Alexandra House Care Services Limited

Stonebridge Nursing Home

Inspection report

178-180 Birchfield Road
Headless Cross
Redditch
Worcestershire
B97 4NA

Tel: 01527542170
Website: www.stonebridgenursinghome.co.uk

Date of inspection visit:
27 January 2016

Date of publication:
11 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place 27 January 2016.

Stonebridge Nursing home is registered to provide accommodation and personal and nursing care for adults who have a dementia and or mental health related illness for a maximum of 52 people. There were 45 people living at home on the day of the inspection. There were four separate communal lounges, each tailored to people's mental health and/or dementia related needs.

There was a registered manager in place. 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 care and nursing staff to be safe and protected from the risk of abuse. All staff knew each person which helped them to understand and reduced their risk of harm or abuse. Staff consistently helped people with any anxiety or distress immediately and provided reassurance and guidance to support until settled. Staff told us that helping people to live in a calm and relaxed environment reduced the risk of abuse to people living at the home. All staff felt confident in recognised the potential signs of abuse and would report these through the senior staff or management at the home. Where needed the team took steps to prevent further harm and make referral to external agencies as required .

People had care staff that were available on a one to one basis where required and there were sufficient numbers of staff to provide care to all people living at the home without the use of agency staff. Where people had risks identified as part of their daily living staff supported them to reduce those risks. People told us they received their medicines as prescribed and at the correct time. All relatives we spoke with told us there were enough staff to support their relative and did not have to wait for care to be provided.

People were cared for by staff the who told us their training reflected the needs of people who lived at the home. We saw that all staff provided care and support to people in a confident and caring way. Nursing staff had recently discussed how they were recording and evidencing their clinical supervision to maintain their professional registrations, which help to ensure people were receiving the most appropriate care. They told us they wanted to show how their professional discussion prompted a high standard of care and supported to people who lived at the home.

Where people had not been able to consent to certain aspects or decisions about their care records of decisions had been completed. The provider was currently reviewing all care and support records to ensure any changes in people's capacity and consent to ensure that they made decisions in the person's best interests.

People had access to snacks and meals throughout the day and night. Where people required support to eat

and drink care staff helped them. People had accessed other healthcare professionals to support them and had regular visits from their GP.

Staff developed positive, respectful relationships with people and were very kind and caring in their approach. People's privacy and dignity was respected and they were supported and empowered to be as independent as possible in all aspects of their lives. Staff anticipated people's care needs and attended to people quickly in a gentle and unhurried way.

People were involved in the planning of their care and the registered manager ensured that all people were able to be involved. All relatives we spoke with felt they were involved in their family members care and their view and opinions mattered. People's care plans recorded their care needs in an individual way that reflected their preferences and life histories.

People were happy to raise any concerns or worries directly with the staff who were able to provide solutions or answers at that time. All relatives we spoke with knew how to make a complaint if needed. The provider had a complaints process which had been followed when a complaint was received. The registered manger was keen to answer people's concerns as they happened and the provider had reviewed and responded to all concerns raised.

The service acted on people's views and regularly consulted with them about how to improve. People experiences of living at the home were important and valued by a
caring leadership team which promoted an open culture. People were seen to approach and make requests through the day with all staff, including the registered manager and provider. The management team felt it was important that they were approachable and visible within the home which helped them monitor and maintain a home which people and relatives liked. The management supported and listened to staff at all levels to improve the quality of service and acted on them about how to improve.

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.

The provider demonstrated that people were kept safe and reduced the risk of harm or abuse. People had received their medicines where needed and were supported by staff that meet their care and welfare needs.

Is the service effective?

Good

The service was effective.

People's care needs and choices were supported by trained staff. People's nutritional needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Outstanding

The service was caring.
Staff were excellent in communication and developing respectful, warm and caring relationships with people. People were supported respectfully and their privacy and dignity had been upheld.

Staff supported people to build their confidence and to feel reassured in the home. People lived as independently as possible. People received care that was compassionate and appropriate.

Is the service responsive?

Good

The service was responsive.

We saw that people were able to make some everyday choices and had engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Good

The service was well-led.

The culture was supportive of people who lived at the home and listened and acted on their views and feedback. Staff understood their roles and responsibilities and were encouraged and supported to develop professionally. There was effective quality assurance systems in place. The registered manager and staff team looked at improvements that would improve people's experiences of care. Staff were supported to improve their practice across a range of areas.

Stonebridge 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 unannounced inspection took place on 27 January 2106. The inspection team comprised of two inspectors and a specialist nurse advisor.

