

HC-One Limited

# Stoneyford Christian Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

We inspected the service on 14 and 15 January 2015. Stoneyford Christian Nursing Home is registered with the Care Quality Commission to provide accommodation for up to 60 older people with varying support needs including nursing and dementia care needs. On the day of our inspection there were 38 people living at the home.

The home had a registered manager. 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.

# Summary of findings

At the last inspection on 3 April 2014 we asked the provider to take action to make improvements to ensure that staff understood their role and responsibility to keep people safe, and this action has been completed.

People told us that they were well looked after and felt safe. Staff understood their role and responsibility in relation to offering safe and effective support, and recognising and reporting poor practice. However, on occasions people were at risk of harm because staff did not follow the correct procedures or use the correct equipment.

People who used the service, relatives and staff felt that a recent reduction in the number of staff on duty and other staffing issues had a negative impact on the service.

People could not always be assured their medicines would be managed safely and they would be given these as they were intended to be given.

Staff felt supported in their role, however some staff did not feel fully prepared for their work by the training they received. Staff were unclear about their role in protecting people's rights to make decisions for themselves or how to lawfully restrict someone's liberty.

People were provided with sufficient food and drink to maintain their health and wellbeing, and they praised the standard of food provided. People were supported to receive any healthcare they needed and any healthcare advice provided was acted upon.

Staff treated people with respect and kindness and listened to their wishes. People felt their need for help and support and any requests they made were well responded to.

People did not have opportunities to follow their individual hobbies and interests and did not engage well with the activities that were provided on the day of the inspection. People's care needs and individual preferences were assessed and kept under review, although the care plans did not always contain sufficient detail to show how to meet people's individual care and support needs.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to these. Staff knew the complaints procedure and people who used the service felt comfortable about making a complaint if they needed to. Relatives felt confident they would be listened to and taken seriously.

People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and felt the registered manager provided good leadership. There were systems in place to monitor the quality of the services provided.

# 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?

The service was not always safe.

People were at risk of harm because safe practices were not always followed when they were receiving support.

People's care was affected by the number of staff available to meet their needs. People may not receive their medicines as intended due to errors in the handling and administration of medicines.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People may not receive their care and support as intended, nor have their rights respected, because the training provided did not ensure all staff had the skills and knowledge they needed.

People's fluid and food intake was monitored to ensure that they received a healthy and balanced diet. People were supported to receive the healthcare they needed.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People were involved and consulted in relation to how they preferred to have their care and support needs met.

People's privacy and dignity was upheld and promoted.

**Good**



### Is the service responsive?

The service was not fully responsive.

People felt they had the support they needed to meet their care needs but they did not have opportunities to follow their own hobbies and interests.

People's needs were recorded in a plan of care, but these did not always have details of people's wishes.

People who used the service and their relatives felt able to raise any complaints and believed these would be dealt with appropriately.

**Requires Improvement**



### Is the service well-led?

The service was well-led.

**Good**



# Summary of findings

People found the registered manager approachable and were encouraged to be involved in discussions about the home. Staff felt their views were heard within the home.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to make changes and improvements.

# Stoneyford Christian Nursing 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.

This inspection was unannounced and carried out over two days on 14 and 15 January 2015. The inspection team consisted of one inspector, a specialist advisor who had specialist knowledge of supporting people with dementia care needs 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.

Prior to our inspection we reviewed the information we held about the service. This included previous inspection

reports and action plans sent to us by the provider. We reviewed information from members of the public and health and social care professionals. We also reviewed statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 12 people who used the service, 14 staff, the registered manager and a member of the provider's senior management team. We also spoke with eight relatives of people who used the service.

We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of six people who used the service. We also looked at staff training records and a range of records relating to the running of the service including audits carried out by the senior management team on behalf of the provider.

# Is the service safe?

## Our findings

When we inspected Stoneyford Christian Nursing Home in April 2014 we found that there had been a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to safeguarding people from abuse. During this inspection we found that improvements had been made within the timescale set.

People we spoke with told us that they liked living at the home and that they felt safe doing so. One person told us, "I feel very safe here." Another person said, "I am well looked after. I am not worried about anything here."

