HC-One Limited

Stoneleigh Care Home

Inspection report

Durham Road
Annfield Plain
Stanley
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 7 August 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected Stoneleigh on 12 and 16 February 2015 and rated the service as Good overall and the safe domain as Requires Improvement in relation to issues found with staffing levels. At this visit we this continued to rate the service as Good overall and Requires Improvement for the safe domain in relation to issues we found with the environment.

The service provides accommodation and personal care for up to 36 people. Stoneleigh care home is situated within the residential area of Annfield Plain. At the time of this inspection there were 33 people living at the home.

The service had a registered manager in place who was on leave at the time of our visit. 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.

We discussed with the regional manager that the décor on the first floor of the home appeared tired with paint on doorways and corridors being chipped and scuffed. We also discussed an area of carpet in the dining area that had no protective seal. The regional manager told us the carpet would be addressed immediately.

Staff understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults. People we spoke with told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them.

We found there were sufficient care staff deployed to provide people's care in a timely manner. When we first arrived at the home, the senior carer was in charge and undertaking the administration of medicines so we had to wait some time to access the office which was perfectly acceptable. There were several staff on holiday but we noted that until one staff member came in following an appointment, the senior carer was

kept very busy with medicines, telephone calls and visiting professionals. We have made a recommendation about staffing levels within the service.

We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people such as identification checks.

Staff received the support and training they required to meet people's needs. Records confirmed training, supervisions and appraisals were up to date and pre planned for the future. Staff told us they were supported to develop themselves personally and professionally by the home's management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People gave positive feedback about the meals they were served at the home. Some people had been referred to external healthcare professionals for additional specialist support, for example those with diabetes.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times.

People's needs were assessed before they came to live at the service and then personalised care plans were developed and regularly reviewed to support staff in caring for people they way they preferred.

An activity coordinator was in place but people told us that activities had recently been 'sporadic' with the holiday season as the activity staff member had sometimes covered care shifts.

The home had an established registered manager. People and staff gave us positive feedback about the registered manager and said they were approachable.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service.

The provider carried out a range of internal and external quality assurance audits to monitor the quality of people's care. We also saw that health and safety checks were carried out on the building and environment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some areas of the first floor of the service looked worn and one carpet seal was missing which may have been a trip hazard.

Medicines were administered and stored safely.

People and staff told us that sometimes staffing levels were "stretched" but we saw people's needs were met.

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.

Stoneleigh Care 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 checked 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 7 August 2017 and was unannounced.

One inspector and an expert-by-experience carried out the inspection. 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 we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We also contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Health Watch. We used their comments to support the planning of the inspection.

The registered manager had completed a provider information return (PIR) prior to the inspection in June 2017. 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 used this as part of our inspection planning.

During the inspection we spoke with seven people who used the service and four relatives/visitors. We also spoke with the regional director, a manager supporting the service, a senior care staff, three care staff, the activity coordinator, the housekeeper, one domestic, and the chef. We looked at a range of records which included the care and medicines records for four people. Recruitment records for three care workers and other records relating to the management of the service.

During the inspection we spoke with a visiting pharmacist.

We placed a poster in reception so that people and any visitors would be aware an inspection was taking place and who to contact.

Requires Improvement

Is the service safe?

Our findings

People told us they thought the service was safe. Comments included, "Every night I get into that bed and say I feel safe, at home I was very nervous I feel safe here, someone's here 24 hours a day," and "There is always someone about and I have a buzzer to press if there's something wrong."

Relatives and visitors also felt the service provided a safe environment for people and comments included, "The best that they can, I've never seen any trouble when I've come in," and "They do plenty of checks, safety, fire checks, food and tea not too hot and easy to reach, take them to the toilets, getting them dressed, key entry system and plenty of checks through the day and night."

Feedback from staff members was mixed about the staffing levels at the home. We asked if there was enough staff at the home and care workers told us, "Sometimes, there's three upstairs today and sometimes there's just two, we have pagers if help is required," and "In my opinion no I don't think there is."

During our inspection call bells were answered in a timely manner, but we observed the senior carer had a lot to attend to including medicines and visiting professionals as well as answering the phone as there was no administrative or management support at the service due to leave. Relatives told us, "Most of the time there is sufficient staff but some of the time they're overworked and trying to do too much," and "No not really, they could do with more, the ones that are here are rushed off their feet. They still do what they have to do because they've got to." We also saw that the activity co-ordinator had been covering care shifts whilst staff were on holiday.

