and support. Their individual choices were reflected in their care records.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they received the right care and support. Staff listened to people about how they wanted to be supported and acted on this.

Summary of findings

People were encouraged and supported to maintain their independence. Individuals were important to them both in the home and local community.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback. People told us staff listened to any concerns they raised.

Is the service well-led?

Requires improvement

Some aspects of the service were not well led.

A registered manager was not in post and had left over six months ago. The manager working at the home had made an application to register at the time of this inspection.

Records required to be kept by the service were not always fit for purpose.

People using the service, their relatives and the staff felt the manager provided effective leadership. The service worked collaboratively with other professionals.

Regular audits were completed to monitor and assess the quality of the service provided. Action was taken as a result of these to improve the care and support people received.

Stewart Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we also reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also received written feedback from a professional involved with the service. They agreed for us to use their comments in our inspection report.

We visited the service on the 12 and 17 November 2015. The first day of the inspection was unannounced and we informed the manager that we would return on a second day to complete our inspection.

This inspection was carried out by one inspector. We spoke with two people using the service, the manager and three members of staff during the course of our visit. People were able to give us direct feedback about their care and experiences. During our visit, we also spoke with a person's relative on the telephone.

We looked at records about people's care, including three files of people who used the service. We checked four staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Following our inspection the manager sent us information about staff training which we requested.

Good

Is the service safe?

Our findings

People using the service felt safe and told us they were well treated by staff. One person said, "Staff are good, if I wasn't comfortable I would leave."

Arrangements were in place to protect people, respond to any concerns and to help people understand what abuse was and how they should report it. Information was displayed in the home that included contact details for reporting abuse. The service had a policy for staff to follow on safeguarding and staff understood their responsibilities to report any concerns. They were knowledgeable about how to identify possible abuse and the process to follow. Staff told us they learnt about safeguarding by completing an on line training course. Records showed that some staff had not updated this training for some time which meant they may not be aware of latest best practice. One member of staff was not aware of the role of the local authority in safeguarding adults. We discussed the availability of further safeguarding training with the manager. Following our inspection the manager confirmed they would contact the local authority to arrange this.

Before people moved in, the manager undertook assessments to identify any risks to people using the service and to others. A risk assessment was developed with the person to ensure they understood possible risks and what could be done to prevent these. The risk assessments we saw were personalised and set out what to do to keep people safe. They were current, detailed and regularly reviewed. Examples included personal care, safety in the home / wider community and smoking. Staff knew about these risks and the action they needed to take to protect and promote people's welfare. A professional told us they had noted appropriate risk assessments when they visited.

There was relevant documentation for servicing and routine maintenance in the premises. This included records of maintenance contracts concerning utilities such as gas and electrical safety. Fire alarms and equipment were tested to ensure they were in working order. Fire evacuation drills were held regularly involving people using the service and staff.

At the time of our inspection, one person using the service was in hospital. There was between one and two members of staff on duty throughout the day with one staff available at night. We were told that staffing levels were arranged according to people's needs, activities and routines. For example, the night staff arrangements were recently adjusted to take account of one person's needs. The manager worked flexibly in the service; covering shifts where needed and was available on call in the event of an emergency. This was confirmed by staff we spoke with and a professional involved with the service who commented, "Always staff members around to support and ensure safety." A relative told us there was enough staff and said, "Yes there is always someone there caring for them."

The manager told us they had recently recruited three members of staff. People living at the home were involved in the staff interviews which contained scenario based questions to identify applicants' skills and knowledge. We reviewed the recruitment process which confirmed that staff were appropriately vetted before they started working at the service. A checklist was held to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and criminal records checks via the Disclosure and Barring Service. References from previous employers were obtained to check past performance in other employment.

People had appropriate risk assessments in their records to show whether they were able to manage their medicines. Medicines were kept safely in a lockable metal cabinet in the office. The home used a monitored dosage system with medicines delivered by a local pharmacist. People's prescribed medicines were reviewed by relevant healthcare professionals as necessary. Individual profiles were signed by people and included information about current medicines, prescribed doses and any allergies. Leaflets were available to inform staff about potential side effects. We discussed adding information about the reasons why people were prescribed medicines. This included written protocols to guide staff when medicines might be needed. An 'as required' medicine protocol describes the circumstances when a person can take a certain medicine so that it can be administered safely and consistently. The manager told us they were in the process of developing these.