The provider had 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. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority and the local Clinical Commissioning Group for information who are responsible for purchasing some people's care.

During the inspection, we spoke with five people who lived at the home and four relatives. We spoke with five care staff, three senior care staff, three nursing staff, the cook, the deputy manager, registered manager and the provider. 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 four records about people's care and their medicines records, complaint files, falls and incidents reports, capacity assessments, staff meeting minutes, people's feedback and checks completed by the registered manager that related to people's care and support.

Good

Is the service safe?

Our findings

People were supported by staff and in an environment that kept them safe and reduce the risk of harm and injury. One person said, "They (staff) are always here. I worry not". All relatives we spoke with were confident their family members were kept free from the risk of harm. One relative told us how they family member was supported to reduce the risk of injury and said, "Staff noticed immediately and dealt with it".

All staff we spoke with were able to tell us what they understood by keeping people safe and how they would report concerns to the management team. Care staff told us the support from the management and nursing team had further developed their understanding around people's safety and reporting concerns.

Where people showed signs of becoming anxious or upset staff immediately went to offer comfort and reassurance to help the person remain calm. This prevented further distress to them and other people living in the home. One relative said the staff had "Really thought about what distraction techniques to use" and they were individual to each person. Staff also offered alternative areas for people to go to or sat with them chatting until they were settled. We looked at the plans that all staff said they referred to if needed. These were written about the individual and what steps staff should try to support the person.

People managed their risks on their own or care staff were able to offer support if needed. All nursing and care staff we spoke knew how much assistance each person needed to keep their risks to a minimum. For example, the amount of physical help with walking or eating, but also where people needed emotional help. Where people had risks, they had been supported by the staffing team with a detailed assessment in place which had been reviewed and updated regularly. All care staff we spoke with told us that they constantly looked out for people and addressed any safety concerns immediately. They would then record and report any continued concerns about a person's risks or safety for action and review.

All people and relatives we spoke with told us nursing and care staff were always around and attentive. Where people needed care staff with them continually this was in place. When the care staff needed to leave the person they always ensured another care staff was available to support the person. Where people used the call bell to request staff assistance these were answered without delay and care staff quickly decided who would attend. We saw that staff consistently spent time with people and there was always members of staff in the communal areas to respond to people's requests or conversations. All staff were attentive to people and were unhurried and relaxed when spending time with them. One relative said, "We visit other home and there is nothing like the number of staff here, it's fantastic" and another commented, "You never have to look for them (staff) as they are all around".

Care and nursing staff said they were enough staff to meet people's needs at all times. They were confident that the needs of people living at the home had been considered when deciding the staffing team numbers and skills. One care staff said, "Very well staffed. It's brilliant" and another care staff added, "We have time to really care for people". The registered manager reviewed the staffing often and ensured a mix of nursing staff and care staff were on each shift. The management systems in place looked at the care staff needed for each person, listened to staff feedback and reviewed any incidents. For example, matching nursing staff with

mental health or a general nursing registration to reflect the needs of the people living at the home.

People were supported with getting their medicines from nursing staff. Each person's medicines were stored in a locked cupboard in their room. Where people had not wanted the medicines in their rooms alternative secure storage had been provided. Nursing staff checked each person medicines against the records before giving them to the person. When nursing staff offered people their medicines they asked the person if they would like them and what the medicines were for. We also saw nursing staff had a detailed understanding of each person's individual preferences. For example, it was recorded in one person's medication record that they liked their medicine on a spoon. We saw that the member of staff offered this person their medicine on a spoon, in accordance with their expressed wish.

Where people required a course of short term medicines these were known by the nursing staff and records provided a summary of how the person was responding to the medicines. They used this to identify if people would need to be referred back to the GP for further assessment. Where other medicines were required when needed the nursing staff were able to tell us about when and why they were used. For example, to manage people's pain or emotional wellbeing.

Nursing staff kept records of people's medicines to show when they had been given. These records were then reviewed monthly with the medicines for each person to check people were receiving their medicines as expected. Controlled drugs within the home were given, recorded and stored as recommended.

Good

Is the service effective?

Our findings

People we spoke with told us they felt all staff knew how to look after them. Relatives were assured their family members were cared for by staff that understood their needs. One relative said, "Staff react immediately to anything, They are 100% amazing". Relatives also felt that all staff had received training that had a positive effect on the people they cared for. On relative said, "The staff and their training make this unit great" and another said, "Even the cleaners know how to look after [person's name]".

