

Stonesby House Ltd

# Stonesby House

## Inspection report

147 Stonesby Avenue  
Wigston  
Leicester  
Leicestershire  
LE2 6TY

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Website: [www.stonesbyhouse.co.uk](http://www.stonesbyhouse.co.uk)

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Stonesby House is a care home that provides care for up to eight older adults. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection eight people were living at Stonesby House.

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

People told us they felt safe living at Stonesby House. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Potential risks to people's safety were assessed to keep them safe.

People received their medicines safely and as prescribed. Staff followed good food hygiene and infection control practices to protect people from the risk of infections.

There were enough staff available to meet people's needs in a timely way. The provider followed safe recruitment practices to ensure only suitable staff were employed to work at the service. Staff undertook training that supported them to build on the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with good nutrition and hydration and they had access to healthcare services to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew the people using the service and their families well. They had built positive relationships which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People were at the centre of their care and support and involved in decisions about their care. Their care plans provided guidance for staff to follow. Staff were responsive to changes in people's needs and they took prompt action to maintain people's health and well-being.

People were supported to maintain relationships and engage in meaningful activities, hobbies and interests. The service had good links with the local community.

People spoke positively about the management and leadership of the service as being open and transparent. People knew how to raise any concerns or complaints and their feedback was used to make improvements to the service. Staff were encouraged to share ideas about how to develop the service. The

service worked in partnership with external agencies to ensure people achieved the best possible outcomes.

Quality audits were carried out on all aspects of the service and used to drive continuous improvement.

Rating at last inspection

Good (report published 2 November 2016).

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.

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

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

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

### Is the service caring?

Good ●

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

### Is the service responsive?

Good ●

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

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Stonesby House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the provider information return. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we met with seven people using the service to gain their views about the service. We spoke with two care staff, the deputy manager and the registered manager. We reviewed the care plans and other associated records for three people using the service. We looked at other records in relation to the

management of the service, these included three staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

Following our inspection visit, the registered manager provided us with the staff training plan and a care plan for one person who had recently started using the service. These were provided to us in a timely manner.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and they knew the potential signs and symptoms to look for that could indicate abuse.
- Staff told us they would immediately report any safeguarding concerns and were confident they would be acted on by the registered manager to keep people safe. They also understood how to raise any safeguarding concerns with external agencies.
- Records showed appropriate action had been taken in response to safeguarding concerns to ensure people were safe.

Assessing risk, safety monitoring and management

- People said they felt safe living at the home. One person said, "Nothing has ever made me feel I am not safe living here, it's my home. The staff are very friendly and always have our best interests at heart." Another person said, "I feel very safe living here, the staff really look after me very well."
- Risks associated with people's care and support were assessed and actions were put in place to keep people as safe as possible, whilst also respecting the right for people to take risks.
- The risk assessments had information on people's specific risks and what staff needed to be aware of to keep people safe.
- Staff were able to describe how they supported people to prevent harm, such as monitoring any changes in people's physical and mental health conditions.
- People with behaviours that challenged them, and others had risk assessments in place and guidance for staff to follow on how to respond, and to defuse and de-escalate any volatile situations.
- The risk assessments were regularly reviewed and updated following incidents to ensure records reflected people's current needs and wishes.

Staffing and recruitment

- Staff recruitment records showed the provider carried out robust employment checks to ensure only fit and proper staff were employed to work at the service. The checks included evidence of employment history, proof of identity, references and a check with the Disclosure and Barring Service (DBS).
- People's needs were met by a consistent and reliable staff team.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines. Staff followed the provider's medicines procedure.
- Decisions to administer essential medicines covertly were only taken as a last resort. (This is when

medicines are administered without a person's knowledge). In such instances the provider followed the covert medicine administration National Institute for Clinical Excellence (NICE) guidelines, involving healthcare professionals and the person's representative / advocate.

- Medicines audits were completed to ensure staff consistently followed the medicines policy.

#### Preventing and controlling infection

- Staff were trained in the prevention and control of infection.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, when supporting people with personal care and food handling tasks.
- The premises were clean and free from malodours.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents and the information recorded was used to identify any trends and measures required to reduce the risk of further incidents. However, this system would benefit from being formalised to clearly record the actions taken to prevent repeat incidents. This would help to, for example, identify whether incidents repeatedly occurred at a specific time of day or place.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant 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 were assessed to ensure the service was able to meet their needs. Relatives had been involved in the assessment process, which helped to support a person-centred approach to care planning.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction training and ongoing training. Staff demonstrated an in-depth knowledge of the needs of people using the service.
- Staff said they felt supported in their roles. They said the deputy manager and registered manager were approachable and offered guidance whenever needed.
- We observed the midday staff handover, from the deputy manager to care staff, in which staff were provided with detailed information on the physical and emotional status of all people using the service.

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

- People said they enjoyed the meals provided. They said there was enough choice on the menu and they were able to choose alternative meals if they did not want what was on the daily menu.
- People were encouraged to maintain their independence with eating and drinking. People were supported to make their own drinks and they had access to fresh fruit and light snacks. One person said, "I like going to the kitchen to make a cup of tea, it's much better than having everything brought to you."
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals. For example, providing thickened drinks and soft puréed diets for people with swallowing difficulties.

