

Stoneleigh Residential Care Home Limited

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Inspection report

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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

We undertook an unannounced inspection of Stoneleigh Residential Care Home on 3 July 2018. At the last comprehensive inspection in May 2017 one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was in regard to Regulation 12, safe care and treatment. We found medicines management was not fully safe. The service was rated requires improvement.

During this inspection we checked that the provider was meeting the legal requirements of the regulation they had breached. We found the provider had made improvements and was meeting the regulation. At this inspection the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Stoneleigh Residential Care Home, on our website at www.cqc.org.uk

Stoneleigh Residential Care Home is a 'care home'. 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. Stoneleigh Residential Care Home provides accommodation and personal care for up to 26 older people. At the time of our inspection there were 25 people were living at the service.

The service provides accommodation in a Victorian building, located close to the seafront and local parks. The service is across two levels and has two lounges, dining area and gardens at the front and rear of the property.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The service had made improvements in medicines administration since our last comprehensive inspection in May 2017 and was now meeting the regulations. Other areas requiring improvement at our last inspection had been addressed. For example, quality audits systems now contained specific details, the provider had displayed their rating assessment as required and the detail of information recorded had improved.

Staffing levels were safe and provided by a consistent team. This ensured staff knew people well and had developed good relationships. People spoke positively about the activities facilitated by the service. People were involved in deciding the activities that should take place and new ideas were trialled. People were supported to maintain their hobbies, interests and social networks.

The service was clean, tidy, brightly decorated and well maintained. People had access to safe garden areas. People were encouraged and supported to remain independent.

People were supported by staff who kind, caring and responsive to their needs. There was a positive staff culture. Staff felt valued and supported. The atmosphere was calm, friendly and relaxed and people told us they felt at home. People's family and friends were welcomed at the service.

Staff were supported to be skilled and knowledgeable in their roles through effective training and supervision. The service was meeting the Deprivation of Liberty Safeguards. Staff were clear about the systems in place around safeguarding adults and reporting accident and incidents.

People, relatives and staff were actively engaged with giving their feedback and identifying areas for improvement through meetings and surveys. Governance systems further reviewed and monitored the quality of care.

Care plans were person centred. People health needs were supported to obtain positive outcomes. People spoke positively about the food provided at the service. Positive feedback was received about how the service was led and managed.

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.

Medicines were managed and administered safely.

Staffing levels were safe and were delivered by a consistent team.

Checks of the premises and equipment were undertaken.

Is the service effective?

Good ●

The service was effective.

Staff were supported in their role by an induction, supervision and regular training.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and respectful.

People were encouraged and assisted to remain independent.

Visitors were welcomed at the home and encouraged to be involved with the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred.

Positive feedback was received about facilitated activities.
People were engaged and involved in making suggestions about

activities.

People and relatives felt comfortable in raising concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

Governance systems monitored and reviewed the quality of care.
Actions were taken in areas identified.

Positive feedback was received about how the service was led and managed by the provider and registered manager.

The service had developed community links.

Staff felt supported and there was a positive staff culture.

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Detailed findings

Background to this inspection

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

This inspection took place on 3 July 2018 and was unannounced. The inspection was carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the service.

During the inspection we spoke with 12 people living at the service and four relatives. We also spoke with six members of staff including the registered manager. We reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At our last comprehensive inspection of Stoneleigh Residential Care Home in May 2017 we found the service had not met the regulation in regard to safe care and treatment of people, as improvements were required in medicine management.

At this inspection we found the provider had followed the action plan they had submitted and the administration and management of medicines was safe. Medicines were securely stored in a medicine trolley within a locked room accessible only by authorised staff members. Checks were made to ensure medicines were stored at the correct temperature.

Medicines Administration Records (MAR) contained information such as known allergies and the person's GP. A photograph of the person was included to aid identification. However, it was not always clear how recent the photograph was. Records described how people preferred to take their medicines. Medicines that required additional storage in line with legal requirements had been identified and stored appropriately. Stock levels were regularly conducted and matched the registers held. Directions for as required medicines were documented on the MAR. However, these did not give individual guidance to staff as to when they may be required. The registered manager said this would be addressed.

People told us they received their medicines as prescribed. One person said, "They [staff] see to all that [administration of medicines]. It's one person in charge of it in the mornings. They always make sure I take mine." MAR were fully completed. Refusals of medicines were recorded. However, the reason for refusal was not always documented. Medicines were labelled when opened and clearly marked with a date to be used by if appropriate. A system was in place for the safe return of medicines and this was being followed. The registered manager was training a senior staff member to ensure that responsibility of medicines management was shared. An external review by a pharmacist had recently occurred. No issues were identified.