Care and nursing staff told us the training they had was directed at how best to support people living at the home. They felt confident to deliver care to people living with complex needs, a dementia related illness or mental health condition. They spoke in detail about two courses in dementia care and managing emotional and physical difficulties and how this had made them provide care in a calm and relaxed atmosphere. Where we saw staff in the communal areas they demonstrated that they understood the needs of people they supported and had responded accordingly.

Nursing staff were also supported with additional clinical training and they told us this helped them support people's changing health needs For example, they told us this made them confident to assist people who required additional support needs at the end of life and managing their medicines. Nursing staff also discussed clinical practices with each other for additional learning and development. However, they were aware that these discussions required recording to assist their professional registration, whilst demonstrating how people received the care they needed.

Care staff felt supported in their role and had regular meetings with their line manager to talk about their role and responsibilities. These were used so staff could set their personal goals relating to their professional development. Staff told us it was a two way process and felt it increased their commitment and enthusiasm to improving people's quality of life. Staff also received annual appraisals where they assessed themselves against the provider's core values of providing excellent care. Care staff told us the appraisals were detailed and reflective about practice.

During conversations with the registered manager they were keen to support staff as they were then "Committed to provide care that meets our high expectations". The registered manager reviewed and kept track of staff training to ensure it was updated as required and used the annual appraisal process to review training needs.

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 were asked for their consent by all staff who waited for a response before providing assistance. When people declined, staff were respectful and returned to try again later if necessary. Staff told us how they

looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. They told us that they got to know people's preference and often referred to people's life history books. They told us this helped them to understand people's previous decisions or choice to help guide them.

People had mental capacity assessments on file when required and detailed records of discussions around capacity were included in daily notes and handover records. We also saw that the provider was currently reviewing all records relating to people's consent to care. All staff were clear on the process for mental capacity assessments as well as best interests decision making.

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 registered manager told us that applications for all people living at the home had been made to the local authority for a deprivation of liberty to be put in place. They told us that those people who they assessed as under constant supervision and who would be prevented from leaving the service if they attempted to do so had been referred to the local authority. At the time of inspection seven DoL decisions were in place and were followed by all staff.

During the day we saw jugs of water and juice were readily available, and also that people were regularly asked if they would like something to eat or drink. Staff showed that they understood people's preferences and they listened and acted on what people asked for. For example, where people preferred to walk whilst having a snack and drink.

Lunch was a sociable and pleasant time and people chose to sit wherever they preferred, for example, in the dining room, lounge or their private rooms. Some people had chosen to sit in social groups they felt comfortable with at tables. People were provided with their meals by staff who spent time with them chatting while they ate. We saw staff assisted people with their meal in a caring and kind way. They sat with the person and were focusing all their attention on their task with good eye contact. In response we saw that people were smiling and holding the care staff hands.

The chef knew people's food preferences and dietary needs. They said that nursing staff also updated the chefs daily about any changes or requests. They knew who required a softer diet or if there were any allergies to consider. The chef told us that while there were regular meal times people, "Eat when they want, food is always available." There was a chef available for 12 hours during the day, however all foods were available at any time of the day to ensure people's choice around eating was supported.

People had seen opticians, dentists and were also able to see the GP. The GP visited the home twice a week for routine enquiries and when required where people were concerned about their health. One relative said, "We often speak with the doctor and nurses about [Person's name] treatment". Other professionals had attended to support people with their care needs. For example, external nursing staff to help with wound management and prescription requests. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Outstanding ☆

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring. One person said, "They know me so well, I'm a practical joker and they take it well". Another person told us, "They're the best". Throughout our inspection we saw people were supported by all staff, including the registered manager and provider in a kind and considerate way. For example, one person who was asleep in the lounge was woken gently by a staff member to see if they would like lunch. They then stayed with the person and supported them to eat their lunch, chatting and encouraging them throughout.

There was a warm, cosy atmosphere within the home and thought had been given to creating as homely an atmosphere as possible. Framed photographs of people were displayed in the main lounge and there were various books and magazines on the furniture and tables which people stopped and looked through. Staff were able to use a person's personal history records as a way to engage and reassure people about their loved ones.

People who visited the service were very complimentary of the care received by their loved ones. One relative said, "We were impressed just how much care and attention to detail the staff provide". Another relative had commented, "I thought the place would be chaotic, but it is so calm, peaceful and safe". Staff also provided support to people's visiting friends and relatives. We chatted with one person who was visiting a relative and they told us, "It really is like [person's name] home. We know everyone and everyone knows us". We also saw a comment cards from relatives expressing their thanks, comment included, "Your care and compassion is without fault" and "One year of, smiles, giggles, love, care, hugs and friendship".