The provider should note that some people consulted raised concerns regarding the number of staff on duty. People we spoke with when asked if there was enough staff on duty told us, "No, but they do their best mind but they're run off their feet but I have no complaints," and "Well sometimes but not very often. You get drinks and meals on time and if I'm in difficulty they'll do that for me."

We recommend that the provider reviews staffing levels to ensure there are enough staff to meet people's needs and support the operation of the service, at all times.

We saw that the first floor communal areas such as the lounge and corridors looked tired and worn with chipped paintwork around door frames. We saw an area of carpet seal was missing around one section between the dining room area and the lounge. This presented a trip hazard. There was also an odour noted in this area and in two bedrooms on this floor. We saw from a recent meeting in July 2017 that people and relatives had fed back about the décor and the service had already responded by stating it was replacing the carpet on the first floor lounge. The regional manager confirmed to us that this was taking place and told us they would ensure the carpet was immediately checked and remedied to keep people safe and free from the risk of trips and falls.

Care workers had an understanding of safeguarding and the importance of raising concerns. They said any concerns would be reported to management without delay. One care worker said, "Yes, I would know how

to do this and would report it to the manager. Previous safeguarding concerns had been referred to the local authority safeguarding team appropriately in line with the agreed local procedures.

Accidents and incidents were appropriately recorded and analysed on a monthly basis to identify any trends. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Regular health and safety checks were carried out to help ensure the premises, environment and specialist equipment were safe for people, care workers and visitors to the service. These included fire safety checks as well as checks of the electrical installation, gas safety, water safety and portable appliance testing. Health and safety checks were up to date when we visited the service. Specific health and safety related risk assessments had been completed where potential risks had been identified, for example, a fire risk assessment was in place. The provider also had up to date procedures to deal with emergency situations. One staff member told us about training they had received in respect of this and said, "Yes, they are really hot on that." Personal emergency evacuation plans (PEEPs) had also been written for each person to help ensure they received personalised support in an emergency.

We asked people who assisted them with their medicines and whether they received them on time. Comments included, "One of the carers, they always stay with me and I have a drink," and "The staff do and they stay with me and I get them at the right time."

Medicines were managed safely. People received their medicines from trained staff. We viewed a range of medicines related records and found these were completed accurately. For example, Medicines Administration Records (MARs) and records for the receipt and disposal of medicines. Medicines were stored securely in a locked cabinet. Appropriate arrangements were in place for medicines that needed to be stored in a fridge.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Records were also available to show applicants had been assessed following an interview process and had completed an induction programme when they started working at the home.

Good

Is the service effective?

Our findings

People told us that staff effectively met their needs. They said staff were knowledgeable and knew what they were doing. People and relatives we spoke with told us, "They seem to, yes pretty well," and "Yes, I think they're excellent they're not just carers, better than some nurses, they meet my relatives needs thoroughly and efficiently."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions for themselves. The staff we spoke with had all been trained in the Mental Capacity Act and appropriate authorisations and requests for people to be deprived of their liberty lawfully had been undertaken.

Training that the provider deemed to be essential was up to date. This included people safety and included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dementia, medication, fire safety, infection control, and end of life care. New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff informed us that they felt supported by the registered manager. One staff member said, "Yes, we have just got a new deputy manager who has come from being a carer to senior to deputy manager and is very supportive." Regular supervision sessions were carried out and staff had an annual appraisal. One staff member we spoke with said, "It's quite regular." Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. We spoke with the chef who was knowledgeable about people's nutritional support, likes and dislikes and had been trained in providing good nutrition for older people. Relatives told us, "It's fine when they come around and ask them [people] what they want; they have quite a few choices," and "Yes, champion I was here on Christmas Day. I had my dinner here and it was beautiful, absolutely gorgeous, we all got a gift even."

People were positive about the food and we observed the lunchtime meal in two areas where people were well supported and offered choices in a calm and sociable atmosphere. We observed the staff asking what

one person would like for lunch and they said they would prefer something else and did not want the soup on offer. The carer offered an acceptable alternative. People we spoke with told us, "It's quite good and if you don't like something you can ask the cook for something and there's no problem whatsoever to get something else." Two people mentioned that eggs weren't available on the day as the service had run out. People told us that food and drinks were freely available on request. One person said, "There are set meal times, they come quite often with cups of tea so you don't really need to ask outside of mealtimes and on a night time I ask for a jam sandwich and I get one." Another person told us, "You can get what you want, there's plenty of choice, I'm a plain food eater I like Yorkshire puddings I don't like sandwiches, the staff are aware of my likes and dislikes and they ask every morning."

