

Stokeleigh Lodge Retirement Home Limited

Stokeleigh Lodge

Inspection report

3 Downs Park West
Westbury Park
Bristol
BS6 7QQ

Tel: 01179624065

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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

Stokeleigh Lodge is a residential care home for 15 people. Some of the people at the home have early stage dementia. Rooms are spread over three floors and there is a stair lift in place to assist those with mobility concerns. There was a manager in place, who had not yet registered with the Care Quality Commission but they had completed their DBS check ready to begin the registration process.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were positive about the care they received, comments included, "the girls are very caring", "(staff are) nice and kind" and "staff are wonderful, so much attention!". People reported feeling safe and that staff were always available if they needed them. We observed that people's needs were met during our inspection and there were enough staff available to keep people safe. We did receive some feedback from staff though that they would prefer more time to be able to carry out activities with people, in particular supporting them to go out from the home.

Staff understood their responsibilities to safeguard people from abuse and had received training to support them to do this. There were risk assessments in place for people to guide staff in provide support in a safe way.

People received support to see healthcare professionals when required. Staff alerted a person's GP when they were concerned about a person, for example after the person experienced falls. People were mostly positive about the food and meals available and we saw that drinks were available for people in the lounges.

Our observation reflected positive relationships between staff and people. Staff were kind and respectful in their approach and demonstrated concern for people's wellbeing. People were involved in planning their own care and supported and signed their care plans as evidence of this.

There was a programme of activities in place, although this was flexible according to what people wanted to do. We saw how staff discussed with people what activity they would like. The deputy manager told us about some of the outside organisations they had visiting, such as a specialist organisation providing activities for older people. There was a complaints procedure in place and people told us they felt able to raise issues or concerns if they had them.

The home was well led. There was a manager in place who was going to register with CQC. They were supported by a deputy manager. Staff were mostly positive about the management of the home and felt able to approach them with any issues or concerns.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Stokeleigh Lodge

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 was a comprehensive inspection. The inspection took place on 9 January 2018 and was unannounced.

The inspection was carried out by one adult social care Inspector. Prior to our inspection we viewed all information available to us. This included the Provider Information Return (PIR). The PIR is a document that the provider completes to highlight what they are doing well and any improvements they plan to make. We also viewed any notifications made by the service. Notifications are information about specific events the provider is required to tell us by law. We spoke with eight people using the service, and five members of care staff. We spoke with the manager and deputy manager. We reviewed care plans for three people and looked at other documents relating to the running of the home such as quality monitoring documents.

Is the service safe?

Our findings

People at the service were safe. People told us they felt safe living in the home and that they had no concerns. People had call bells to alert staff if they were needed and we saw that these were within easy reach. People told us they didn't usually have to wait too long for staff to attend to them. One person said "there is always somebody there" another person said "if you call them in the night, they come".

There were sufficient numbers of staff to meet people's needs and ensure their safety. During our inspection, we observed that this was the case and staff confirmed that staffing levels were sufficient to ensure people were safe. When new staff were recruited, procedures were followed to help identify staff who would not be safe or suitable for the role. For example, we saw that references were sought from previous employers, and a Disclosure and Barring Service (DBS) check carried out. A DBS check identifies people who are barred from working with vulnerable adults or who have criminal convictions that would affect their suitability for the role.

People had clear risk assessments in place to guide staff in providing safe care. The measures required to ensure people were safe were clearly identified. For people with mobility difficulties for example, this included ensuring that staff was up to date with moving and handling training. We saw one person used the stair lift without being strapped in. We checked this with the deputy manager who told us this was the person's choice. We reviewed the person's risk assessment and it did identify that the person had capacity and had chosen to use the equipment in this way. We discussed with the manager how it would be helpful to document a full discussion with this person to ensure that they fully understood the risks. We observed on occasion that the chair for the stair lift was stored at the bottom of the stair with the seat out flat, posing a potential trip hazard. We shared this with the manager so that they could remind staff to ensure it was stored flat. During our inspection we heard staff reminding people to be careful when mobilising with equipment to support them.

Staff were trained in and felt confident about raising safeguarding concerns. Staff described situations when they'd gone to the deputy or manager with a concern and they had been dealt with. Staff also understood the term whistleblowing. 'Whistleblowing' is the term used to describe the action an employee can take if they are concerned about poor or unsafe practice in the workplace. Staff knew where to access relevant policies if they needed them and were able to identify organisations such as the Care Quality Commission and police as places they could report concerns.