There was a very strong culture that people were at the heart of the home and staff understood this culture. The registered manager told us that she expected every member of staff to treat people as they would expect their own family members to be treated. All staff we spoke with were clear about their role to provide care that was about people and not just the care task. One staff member told us, "Everyone is treated as a unique individual, because no one is the same. So care plans are unique". Another member of staff said, "Lots of love in this place, you can tell." Relatives felt the care staff went above and beyond their role and one relative said, "They (staff) are so committed to everyone's care and I feel fully supported". Another said, "He couldn't be anywhere better, they attend to all his needs".

Staff reflected an approach to provide care around each person in the way that supported people to make instant choices about their care. One person told us, "The always ask me what I want". The registered manager and provider told us of their commitment to giving people as much choice and involvement as possible. All staff were unhurried in their approach with people and where people were quieter and not always able to engage in conversation care staff would sit so they were able to make eye contact and look for responses. This enabled people to give their views by staff spending time with them, understanding their body language and speaking with those who were close to them. Staff also recorded people's responses using a tool to help build a picture of where people showed enjoyment or interest. This had then been used in developing the person's care. All staff told us that people who were tired or unwell were consulted at other times when they were more comfortable.

The design of the home had taken account of the needs of people living with dementia, and the provider had consulted with dementia care specialists to advise them. There were four lounges each provided a different setting. For example a quieter lounge or a lounge where group activities were provided. In addition, one lounge had been made to provide a high level of sensory experiences. Care staff supported people in this lounge with light, pictures projected onto the wall and other objects to watch. Staff also provided relaxing opportunities in this lounge such as personal activities by nail painting and applying hand cream. The staffing team had also considered people's life experiences and current needs to see if a particular lounge suited a person better. For example, those who enjoyed a quieter or busier atmosphere. People who chose to walk around the lounges and corridors had objects on the walls, along with pictures and murals which they stopped to look at. Each lounge accessed a separate garden area with staff on hand if a person needed reassurance or encouragement to explore the area.

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their dignity. We saw that staff were discreet when supporting people with their personal care needs. One member of staff told us, "I feel we are in touch with people's feelings" and another staff member said, "With are all in tune with one another and have total respect for each other".

Staff told us that they were praised by management and the providers for providing compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were extremely motivated and spoke with enthusiasm to us about how they improved the experience of care with real compassion for people. They told us this was especially important when people may feel particularly sad or in needed lots of affection. Staff told us where people enjoyed hugs or holding hands they responded to each person's need for affection. One member of staff told us, "We tailor what the residents need on a day to day basis" and another said, "I like to treat residents as I would like to be treated myself".

The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely and that computer documents were password protected when necessary. All staff were careful when discussing people with each other or their family members. One member of staff said, "It's important to involve families, but we know what we can and cannot share".

Good

Is the service responsive?

Our findings

Three people we spoke with were happy that they were involved in maintaining their health and were supported by the staffing group. All relatives we spoke with told us the nursing and care staff looked after their family members health needs and were kept informed of any changes. Relatives told us that all staff took time to talk with family member's about how their relative had been. One relative said that their relative's emotional outlook had improved since being at the home and they were, "Off most medication now and are calm". Another relative said, "I have rung in the middle of the night and staff are so reassuring".

Staff listened and acted on people's expressed wishes and spoke to us about the level of support people required. This included their health and emotional needs and the number of staff required to support them. People's needs were provided for on a personal level and all staff responded to people's wishes at different times of the day. Care staff told us they supported people with any changes in their health and that the nursing staff who would record and take the required action. They felt that this helped to identify where people may have an infection or a more significant change. Relatives we spoke with were complimentary about how they were involved in their relatives care reviews and were happy that their conditions were managed or had improved. One relative said, "When we went through [Person's name] care we were shocked at just how much detail was recorded". Another relative said, "I am fully involved in reviewing their care".

People's needs were reviewed and recorded frequently throughout the day. Changes or updates were shared among staff when their shift started. These included people's emotional experiences, health appointments, visitors and changes to care needs. The registered manager had reviewed the handover notes regularly to ensure that any actions needed had been completed. Nursing staff used a diary to maintain a record of appointments and reminders and these were available for all staff to refer if needed.