People told us and records confirmed that staff supported them to access healthcare services. People and relatives told us the service acted swiftly to address any concerns with people's health. One relative told us, "The community matron comes in and they have the authority [to prescribe medicines] or other professionals will come before the GP. I mentioned I thought my relative had a chest infection and we're waiting for them now to come and see them, they have their feet done and they have had new glasses. The supports always there, they're [medical professionals] are always coming in."

Records showed people regularly attended appointments or had input from a range of health professionals. This included GPs, occupational therapists and dentists. Where specific guidance had been provided this was incorporated into people's care plans. Care staff also told us how they escalated any concerns about people's health. One staff member said, "Senior carers phone up for them or we bring it to the senior's attention e.g. if toe nails need cutting. A resident had toothache so I told the senior and the dentist came out."

Good

Is the service caring?

Our findings

People and their relatives told us all staff at Stoneleigh were kind, caring and considerate. People's comments included, "Oh yes very well, I've been here four years and even in the middle of the night care is there. I had a bad turn and they got the paramedics and they sat with me all the time, they're very good, there have been lots of different carers but they're all good."

All the relatives we spoke with stated they felt welcome at the service and were encouraged to contact and visit the home. One told us, "Excellent care, I have no problems at all, I can go on holidays knowing my relative will be well fed, warm and looked after as the staff look after her. It's not like when she was at home." Another said, "I think the care is excellent here."

We saw positive and caring interactions between people and care workers. For example, we overheard the chef talking to one person about their tea. The person wanted four fish fingers and they both had a real giggle about this, the chef turned to us and told us, "It's their favourite you know, and it's never a problem."

We observed one person who became upset, the staff acted straightaway and were caring and compassionate in how they dealt with the situation and moved the person to a more private area to help their with their recovery.

Care records contained information to show consideration had been given to people's preferences. For example, we sat with one person whilst we looked at their care plan. They pointed to their life history document and told us, "[Name] helped me write that's, it's all about me." The staff member concerned came by and said, "We did didn't we, and we talked with your family too."

The people we spoke with considered the staff respected their dignity and privacy. People told us, "I'm kept covered when having a bath or shower always, and another person said, "I don't like anyone standing over me, they would shut the doors and curtains and knock before coming in." We observed staff knocking on bedrooms doors and requesting access before entering rooms or people's private space. One care worker said, "If people go to the toilet I would keep the door shut, keep them covered and if they want to just sit in their room they should be allowed to, respect their wishes." Another staff member told us, "I would always make sure I knock on the doors and I would speak with respect, listen to them and make sure they're clean and give them what they want, it boils down to respect and how would you like your mam to be treated."

People's individual bedrooms were personalised with many items brought from their family home, including photographs and pictures. People and their relatives told us they had choice. One relative said, "Yes they always ask and never force, they say "Do you want to come upstairs, do you want this to eat" yes, she is involved in her own decisions."

Laundry staff took care of people's clothing. One person said, "The laundry is very good and a member of staff goes shopping for one or two of us [name] and she's very kind. A relative said, "The laundry lady is lovely and I'll take my relative's soiled clothes and she'll always say's its ok when I apologise and when you

get them back it's like they've been to the cleaners, the staff tell us not to worry about it, they're very good."

Everyone we spoke with said they wouldn't change anything about living at Stoneleigh, only one person made a comment and they said, "To get some more staff definitely, if they get more that means them that are meant to be doing the entertainment can do that. It means the carers can get on with their jobs and won't be so tired."

Good

Is the service responsive?

Our findings

People's needs had been assessed both before and shortly after their admission to the service. The assessment was used to develop detailed and personalised care plans. These clearly detailed the individual care and support people needed. For example, one person had recently updated their night care plan to request that their night light was now switched off and another person's plan stated, "[Name] like to wear PJ's for bed and sometimes likes their socks left on so make sure you ask about this." Care plans were in place to support people with all their identified needs, including for example, their mobility, skin integrity and nutritional requirements. Records were reviewed regularly and well maintained.