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

- People's care plans included information on their health and social needs.
- Staff worked with other healthcare professionals to ensure people received timely access to healthcare services, such as their GP, dentist, optician, specialists and dieticians.

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

- The premises had a homely feel.
- People were able to personalise their rooms with their own belongings and décor. However, one person moved into the home during the inspection. We noted they did not have a wardrobe in their bedroom. The deputy manager said the wardrobe had been broken and arrangements had been made for a replacement

wardrobe to be made available for the person.

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

- People were supported to attend health appointments, such as with dentists, opticians, GPs and chiropodists.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff followed the principles of assuming people had capacity to make decisions, unless they were assessed otherwise.
- We observed staff consistently sought consent before providing people with care and support and ensured people were happy with how they were supported.
- People's care plans included guidance on the support they needed to make day to day decisions and choices.
- Guidance included making staff aware that people's mental capacity could fluctuate dependent on their mental health well-being and how they should respond to this.
- The provider had followed the procedure to applying for DoLS restrictions following best interests' decisions being made. When people were placed under DoLS conditions the least restrictive options were used.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they felt respected and staff treated them well. Comments included, "The staff are lovely, they always treat me with respect." And "The staff always have time to spend with us, we all get along very well, we have mutual respect for each other." A relative said, "The staff are terrific, [name] has good days and bad days, the staff know [name] so well I know [name] is being very well cared for here."
- Staff ensured people's rights were upheld and ensured that people with behaviours that challenged them, and others, were not discriminated against in any way.
- We observed people and staff were comfortable in each other's company and had developed positive, trusting relationships.
- Staff supported people to pursue lifestyle choices and relationships. Visitors were always made welcome.
- Staff communicated well with people, sharing humour and laughter, which people said they enjoyed. Staff said they enjoyed working at the service and they had built good relationships with all the people. Staff spoke with compassion about people using the service.

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

- People's care plans included information about their likes, dislikes and preferences.
- Staff used a personalised approach to providing care and support for people using the service.
- Advocacy services were available in the event people required independent support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's rights to make choices and be in control of their day to day lives.
- The care plans detailed how staff should protect people's dignity whilst providing their care and support.
- Staff provided care and support with the emphasis on promoting and maintaining people's independence.
- People's right to confidentiality was respected. Staff handover discussions about people's care were held in private, and people's care and support records were stored securely accessible only to authorised people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant 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

- The care plans were personalised, providing information about people's, background, their likes and dislikes and people important to them.
- Staff were flexible in providing people's care and support to enable people to be in control of their day to day lives.
- The care plans were regularly reviewed with the involvement of people, and their representatives. One relative said, "The staff keep me fully informed and I am involved in all decisions about [name's] care."
- People told us they knew of their care plan and had been involved in developing it.
- Staff monitored any changes in people's physical and mental health. This enabled them to respond and provide timely support and appropriate treatment from relevant healthcare professionals.
- Staff provided people with meaningful and creative activities such as going out for walks, day trips, meals out and pub lunches, quizzes and art and craft sessions. All the people spoken with said they enjoyed the activities provided for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided information for people in accessible formats including large print and pictures. Staff were trained to work with people with visual impairment and other sensory disabilities and understood their communication needs.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints and was available in standard and easy read format.
- People told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns. A relative said they felt confident that if they had any concerns they would be quickly addressed.
- Staff knew how to respond to complaints.
- The service had not received any complaints at the time of our inspection.

End of life care and support

- People's care plans included information about their wishes and preferences regarding end of life care, including funeral arrangements.
- At the time of our inspection, no people were receiving 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- It was evident from what people told us and the interactions we observed, that people received individualised care that was based around their needs and preferences.
- The deputy manager and registered manager worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.
- The registered manager was clear about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- The current CQC ratings were displayed on the provider website and within the service.

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

- People and relatives had opportunities to share their views about the service through weekly meetings.
- Minutes of 'resident house meetings' showed people were consulted about ideas for the service such as menu planning, activities and upgrading furniture and décor.
- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.
- The deputy manager and the registered manager promoted positive team working. There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- The registered manager and the deputy manager were making improvements to the care and support provided, to achieve the best possible outcomes for people.
- This included regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services and be a part of their local community.

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

regulatory requirements

- The registered manager had registered with The Care Quality Commission (CQC) in April 2019. They divided their time managing Stonesby House and another care service owned by the provider. They were supported by a deputy manager who managed the day to day running of Stonesby House.
- Quality audits were carried out on all aspects of the service and used to drive continuous improvement of the service.
- The deputy manager said they felt supported by the registered manager. They worked alongside staff to provide care and support daily, which enabled them to observe staff practice and monitor all aspects of the care provided.
- People and staff were positive about the management and leadership of the service.
- There was a reliable staff team who said they took pride in providing care and support for the people using the service.