Staff had received training in protecting people from the risk of abuse. In conversations with us, staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse people could be at risk of and were aware of signs that may indicate a person had been or was at risk of abuse. Staff also understood the process for reporting concerns. Senior staff knew how to refer incidents to external agencies if necessary. The registered manager told us how they had made referrals and worked with social care professionals to keep people safe.

During this inspection we saw two staff struggle with a moving technique that could have placed the person who used the service at risk of getting hurt. We also saw some people were placed at risk of harm because staff used equipment they had not been assessed for, which had been provided for other people who had been assessed as needing this.

People who used the service told us that they felt there were not always enough staff on duty to safely meet their needs. Staff also told us that there were occasions when there were not enough staff on duty to support people in a timely manner. We saw there were not enough staff on duty to provide the level of support people required. For example, we saw how one staff member was supporting a group of people during the afternoon of our inspection. The staff member told us that three people in the group

required two to one support. They said that if any of those people required support they would have to call for assistance and then have to leave the rest of the people unsupervised which would not be safe.

We found that relatives and staff had concerns about staffing levels and the impact this was having on the quality of the care provided. Relatives told us how staffing levels had been reduced as the number of people who used the service had decreased. Staff told us that recent changes in staffing levels had meant that they had less time to respond to individual needs. Staff were concerned that there were not sufficient staff on duty at key times to ensure that people's needs were met promptly. Staff said their concerns about the staffing levels had been raised with the provider, but they considered them to be adequate.

We saw that the registered manager used a 'dependency tool' to identify staffing levels within the home. We saw that the tool currently reflected the number and needs of the people who used the service. The registered manager told us that staffing levels were being constantly reviewed in response to changing needs and circumstances.

Staff and relatives told us that there was a lack of nurses currently employed at the home and there was a high use of agency staff. The registered manager was aware of these issues and told us they were actively looking at resolutions. We looked at the recruitment files of three staff who had recently started working at the home. These showed that only suitable people were recruited to support the people who used the service.

People were at risk because their medicines not being managed correctly. One relative told us how a staff member had compromised the safety of their family member as they were not familiar with what medicines their relation was required to take, and they had not followed the written directions provided. We saw that another person's records had not been completed appropriately and as a result staff could not tell how much medicine had been administered, or why it had been given. We were also told of an occasion where an agency member of staff had tried to administer the wrong medicine.

## Is the service safe?

We watched some people being administered their medicines by the nurse on duty. The nurse was both knowledgeable and experienced and we saw they administered people their medicines safely and recorded that they had done so.

Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were stored securely. We saw records that showed staff administered medicines to people as prescribed by their doctor. We saw medicines were checked regularly by the registered manager to ensure staff were managing people's medicines safely.

Assessments of risks to people's health and safety had been carried out and recorded in care plans. These included the risk of falling or developing pressure ulcers. Staff were aware of what action was needed to keep people safe and had signed the risk assessments to show they had read and understood them.

The registered manager monitored and reviewed records made of any accidents and incidents. This enabled them to identify any trends and update people's support plans to provide staff with guidance on how to keep each person safe and ensure their wellbeing. Procedures were in place to protect people in the event of an emergency, such as a fire.

# Is the service effective?

## Our findings

We found mixed views amongst staff about the training they received. The majority of staff training was done through on line training, known as ELearning. Some staff liked this style of training whilst other staff did not. Five staff told us that they did not consider the training in certain subject areas was sufficient to give them the knowledge and skills to effectively understand and support people. This meant there was a risk some staff might not have appropriate knowledge of all relevant subjects to provide effective care.'

We saw how the registered manager monitored what training staff had completed and informed staff when they were due to complete a refresher course for any subject.

Staff told us that they were well supported by the registered manager. One staff member told us, "She's brilliant." Another staff member said, "We have excellent support." Staff told us that the support they received gave them confidence to do a good job and offer effective care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Deprivation of Liberty Safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these were assessed by professionals who are appropriately trained to assess whether the restriction is needed. The registered manager told us that they had applied for assessments for two people who may be having their liberty deprived at the home. This reflected their understanding of the process.