The sample of records we checked showed that people received their medicines as prescribed. There was a system for checking all prescribed medicines and records for their receipt and disposal. We found one person's discontinued

Good

Is the service safe?

medicines stored in a locked drawer. The manager said they would arrange for these to be returned to the pharmacy. A member of staff undertook daily medicines' audits to identify and resolve any discrepancies. External audits had also been undertaken by the dispensing pharmacy. Their last report was positive with no recommendations. The manager told us they assessed staff competency in supporting people with their medicines although there were no records to support this. Following our inspection the manager confirmed they had arranged refresher training for all staff later in the month.

Requires improvement

Is the service effective?

Our findings

Staff told us they received an induction when they began work at the service. This involved working alongside experienced members of staff to gain the knowledge needed to support people effectively. A new staff member told us the manager gave them a good description of people's individual issues when they first started. The induction was followed by a programme of mandatory e-learning courses (computer training). These included moving and handling, medication, infection control, safeguarding adults, fire safety, food hygiene and first aid. Information in the PIR confirmed that two out of six members of staff had completed training in these areas and six staff had completed a Level 2 NVQ or above or Diploma in Health and Social Care. Records for one new member of staff confirmed they had completed all their mandatory training.

Although the staff team knew people well, we were not assured that all staff had the necessary skills and competencies to meet people's needs and carry out their role. We asked about specialist training, as the home provides a service for people with past or present mental health conditions. The manager told us they provided in-house training but there were no records to support this.

Staff files we checked did not always contain certificates to show what training had been completed and when. We could not be assured that staff were up to date with the most current practice and legislation. One member of staff had been working in the home since August 2015 but there was no evidence that they had completed any training.

We found that not all staff had received formal supervision and annual appraisals. The last recorded supervision in four staff files was held in September and October 2015 and for three other staff, there were no supervision records at all. The latest supervision records included the same action for the four members of staff to enrol on a Health and Social care training course and complete identified training courses. We discussed this with the manager as the content was limited and there was no information about people using the service or to show how the manager reviewed individual staff practice and made sure they were able to meet people's needs. We were not assured that staff were provided with an effective support system to assess their competence and professional development. This meant there was a risk that staff capability and lack of knowledge may not be addressed.

During our second visit, three staff took part in a planned training session with an NVQ assessor. Following our inspection, the manager sent us a training record for the whole staff team and told us they planned to arrange additional training and access other resources such as local authority training. They also sent us a record of completed supervision for one member of staff. Although there were plans to address the above shortfalls, we found that staff training and supervision had not been adequately managed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. Records showed that people using the service had contributed and signed in agreement with records about their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had assessed where a person may be deprived of their liberty. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw applications and emails showing that the manager had been in contact with the local authority DoLS team. A best interests assessor had

Requires improvement

Is the service effective?

recently visited to complete an assessment for one person using the service. Policies and guidance were available to staff about the legislation there was also a poster displayed about the principles of the Mental Capacity Act. Staff understood the importance of gaining consent and some had received training on the MCA and DoLS through an e-learning course. Following our inspection the manager told us they had provided face to face training for the remaining staff.

The service took a personalised approach to meal provision. The staff knew each person's particular tastes and preferences and menus were planned with people. One person told us, "food is good, they know what I like." Another person said, "The food's alright, I buy my shopping, sort out my own breakfast."

People had the opportunity to develop cooking skills under the guidance of staff who prepared the main meals in the service. Menus reflected individuals' preferences and dietary needs and staff maintained records to show how people's choices were supported. Nutritional needs were assessed and monitored.

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were supported to keep as healthy as possible. Correspondence showed that the staff team worked closely with other healthcare professionals to ensure that people received the services they need. For example, one person required regular blood tests and another person had received input from a physiotherapist following a deterioration in mobility needs. Records of all health care appointments were kept in people's files. These showed the reason for the visit or contact and details of any treatment required and advice given. We discussed the use of hospital passports with the manager which they agreed to put in place. These are documents that would provide medical staff with important information should a person be admitted to hospital in an emergency.