The home was clean. One person told us that they had no concerns, although felt that their room wasn't kept as clean as they would personally like it to be. The manager told us there hadn't been domestic cover for the whole week but this was something they were monitoring and would review if problems occurred. We spoke with a domestic member of staff who told us they had all the equipment and supplies they required to carry out their job. The home was free from odour and all communal areas were well kept.

People received safe support with their medicines. Each individual had signed a form to confirm they wished for staff to administer their medicines. Most medicines were stored in a monitored dosage system supplied

by the pharmacy and locked in a cupboard only accessible to staff authorised to do so. We checked stock levels of a sample of medicines and these were correct. There were maps in place to show staff where topical creams needed to be applied for people who had them prescribed. All medicine administration was recorded on a Medicine Administration Record (MAR) sheet. We checked a sample of these and found no errors or omissions.

Accidents and incidents were recorded, although at times more robust recording would be helpful to document the action taken in response to incident to help prevent reoccurrence. For example, the service notified us of a situation when a person had left the building unaccompanied. In response to this, a buzzer had been fitted on the main door to alert staff to people going in and out. There was some information about this incident but records didn't fully reflect the action taken in response. The manager and deputy told us they would design a new form to record this kind of information on.

Is the service effective?

Our findings

Nobody at the home was subject to a Deprivation of Liberty Safeguards authorisation (DoLS). DoLS is a framework to protect the rights of people who need to be deprived of their liberty in order to receive safe care and treatment. People in the home had capacity to make decisions; however staff had received training in the Mental Capacity Act 2005 and understood the principles.

Staff reported feeling satisfied with the training and support they received. Training covered important subjects such as safeguarding vulnerable adults, moving and handling and health and safety. Staff also met with their supervisor for 1:1 discussions to discuss their support and development needs. Staff had an annual appraisal as a review of their performance over the year and what they would like to achieve over the next year. When new staff joined the organisation, they undertook an induction which involved shadowing other members of staff and covering topics relevant to their role in the care sector. The manager told us this was based on the Care Certificate.

People were positive about the care they received and one person commented how one member of staff in particular noticed when the dressing on their leg needed adjusting. Staff worked with healthcare professionals involved in people's care to ensure people's health needs were met. Records reflected that the GP for example had been contacted when a person showed signs of illness. In one example, we saw that following some falls, a person's GP was contacted and an infection was found. There had been one incident in the home where ambulance staff had attended the home and expressed concern about the information staff were able to pass on to them about the person's medical history. We discussed this with the manager and deputy who showed us that summary information was available for all residents when main care files were locked in the office. This included people's past medical history and any significant information about their health. We discussed the importance of ensuring all staff were aware of where to find this information should a similar situation arise again in the future.

People were positive about the food provided. Comments included "food is lovely", "food is very nice" and "I enjoy it". Some people expressed individual concerns, such as they'd prefer more fresh fruit and vegetables; however nobody was concerned about the quality or quantity of food. We heard staff offering choices to people at the midday meal and people were enjoying the food on offer. We observed that drinks were available in the lounges if people required them.

The home was suited to the needs of people living there. We noted that there was no lift available for people to use, however there was a stair lift. We observed people using this during our inspection and staff reported that people had no difficulty either using the stairs independently, or with the aid of the stair lift.

Is the service caring?

Our findings

The service was caring. Feedback we received from people reflected that they were happy and content with the care they received. Comments included "the girls are very caring", "(staff are) nice and kind" and "staff are wonderful, so much attention!". We also read some comments on thank you cards received by the service that reflected satisfaction with the service provided. One person wrote 'To all staff, thank you for all your kindness in looking after (x), its all been much appreciated'.

Our observations throughout the inspection reflected that staff were patient kind and caring. People were treated respectfully and warm positive relationships were evident between staff and people in the home. At the lunchtime meal, we observed people and staff share good humour and laughter together which created a pleasant and relaxed atmosphere. Staff were aware of people's individual needs and amended their communication accordingly, for example increasing their volume for people who had hearing difficulties. One member of staff came to a person's room and had a discussion about the lunchtime meal. The person was concerned about missing an appointment with a visiting health professional and so felt they should eat in their room. The member of staff took time to explain it was fine to go downstairs to eat their meal as they usually did and was reassured they would help them back to their room if the professional arrived.