We found that not all staff were knowledgeable about the Mental Capacity Act 2005 and its implications. Their understanding of DoLS was also limited. The registered manager told us that training had been provided to staff through the ELearning. Feedback to us reflected that the

information had not been retained by a number of staff. This could mean that staff offered support that was not consistent with upholding and respecting people's rights, needs and wishes.

People told us that they could choose what they liked to eat enabling them to enjoy mealtimes. Everyone we spoke with said that they were happy with the food offered. One person told us, "The food is brilliant, fantastic."

Systems were in place to recognise people's dietary health needs and any likes or dislikes. We saw how staff made sure one person's drink was at the right consistency for them so that they could drink safely and independently. One person told us, "Staff are really good and helpful as I am a picky eater. They always find me an alternative that I am happy with." Another person told us that the kitchen staff were flexible to meet their individual wishes in regards to their food. We saw that people had access to drinks and snacks at all times and hot drinks were regularly available.

We observed the lunchtime arrangements and saw people received effective and appropriate support to eat their meal. We saw that people were offered a choice of what they ate and assistance was available for people who needed support to eat their meal on the day of our inspection. People were not rushed and staff had time to sit with them until they had finished their food and drink, before being assisted from the table. Records showed people's nutritional intake was monitored to ensure they received a varied and balanced diet.

People who used the service told us their health care needs were met effectively. They all said that they were supported to see a doctor or other healthcare professional when they needed to. We saw that visits by external healthcare professionals were documented and people's care plans were updated to reflect any change in their needs. Records showed that when people's needs changed staff made referrals to healthcare professionals or other specialists for advice. Relatives told us they were informed when their family members support needs changed.

A staff member told us staff had raised concerns with the registered manager about one person's health. The registered manager had responded by contacting relevant health professionals for their input and this had resulted in a positive impact on the person's health.



# Is the service caring?

## Our findings

People who used the service told us that staff were kind and caring. One person told us, “Staff are really caring. Nothing is too much trouble.” Another person told us, “They [staff] are all so kind. They are lovely and I’m very happy to be here.” People who used the service told us that staff made them smile. One person said, “They are a ray of sunshine. They are all really lovely.”

Staff knew people’s likes and dislikes. We saw staff paying attention to detail when offering people support. We saw staff knew how people preferred their drinks and what times they liked certain support. One relative told us how staff dealt sensitively with people who required additional support. We saw two staff speaking with a family member at a particularly difficult time. They were sensitive and caring and took time to listen and responded with warmth and empathy.

People told us that staff made sure their visitors always felt welcome which they appreciated. Visitors to the home confirmed that they were always made to feel welcome. One person, who told us their faith was very important to them, confirmed that they had weekly visits from a representative from their place of worship. They told us this was a, “Great comfort.” People’s religious and cultural values and beliefs were recorded in their care plans, as were details of people who were important to them.

People who used the service told us they were able to make choices as to how they were supported and that staff

met their care and support needs in ways that they preferred. One person told us, “These girls are like my second family. I love them all.” We saw people were getting the support they needed and wanted.

Most relatives were very positive about their involvement with staff. They told us that staff were kind and worked hard to meet people’s needs. One relative said, “Even though staff are busy, they always have time to stop and talk with me.” One relative told us that they would like to be more involved in the planning and delivery of their family member’s care.

People told us that staff respected their privacy and dignity and were always polite and respectful. One person told us, “I like it here. I like to sit quietly on my own sometimes and I am always able to do it. Staff ask if I’m alright and when I tell them I’m having some quiet time they respect that.” We saw staff treated people with dignity and respect and supported people sensitively and discreetly. For example, we saw one staff member quietly take one person aside to help them adjust their clothing. We saw other staff knocking before re-entering a room after having left to enable the person to have some privacy.

We spoke with staff about how they respected people’s privacy and dignity and they all showed a good level of understanding in relation to this. The registered manager told us that training about this started at induction and underpinned all other training that was delivered which staff confirmed to be the case.

# Is the service responsive?

## Our findings

On the day of our inspection we saw that activities provided were not meeting people's needs. Staff tried to engage people but this was ineffective. For example, we saw a staff member giving people a large dice and asking them to throw it in a basket. One person was visibly confused and others were not interested. The environment was not suited to a group game as some people were not sitting near to the action and music was playing loudly drowning out the staff member's voice.