Good

Is the service caring?

Our findings

People told us they liked the staff and described them as "kind" "good" and "friendly." A relative described staff as "wonderful" and told us that any new members of staff always introduced themselves when they visited. A professional told us, "The atmosphere there is very caring and supportive." They also commented, "Staff there have gone above and beyond" and gave an example where staff made several visits to see a person in hospital.

Due to its small size, Stewart Lodge provided a homely atmosphere and family style environment for people. We observed positive interaction between people using the service, the manager and supporting staff. People were relaxed in the company of staff and one person told us they valued time with staff to talk about any anxieties or matters that affected them.

Care records contained details about people's backgrounds and staff told us this was important in understanding people's lives and what their care pathway had been before coming to live at the home. People's personal histories enabled new staff to know and understand people and their past. Staff said this information helped them form positive relationships with individuals.

People told us that they could have visits from their friends and relatives when they wanted. People were supported to maintain relationships with their relatives, this included support to travel to see relatives living further away. Records confirmed that staff supported people to maintain relationships and social links with those that are close to them. These also showed that relatives and family representatives were invited to yearly review meetings and kept informed about any significant events.

One person told us, "I do whatever I want to do" and said that staff provided support when they needed it. People had been involved with planning their own care. There was evidence of this within the care plans. The support plans gave detailed descriptions of people's individual needs, likes and dislikes and how support was to be provided. There had been input from families and contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of support included people's life choices, aspirations and goals. This included planning for the future and developing skills such as budgeting and travel training to enable the person to increase their own independence. Staff were aware of the need to respect choices and involve people in making decisions where possible.

People told us staff were respectful and treated them with dignity. One person showed us their bedroom which was comfortably furnished and personalised how they liked. They told us staff were mindful of their privacy and also said, "I have everything I need." Staff had received training on the principles of confidentiality and demonstrated an awareness of person centred care. One staff member said it was important to "respect people's independence and freedom of choice". A second staff member commented how people "lived like it was their own home."

People's personal information was kept private and secure and their records were stored appropriately in the service. Staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs.

Good

Is the service responsive?

Our findings

People told us the service was meeting their needs. A relative said people were well cared for and described Stewart Lodge as a "first class service." They felt their family member's health and independence had improved since being at the service. They said they were kept informed and commented, "I get told immediately if an incident happens." A professional's feedback included, "I have witnessed high levels of care support provided to people with very complex needs."

People's needs assessments included information about all aspects of the person's life, including their interests, social needs, preferences, health and personal care needs and areas of independence. We looked at the assessment arrangements for a person who had recently moved in. The person told us they visited twice before moving in and felt involved with the process. The manager had met with staff from the person's previous placement to obtain full information about their needs. These assessments were used to develop support care plans that were personalised and relevant. For example in one plan we saw there was information about supporting a person with their communication needs. Details included, "Staff to provide space and time for [name of person] to express themselves" and "staff to familiarise with pattern of speech."

Staff shared examples of ways they responded to people's needs. One staff described how they supported a person whose mobility needs had changed and the support another person needed to manage their health condition. The support plans included information that would alert staff to a decline in a person's mental health. The plan detailed what each person could do to prevent a relapse and on interventions staff needed to make in response. For example, one plan explained that the person should take their medicines as prescribed, talk to staff and to talk to other health professionals.

Care reviews had taken place periodically which involved the person using the service, family members and key staff and professionals involved in their care. Support plans and risk assessments had been evaluated to assess if they were effective in meeting people's needs. These had been updated with relevant information where care needs changed. One person had a support plan about a specific medical condition. Although staff could describe what action to take, the plan did not include sufficient detail about the signs staff should look for or how to support the person if they became unwell. We discussed this with the manager who agreed to update the plan for accuracy.

A professional told us placements of people were appropriate, that individuals had developed trust in staff and were settled. They told us staff had "made modest but important strides with [name of person], despite difficulties inherent in [their] situation."