People and their relatives said the service was safe. One relative said, "I feel my relative is safe here and I am reassured as they are very proactive."

Accident and incidents were reported. Records showed what had happened and the immediate action taken. The registered manager now reviewed all reports to show what action had been taken to reduce reoccurrence. We did highlight to the registered manager that further specific details about the incident and accident would be helpful in monitoring for patterns and trends. It had also not always been recorded if relatives had been contacted to be notified. The registered manager said this would be addressed.

Safe recruitment procedures were followed. Staff files showed photographic identification, a minimum of two references, documentation of name changes, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. The reference request form had been amended to ensure dates of employment were clearly

requested.

We reviewed the staffing rotas from the previous four weeks and saw that the number of staff was consistent with the planned staffing levels. The service did not use any agency staff which ensured people received consistent care. We received positive feedback about staffing levels at the service by people, relatives and staff. One person told us, "If you call staff they come immediately." One staff member said, "Staffing levels are really good. We all help each other out. We don't use agency staff." Staff commented they had time to support people effectively. One staff member said, "I love the 1:1 contact I spend with people."

Risk assessments were in place for areas such as falls, mobility, food and fluid and skin integrity. Assessments contained clear guidance for staff on how to support people safely and minimise risks. For example, one person's mobility could be variable. The risk assessment guided staff to assess the person's needs at the time and explained the mobility equipment which would then be appropriate. This enabled and promoted people's independence whilst keeping people safe.

Staff we spoke with were clear on the provider's policy on safeguarding adults. An information folder was available for staff to access outlining the services' policies and procedures in adult safeguarding. One staff member said, "If I had any concerns I would report them to a manager." The registered manager was aware when concerns should be reported to the local authority and Care Quality Commission as appropriate.

Infection control policies were in place and updated regularly. These were adhered to by staff. We observed staff wearing appropriate personal protective equipment such as gloves and aprons. The service was clean, tidy and fresh. Staff told us the provider ensured they had the equipment required to perform their roles safely and effectively. One staff member said, "If you need something, it's there, no argument."

We reviewed records which showed that regular checking and testing of the environment and equipment had been completed. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids, electrical equipment and the stair lift. There were also certificates to show external testing of fire safety equipment, gas servicing and electrical equipment. Where areas were identified as requiring action, these had been taken. For example, the service was working with pest control around a known concern. Personal evacuations plans were in place. This documented the support people would require in an emergency to evacuate safely. A business continuity plan was also in place to support the service. This gave procedures to follow in an unforeseen event such as IT failure or water leak.

Is the service effective?

Our findings

People were supported by a service that was effective. New staff completed an induction process which was aligned with the Care Certificate. The Care Certificate is a modular training programme which introduces staff new to care to the expected standards in different areas. Staff received regular supervision. Supervision is where staff meet one to one with their line manager to discuss their performance and development. One staff member said, "I have supervision, but I can talk to the managers at any time." We reviewed supervision records and saw areas such as training, health and safety and staff well-being was discussed.

Training records demonstrated staff received regular training in first aid, manual handling and safeguarding adults. Staff commented positively about the training they received. Several staff members told us about recent training they had received about delirium. They told us about what they had learnt and how they were using this knowledge in their role.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. Applications had been made as appropriate. No conditions were currently in place for anyone.

Staff were knowledgeable about the Mental Capacity Act (MCA) 2005. Staff had received training in the MCA could demonstrate how they implemented the principles of the act in their role. For example, by supporting people to make choices about their clothes, food and where they wished to spend their time.

People spoke positively about the food provided by the service. The menu was displayed in the dining room. One person said, "The food is fantastic." A relative said, "The food is excellent, it's all freshly cooked." We did receive feedback from some people, which was shared with the registered manager, who found the portion sizes too much. The service offered a small plate option to cater for people who had a smaller appetite. However, people found this portion was still too much. The registered manager said this would be addressed. We observed when one person informed the staff the portion of their dessert was too big. The staff member brought them a smaller size.

Fresh jugs of water and glasses were available around the service, along with bowls of fruit. We observed staff regularly offering a wide selection of hot and cold drinks for people. There was an area where people could help themselves to drinks and snacks. One person wished to enjoy a cold alcoholic drink in the garden as it was a warm day. Staff responded to this request.

The service had good relationships with healthcare professionals. Accurate records were kept of people's appointments. People's weights were monitored regularly and actions taken if needed. One relative told us

how the staff made milkshakes for their relative as they liked this and it improved their weight, "His weight is progressing up now." Another person was supported with drinking by using a specialised beaker. The beaker had flashing lights to remind them to drink. A relative told us how the service had supported their relative's health care needs. Their family member had seen significant improvements. The relative said, "I am really satisfied with the care here. They've sorted out her medicines, she is confident again to walk without the frame. [Name of person] is back to her normal self again."