People's care records we looked at reflected a personal record of their history, preferences and care needs. This provided information to ensure that all staff would know the person and their current care needs well. All staff we spoke with told us the care plans were available and used to strengthen the care provided or to remind staff of what worked well for people. When the records had been reviewed or updated they reflected people's comments or experiences of their care which staff had recorded. People's experiences showed where areas of care were working well or suggested a change to the way staff provided care.

One person we spoke with felt supported to be active and chose the things they enjoyed doing. People were supported to achieve these with staff if needed. One person was looking forward to going to the local leisure centre to try activities they had not done before. We saw that people were involved in daily chores around the home. For example, helping staff with clearing dishes or helping the domestic staff with cleaning. All staff spent individual time with people chatting, looking through books with people about their subjects of interest. People also enjoyed dancing and singing with care staff while listening to the radio.

The registered manager arranged additional activities at the home that people may like to do. We saw that an exercise class was being delivered in the morning. The provider and registered manager's own dogs were

also used to engage with people, which people responded by petting and taking about the dogs.

The home held monthly relatives' groups to gain feedback, facilitate peer support and advice was offered from senior management at the home. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these. The registered manager told us how people's views on some outings and suggestions for minor improvement outside had been completed.

People and their relatives were encouraged to express any concerns or complaints they might have. All people and relatives we spoke with told us they had never needed to complain because they worked with staff to resolve issues as they occurred. We saw that the service had a complaints procedure and that people's concerns had been quickly dealt with and recorded. These included an apology if needed and actions taken as learning. For example, further training and support for staff along with any learning points for future care.

Good

Is the service well-led?

Our findings

The people and relatives we spoke with told us how the management heard and acted on their views. There was communication between people and the management team, which included the owners of the home. We were told and saw that they were open, enabling and supportive. One person told us, "[the registered manager] is so supportive, like family". We saw that they were walking around the service asking people how they were and having general conversations. A visitor told us, "It's a great open place and we would not have him go anywhere else". The provider and registered manager used this approach to demonstrate an open and transparent ethos within the service.

All care and nursing staff were committed to supporting the provider to improve the service. Care staff felt able to offer suggestions for improvements. For example one care staff told us "They (management) always encourage you to achieve and make positive changes". They said that they had asked for new books for people to read and they were approved funding the same day. One care staff said, "It's well led for people living here. It's all about their needs" and one care staff said, "The main focus is person centred care and that's how the training is focussed".

Staff told us that the regular staff meetings provided updates and the opportunity for the registered manager to ensure staff were confident in caring for people. One staff said that if they had not been able to attend the meeting then they would read the minutes to keep updated. All staff we spoke with knew the action they needed to take to promote people's wellbeing. One staff said, "They (management) understand dementia care and how staff attitude can affect the care for people". They told us this meant treating people as individuals and providing flexible care on a day to day basis. One care staff said "It's about both emotional and physical care and not routines". All staff spoke about the providers and registered manager's commitment to improving the quality of life for every individual living in the home. One care staff told us, "It's a whole team effort".

The registered manager and provider had regularly reviewed the care and support provided and had completed audits. The audits we saw recorded the care people had received and the home environment. For example, they spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. The registered manager and staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. Staff and people we spoke with told us that identified improvements were implemented. The deputy manager said, "We will bend over backwards. We will do anything we can. Things that seem small to us may be massive to them". These had included responding to suggestions about improving the outside of the building and work in one of lounges to be kept tidier.

The registered manager and provider told how they kept their own practice up to date. They had attended training courses in care practice, that they researched best practice and that they received regular bulletins from organisations with a focus on improving the quality of care. For example, the service was following Dementia Care Matter programme, which focussed on training managers and staff to deliver high quality care with people living with dementia. This had also provided ideas about how environments can impact on

people. For example, the gardens had been divided into smaller areas to provide people with quieter space and that each unit held individual fetes in the summer rather than a larger which helped reduce people's anxiety. The provider, registered manager and staff were confident that this contributed to the personalised approach to care planning and people expressing their needs and to receive the care they preferred.

The provider worked proactively with other key organisations to support care provision and service development. They consulted health and social care professionals and asked their views on offering the best care possible. Feedback we received from commissioners of service were positive and reflected the provider was proactive and welcoming of suggestions for further improvement. Notifications had been sent to the Care Quality Commission and to other required bodies by the service as required.

The provider and registered manager told us they lead by example and they were about providing the best possible service. The wanted the ethos of the home to have a strong emphasis on treating everyone as an individual. Staff confirmed that the management team promoted a culture which supported people to live a fulfilled and meaningful a life as possible. We found the culture of the service was positive and focussed on people. We spoke with families and staff who all felt this was an inclusive and caring service.