Staff were not clear about their role in relation to providing activities. We saw that the dedicated activities coordinator was only available part time. The activities programme identified that activities were provided daily and that staff were responsible for organising these when the activities coordinator was not at work. Staff told us that they did not have time to do this effectively.

Staff told us that activities were not based on individual needs as they did not have the time or resources to facilitate this. Events and entertainment were not always responsive to people's likes and preferences, meaning that they may not be stimulating mentally and physically. People told us that there were social events at the home which they particularly enjoyed.

People who used the service said that staff were responsive to their needs and during our inspection we saw staff responding quickly and politely to people's requests for help and support. One person told us, "The staff always respond to my requests for support. I never feel that anything is too much trouble." People told us that staff always asked them if they were alright. One person told us, "They are always popping in to check on me. They come whenever I call them." Staff sat with people when helping them to eat and drink and provided people with the equipment and assistance they needed to manage tasks as independently as possible.

Staff told us how they worked flexibly and we saw staff accommodated people's changing circumstances. For example, one person had plans that were changed by the arrival of unexpected visitors.

We saw how people's needs were assessed to ensure that the service would be able to meet their needs upon admission and then regularly after that. We saw people's preferences were identified in an assessment of their needs, such as the number of pillows a person preferred and the times that they liked to get up and go to bed. Two people told us that they continued to be supported safely when their needs had changed. When there was a change in a person's need a review was held and staff were made aware of the changes. This ensured that staff could continue to meet this person's needs safely.

We saw how people's care plans were regularly reviewed and staff told us that they contained sufficient detail to show how people's needs should be met. However some of the care plans that we saw were not personalised and people's wishes and needs had not been clearly documented. This meant that people may not get the support they wanted in that area of their care.

We saw how complaints were recorded and responded to. The registered manager showed us a summary of complaints and the actions they had taken as a result of these. They told us that senior managers received copies of all complaints and outcomes for monitoring. We spoke with two relatives who had made a complaint to the registered manager and they told us they were waiting for feedback about this.

People felt their concerns and suggestions were listened to and responded appropriately. One visitor told us, "[Name] would not be here if I or the family had any concerns about standards of care. We are very pleased with the way [name] is being looked after. If I had any concerns I know those would be listened to and action taken if necessary."

# Is the service well-led?

## Our findings

People who used the service and their relatives told us that they regularly attended meetings in relation to how the service was run. Some people told us that they did not attend these (through their own choice) but information was shared with them afterwards. There were other opportunities for people to make suggestions about the running of the home meaning that the provider could hear people's views and respond appropriately.

People were supported by staff who felt valued by the registered manager who was aware of challenges facing the service and had shared them with the provider's senior management team. We saw records of meetings that highlighted issues had been discussed at all levels of the organisation.

We saw minutes of team meetings where the registered manager had shared information, explained changes and reviewed practices. These records supported what staff told us and demonstrated that the home was well led and had a positive and inclusive culture.

People who used the service and their friends and relatives told us that the home was well led. One person told us, "The manager is brilliant. Very approachable, warm and friendly." Another person told us that they, "Only have to ask and it's done."

Staff described the registered manager as, "Fantastic." They told us that she listened and was supportive. People told us that when they had shared their views about the service they felt listened to.

The home had regular visits from senior managers within the organisation who liaised with staff to monitor the quality of the service provided. We saw that during these visits they spoke with people who used the service, relatives and staff. A senior manager who was visiting the home at the time of our inspection told us that they were confident in the registered manager's ability to provide effective leadership.

There were systems in place to monitor the quality of the service provided. We saw that latest quality surveys that had been returned from people who used the service, relatives, staff and health and social care professionals which contained positive feedback about the service.

Audits were completed to assess, monitor and improve the service. We saw that where the need for improvements had been identified action plans were in place to make these changes. We saw how accidents and incidents were monitored for trends and how care plans were updated following changes. This meant that staff could have access to up to date information to enable them to provide a good service.

We saw how regular checks were made on the environment and equipment used to ensure it remained safe and effective. Records showed that remedial actions were taken promptly when the need for repair or maintenance was identified.