The environment was attractively decorated in a homely and bright way. People commented to us they liked the décor. The service had fresh flowers displayed, which people commented upon. One person said, "Don't these flowers smell lovely." People's rooms had personalised signs on them to aid identification. One person said, "I have a room with a view over the park, it is lovely." The garden was safe and accessible with shaded seating areas. We observed people accessing the garden as they wished and enjoying being outside.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person said, "The staff are excellent. It is wonderful here." Another person said, "I am so happy here. The manager and staff are fantastic." One relative said, "There are no concerns, it's always been very good care here."

Staff were attentive and respectful to people. One person said, "They have been so good here. Very respectful." One member of staff came down to a person's level and spoke with them gently and reassuringly to check if the person was comfortable. The staff member suggested a cushion might make the person comfier. The person agreed and the staffed member brought one.

Staff ensured people were cared for with dignity and respect. One person's nose was running. Staff discreetly came and asked the person if they would like some support and attended to their needs. One person told us, "Nothing is too much trouble for the staff." Another person said, "The carers go the extra mile for you."

People were encouraged and supported to remain independent. We observed people moving around the service as they wished. Some people had decorated their mobility equipment with flowers and ribbons. People said they had enjoyed doing this and it helped to recognise whose was whose. Staff were observant to people's needs but enabled people to be independent. We observed a staff member support a person to water the flowers in the front garden themselves. One person said, "I shower myself and I go downstairs in the chairlift." Another person told us, "They encourage me as much as I can, walking and making my own bed."

The service had received many compliments from relatives, visitors and health and social care professionals. One compliment said, "Thank-you for taking such great care of my Dad." Another compliment read, "It is so lovely to see how helpful all the staff are towards the residents and people visiting. It really does show how much love and care they have for all the residents. Happy, friendly and helpful is Stoneleigh."

Relatives could visit whenever they wished. One staff member said, "Visitors can come when they want." Family members spoke positively about the entry system to the service. We observed relatives visiting their loved ones and being comfortable and at ease at the service. Relatives were offered drinks and refreshments and could also help themselves in a designated area.

People and relatives told us the atmosphere of the service was calm, relaxed and friendly. "One person said, "This is my home now, everything is just right for me, everything I need is here and everyone is very nice." One relative told us the atmosphere was important for their relative's mental health well-being. "He needs to be kept calm in a calm environment and the staff are fully aware of that." One staff member said, "The home is welcoming. Staff are approachable and we have good relationships with people's families."

Is the service responsive?

Our findings

The service was responsive to people's care and support needs. One person said, "It is fabulous here." A relative said, "Stoneleigh is very individualised to my relative's needs, they take time with him."

The service had redesigned their pre-admission assessment. The assessment gathered key information about people's care and support needs. The assessment enabled the service to assess whether they could satisfactorily meet a person's needs.

Care plans gave information about people's histories, background and interests. This assisted staff in knowing important information about people. For example, in one care plan we reviewed it explained the previous jobs the person had in a regional hospital department.

People's preferences and routines were described in their care plan. For example, one care record said, "Likes to go to bed around 7pm, sometimes watches TV in bed and enjoys a hot drink before bed." People's preferences around the gender of carer was identified in care plans and the service ensured it catered for people's wishes.

Care records identified where people required support and what people could do for themselves. For example, one care plan we reviewed stated, "Can use the call bell to summon assistance," and "Needs help with zips and fasteners. This information ensured that people were encouraged and supported to remain independent but staff were aware of when people required assistance.

People's spiritual and cultural needs were identified in care records. This showed for example, if people wished to attend any particular services or events. People's wishes around their care at the end of their life was documented. However, these were based around a standard set of questions. The registered manager acknowledged further personalised details in these areas would be beneficial and said this would be developed.

People's care plans contained guidance about how to communicate with people effectively and in their preferred way. This also described if people had sensory aids such as they wore glasses or hearing aids. Care plans were reviewed on a monthly basis and regularly audited.

The service had received two complaints since January 2018. Thorough investigation had occurred. The service was open and transparent, acknowledging and apologising where improvements could be made. Actions were taken from the findings identified.

An activity board displayed what activities were taking place during the week. For example, a visit to the park, film, bingo and exercise. People spoke positively about the activities facilitated by the service and of the activities co-coordinator. However, two people said they would like to go on more day trips. We observed staff supporting people around the service to be involved in activities of their choice. For example, gardening and reading. People and relatives were offered complimentary use of the café in the park near the

service. One person said, "We go over the park, to the café."