People were able to maintain contact with family and loved ones. People told us they were able to receive visitors when they wished. One person told us about a recent significant birthday they'd had and staff had arranged a party for them. The person's family had also arranged a celebration held at the home with friends and relatives attending. The person told us how much they had enjoyed seeing all their family and friends and wished they could do it all again!

It was evident that people were involved in planning their own care and support. Support plans were signed by the individual concerned to reflect their agreement with them.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Prior to moving to the home an assessment was carried out to help ensure that the home could meet the person's needs. People had clear person centred care plans in place that were reviewed regularly to ensure they reflected people's current needs. These covered a range of people's support requirements including moving and handling, personal care needs and food and nutrition. Details about the individual's preferences were included to help ensure care was delivered as the person wished it to be. For example preferences for bath or shower and any food likes and dislikes were recorded. Another person's care plans detailed that they liked to have their hair done weekly. People's spiritual needs were also included. One person for example was described as belonging to the Catholic faith but not practicing.

It was evident that staff knew people they supported well. One person for example raised some concerns with us and when we discussed this with the deputy manager they were able to explain the person's past history, the reasons behind the concerns and what they had done to address them previously.

There were activities planned for people to take part in if they chose to do so. These were advertised on the noticeboard in the home. Staff told us that activities were not always followed exactly as advertised on the board because they would be led by people living in the home and what they wanted to do. During our inspection, we observed a member of staff engaging with people to find out what activity they would like and it was decided to do some singing. Some people participated enthusiastically in this, whilst others preferred to rest. People and staff's feedback about activities was mixed. Some people told us they preferred their own company and didn't enjoy taking part in activities whilst others told us there were things going on that they enjoyed attending. Staff told us they tried hard to provide stimulating activities but would like more time to be able to do this. Particularly to be able to take people out, when the weather allowed. The manager and deputy told us about entertainers they booked to come to the home on occasion. This included an organisation specialising in providing activities for people with dementia. They also told us they were looking to build links with local schools.

There was a process in place to manage complaints. No complaints had been received by the home in the last 12 months relating to the care provided. However, there was one concern recorded relating to the running of the home, this had been answered and fully addressed by the provider. People told us they felt able to approach staff if they had any concerns or issues.

Is the service well-led?

Our findings

The service was well led. The manager in place was not registered but had completed a DBS check ready to begin the process. There was an experience deputy manager in place supporting the manager. There was an area manager for the provider also providing support to the home.

Staff told us team work was good and staff worked well together to meet people's needs. They told us handover of information at shift changes worked well to ensure they given all the information they needed about people.

Staff were positive about working at the home. Comments included "love it" and "love working here". Staff felt able to raise issues with the management team; one member of staff told us about an issue they'd reported that had been listened to and resolved. Some members of staff did tell us about an issue with the lighting in the building they were concerned about and had reported to the management but felt it hadn't been addressed. The deputy manager knew about this issue and told us what they had done in response including have an electrician look at it.

Although only in post a short time, the manager had identified areas they were monitoring and addressing. For example, they had discussed people's safety at night times with the provider. The manager told us they were looking to implement night time sensors for people who would benefit from them to ensure their safety and alert staff if they left their room. This would be monitored to ensure it was working effectively. The manager was also reviewing domestic cover to ensure cleanliness of the home was maintained to an acceptable standard.

There was a system in place to monitor the quality and safety of the service provided. A monthly audit was carried out and a summary reported to the provider. This looked at for example, the number of falls, any concerns about people's weight and medicine administration. This had helped the manager identify some areas for improvement, such as clearer information in people's files about PRN (as required) medicines. There was a health and safety checklist in place which looked at general housekeeping and safety equipment such as window restrictors.

People's views were taken in to consideration in the running of the service. A questionnaire was used to gather people's feedback. We saw from the last questionnaire that people were generally happy and satisfied with the service they received. For example 9 out of 11 people responding said food was good or excellent. When asked about whether they were treated with dignity and respect, everyone answered that they were. Resident meetings also took place. These were an opportunity to discuss developments in the home and remind people of important information. Minutes of the last meeting showed that 10 people attended. Menus were discussed as well as activities and people were reminded about fire safety.