People were supported to do the things they liked to do and there were opportunities for them to develop their independent living skills. People were encouraged to cook and help keep their home clean and tidy. Care plans set out how people should be supported to promote their independence. Staff were knowledgeable about individual needs, and were aware of people's interests and hobbies. A member of staff told us they were organising a trip for one person who had a keen interest in boats. People were supported to go out as and when they needed. During both our visits, people using the service went out with staff to do their chosen activities. People told us they visited local shops, went out for meals and outings to places of interest.

Staff wrote daily reports about people's care and support. We looked at a sample of these records which provided information about how the person had spent their day, their well-being and any other relevant events such as appointments with professionals involved in their care.

People said they would talk to the manager if they had any concerns and were comfortable to do so. Due to the small size of the service, the manager explained that they had ongoing feedback about the service through day to day contact with people. Daily care records evidenced that people were consulted about the care and support they received. A relative told us, "I have face to face chats and don't need a questionnaire."

There had been no complaints about the service and people were confident any issues would be addressed. Information about how to make a complaint was available to people. The procedure included details about other relevant organisations if someone wished to raise a concern outside of the home. A relative told us the manager had promptly dealt with a complaint in the past.

Requires improvement

Is the service well-led?

Our findings

During the inspection, we found that certain records required to be kept by the service were not readily available or missing. For example, the recruitment checks and training records for one member of staff and the records of all staff supervision prior to September 2015 were not available. We were therefore not assured that all staff were suitably employed and qualified to work in the service. The manager told us that these records were kept in locked drawer and the key had been missing since August 2015. They said that they had ordered a replacement key but we were concerned that records had been unavailable for a number of months. Training certificates were unavailable for another member of staff. These were made available later in the inspection after the manager asked the staff member to bring them in. Following our inspection, the manager also sent us a recruitment checklist for the member of staff whose records had been unavailable. This showed that appropriate checks had been carried out.

During our first visit, the manager was unable to locate a copy of the staff rota and daily report relating to an incident involving a person using the service. Although we had been correctly notified about the event prior to our inspection we were unable to cross check all relevant records associated with the incident. These records enable CQC to monitor whether the home has made the correct choices when dealing with events that could have put people at risk from harm.

The above issues meant that records were not always fit for purpose and stored accessibly in accordance with the provision of the regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Aside from these issues, there was effective leadership in the service. One person described the manager as "brilliant" and told us, "If there's a problem, she will deal with it immediately." Another person felt confident to speak to the manager if they had any issues. We received similar feedback from a relative and professional involved with the service. A relative told us, "The manager is spot on and knows each individual very well."

Since our last inspection, the registered manager had left the service and the current manager had submitted a recent application to register. The manager told us she was a qualified social worker and held qualifications in management and as an NVQ assessor. We saw records to support this. Staff were comfortable to discuss any issues with the manager and felt the service was well run. Their comments included, "I can ask the manager anything, anytime" and "the manager is always available, easy to talk to." A relative told us, "The manager knows how things should be done." A professional told us, "I have regular and direct contact with [name of manager] and she has never shown anything but effective and exemplary management skills. She manages and support residents and staff equally well, and engages well with agencies and other professionals."

There were meetings for staff to share their views and keep updated about people's individual needs and matters that affected the service. We looked at a sample of staff meeting minutes which were clear and focused on people's needs and the day-to-day running of the home. Staff had requested a more in depth handover at a recent meeting. Staff also shared information through a communication book and shift planners. Staff spoke about "good teamwork" and one told us, "Everyone passes on information."

People using the service were provided with questionnaires every year to share their views about the home and staff. Our review of these showed that people were very satisfied with the quality of care and support they received. Records supported that appropriate audits and checks on the quality of service were carried out on a regular basis. Areas included medicines management, care plans, cleaning and hygiene, the environment and health and safety. We discussed the Care Quality Commission's new inspection approach with the manager and how their audits could incorporate the five key questions and fundamental standards for care. This was acknowledged by the manager.

The service worked closely with health and social care professionals to achieve the best support for the people they supported. A professional told us, "When there is an issue or concern, they have always communicated this effectively to the relevant services or agencies."

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **People did not receive care and support from staff that were appropriately trained or supervised to effectively carry out their role. Regulation 18 (2)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Records relating to the staff employed in the carrying on and the management of the regulated activity were not always complete or accessible. Regulation 17 (2)(c)(d).**