There were robust systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place as well as a daily heads of department meeting so that issues and appointments were carried forward between shifts. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We looked at four care plans belonging to people who used the service. We found care planning and provision to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. People's individual interests, preferences, as well as their anxieties were taken account of. We saw each care plan contained a detailed pre-assessment of people's needs and care plans that were linked to the relevant potential risks. We saw staff recorded any changes in people's condition, professional visits and social activities on a twice daily basis.

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. People we spoke with knew they had a care plan and felt they or their family had been involved in the planning of their care. Comments from people or their relatives included, "My sister is the named representative and she's dealt with most of it."

Relatives we spoke with confirmed they were regularly involved in people's care planning and were updated if there were changes in people's condition. We asked if people were kept up to date and one relative said, "Usually when I'm here on a visit, I'm in quite regularly or anything major they would ring me." Another relative stated, "Oh yes definitely when the community matron has been they tell us and we share that with other family also when the speech therapy team came in we were told in advance and even when they clean the carpet in her room they've mentioned this too."

Staff monitored and recorded changes in people's health. One relative mentioned she thought my relation had a chest infection and we're waiting for them now to come. The support's always there the medical professionals are always coming in." Another relative said, "They get the GP quite a lot wherever they need one."

Arranged activities were a regular occurrence at the service, although a change in staff had meant that activity arrangements had been affected. One person confirmed this and said, "They don't have anything on or at least I haven't been asked." The senior carer told us that a new activity worker had been appointed but due to holiday leave they had also been covering care shifts.

A member of care staff said, "They play bingo, go out into the gardens, [activity coordinator] takes them up to the park when she has time, singers and a choir come in, they were here last Friday, sometimes the staff dress up and they have a singalong." Another staff member said, "It varies, there's a new activities coordinator but there's not a great lot happening yet."

There was a complaints procedure in place. None of the people or relatives with whom we spoke said they had any current complaints or concerns. People we spoke with said, "Yes, I just get them and I ask or tell them what's wrong," and "Yes, could complain to the manager and happy to do so if I needed to." There were opportunities for people and staff to raise any concerns through meetings and a suggestion box. Relatives commented, "I would know how to complain, it's in the information pack," and "I would go straight in to see [the manager] but no I've never had to make a complaint." There had been one complaint in 2017 which had been dealt with in a timely manner, including the complainant being written to and the date of when the complaint was resolved.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was on leave at the time of our inspection. A manager from a neighbouring service of the provider attended during the course of the day and one of the care staff who acted in a senior role was also present.

People told us they thought the service was well led and everyone knew the registered manager. Comments included, "Yes it's [name] her door is open all the time", and "Yes definitely, she's very down to earth."

Staff told us they had opportunities to give their views and suggestions about the service. One care staff member told us, "We can raise any issue and talk to the managers, they are very open and listen to us."

The service carried out a range of audits as part of the quality programme. The visiting manager explained how the provider routinely carried out audits that covered the environment, health and safety, care plans, and medicines as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be addressed. For example, following a visit by an external nutritional advisor about the presentation of food, the service had reviewed this area of its performance with the kitchen staff to see how this learning had been implemented. This showed the provider had a monitored programme of quality assurance in place and was keen to make improvements.

We saw the service was working closely with healthcare professionals and maintained links to enable continued support for people. The staff team told us about how the service was involved in the local community. People went out to local shops and the service invited people from local churches to the home.

Staff told us they had regular monthly meetings and we saw that care staff met and issues such as care planning, health and safety and rotas had been discussed. All staff signed to confirm where they could not attend the meeting that they had read the minutes. One staff member said, "We can raise any issues and the staff meetings are minuted. If there were any issues the Human Resource [department] would come out."

Relatives and people who used the service were involved in the review and planning of the service. We saw that regular meetings and surveys were carried out. Relatives we spoke with said, Yes I fill the questionnaires in whenever they ask me to and not so long ago I had a one to one with the manager and deputy manager," and "Yes the managers are very approachable, down to earth and informative."

We saw all records were well organised and confidentially held in a secure office. We saw that all records were contemporaneous and people or their nominated appointee had signed to confirm agreement or consent in records relating to them.

The provider had submitted required notifications to CQC in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. We saw the provider was displaying the performance rating from the last CQC inspection within the service for people and visitors to view.