People had been involved in deciding what activities were on offer at the service. At a meeting people had said they would like a discussion group to talk about different topics. We observed the activities co-ordinator facilitate the group. The staff member went around to see who wished to participate. One person was worried they would not be able to hear the discussion well enough to be involved. The staff member reassured the person and explained how they could ensure they would be actively involved. There was lively discussion on various subjects between people. People told us how much they enjoyed this group. One staff member said, "The discussion groups are about all aspects of life. I'm sure they help people think and laugh."

People were supported to maintain their hobbies and interests. For example, one person we spoke with was attending a luncheon for ex-servicemen on the day of our inspection. A relative told us how their family member had been supported by the service to continue attending a social club to maintain contact with their friends. Magazines, books, newspapers and games were around the service for people to use. People and staff told us how the recent royal wedding had been made into a garden party and everyone had enjoyed the celebrations. A relative said, "They've had parties here, a smashing do for the wedding."

Regular meetings were held with people. People's views were sought on a range of topics such as food, activities and any concerns. We reviewed the minutes of recent meetings. People were comfortable raising their opinions and actions were taken as a result.

Is the service well-led?

Our findings

The service was well-led. We received positive feedback from people and staff about how the service was led and managed. One person said, "The registered manager is very good and helpful." One staff member said, "The registered manager is very good. She spends lots of time with the residents and staff." Another staff member said, "We can always ask [the registered manager] or [the nominated individual] about anything. We get 100% support."

Audits systems had been reviewed and improved. This ensured that it was clear the action taken in specific areas. The registered manager completed audits in medicines, infection control, care plans and accident and incidents. For example, where people had sustained a fall the actions taken were reviewed and monitored in the auditing process. This ensured that suitable steps had been taken to prevent reoccurrence and monitored the effectiveness of such actions. A six-monthly action plan was produced about key areas the service had identified in that period to develop. For example, the implementation of General Data Protection Regulation (GDPR) policies and first aid training completion for staff. The provider undertook additional audits that focused on different areas of the service such as health and safety and staffing.

The registered manager facilitated regular staff meetings. Meetings were used as a way of collating ideas and suggestions. This involved strategies to support people more effectively and ways the service could make improvements. Meetings also communicated key information to staff members. One staff member said, "I am quite happy to contribute, you can also add items to the agenda. We share ideas and practice." We reviewed recent minutes and saw medicine administration, upcoming events and equality, diversity and human rights had been discussed. Actions were taken as a result of the meeting. The standard of care expected was made clear during these meetings and any issues that had compromised this were discussed. Praise and thanks were also given to staff around their roles.

Systems were in place to communicate information effectively. One staff member said, "All staff are involved in handovers." The handover system had been modified following suggestions from staff. Instead of the written handover information containing information for a day, each person had information recorded on one page for a week. Staff told us this change had been beneficial. One staff member said, "The new system is better." It enabled staff to monitor more effectively observations made and to ensure actions were taken when needed. It ensured that staff had past information available when they returned after their allocated days off.

Relatives told us they were kept well informed. "The owner and registered manager are good at communicating on a daily basis." A newsletter was displayed and distributed to relevant people by their preferred method of communication. For example, by email or post. This shared news about the service such as activities, events and celebrations.

Feedback was sought from people, staff and relatives around different areas. For example, staffing levels, food quality, activities and care. Results were overall positive with people saying they were happy with the

quality of the food and staff treated them with compassion and kindness. Results were analysed and actions taken as a result of the comments made. For example, new activities were tried out such as a crochet group, card making and new colouring material purchased for people.

Staff told us there was a positive team culture. One staff member said, "We work well as a team." Staff had a positive and caring attitude and felt valued in their work. Shifts were organised so staff had accountability for different areas of the service. This was rotated, which ensured staff developed good relationships with all people living at the service.

The service had established community links in place. For example, with local religious organisations, a museum, a school and a bowls club. The service worked to forge new relationships which supported people's interests and hobbies who were currently living at the service. The staff had participated in a charity walk to raise money for a local hospice. The service had also organised a cup cake morning to raise money for a local charity supporting people living with dementia.

The provider and registered manager regularly attended local providers' meetings to develop links with other organisations and expand their knowledge and experience. The service had developed positive relationships with other services in the area. This enabled the provider and registered manager to share ideas, good practice and staff training. People had been supported to attend other services in the area social activities and events.

The registered manager understood the legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon. The assessment rating of the service was clearly displayed within the service.