Stone Gables Care Ltd

Stone Gables Care Home

Inspection report

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Ratings

Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service responsive?	Requires improvement

Overall summary

This inspection took place on 12 August 2015 and was unannounced. It is the second inspection that the Care Quality Commission (CQC) has carried out in 2015. At an inspection in January 2015 we found the provider was breaching three regulations. We found people had not been consulted about their care plans or given the opportunity to contribute to them. Some people did not have documented records around their capacity to consent to care and treatment. The registered person did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed. We told them they needed to take action to make sure they were not breaching regulations.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. In June and July 2015 we received information of concern that suggested some people were not being well cared for and staff were unable to comfortably raise concerns about the service. We undertook this focused inspection to check that they had followed their plan of action and to look at the areas of concern that were raised with us.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Stone Gables Care Home' on our website at www.cqc.org.uk.

Stone Gables provides accommodation for up to 38 people who require personal care. The home specialises in both residential and dementia care. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers,

Summary of findings

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found the provider had taken enough action to meet the regulations that were breached at the last inspection but they had further work to do in these areas before they achieved a good standard.

People were generally happy living at the home and felt well cared for. They were supported to make decisions and where people lacked capacity to make decisions assessments were completed, however, sometimes information did not always match what was recorded in the person's care plan. People were involved in their care planning process but this was not on an on-going basis.

Staff were sometimes very busy but there were enough staff to keep people safe. The number of people who used the service was increasing so the provider gave assurance that safe staffing levels would be maintained. Agency staff covered staffing shortfalls but sometimes their introduction to the home did not give people opportunity to get to know them. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service.

The provider did not always manage risk properly. They did not have effective system in place for staff to raise concerns about their workplace and the people they cared for. Staff managed medicines consistently and safely.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement 

The service was not consistently safe.

The provider did not always manage risk properly. They did not have an effective system in place for staff to raise concerns about their workplace and the people they cared for.

There were enough staff to keep people safe although staff were at times very busy. The recruitment process was robust which helped make sure staff were safe to work with vulnerable people.

We found there were appropriate arrangements for the safe handling of medicines.

Is the service effective?

Requires improvement 

The service was not consistently effective.

People consented to their care and support, and mental capacity assessments were completed where people were unable to make decisions. These, however, did not always reflect what was recorded in the person's care plan.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

People told us they were happy with the service they received. They were given opportunities to attend annual care reviews although on-going engagement in the care planning process was minimal. The management team agreed to further develop people's engagement.

Stone Gables 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 August 2015 and was unannounced. There were 33 people staying at the home when we visited. Two adult social care inspectors and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people services.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information of concern we received in June and July 2015. We also contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When we visited the service, we spoke with five people living at the home, four visiting relatives, six staff and the registered provider. We looked around the home, and observed how care and support was provided to people. We looked at documents and records that related to people's care. We looked at four people's care plan records and 9 people's medication records.

Requires improvement

Is the service safe?

Our findings

At the inspection in January 2015 we found there were insufficient staff to meet people's needs. We rated this domain as requires improvement and told the provider they must take action. After the inspection the provider sent us a plan of action and said they were recruiting more staff so would have sufficient numbers of suitably qualified, skilled experienced people employed. At this inspection we found they were still struggling with staffing arrangements, however, this was not because they had not tried to recruit more staff. The deputy manager and several staff we spoke with discussed the staffing arrangements and confirmed several new starters had commenced but then some staff had left and in addition there had been staff sickness. Everyone felt the provider had tried hard to improve the staffing arrangements.

We received a mixed response when we spoke with people who used the service and relatives about staffing levels. One person said, "On the whole, they are quite good, they do have adequate staff, they help with feeding." When asked if there were enough staff on duty, one person replied, "Yes, they are always nice and they help you." Another person told us they were short staffed on an evening. Another person said, "There is big turnover [of staff]. Friday evening and weekends, there could be more." We asked one person if staff ever sat and talked or spent any time with them and they replied, "No, no."

At the time of the inspection, 33 people were using the service. The deputy manager told us six people required assistance from two staff for moving and handling and/or personal care. Two people were moving into the home on the day of the inspection.

Staff we spoke with said they were often busy and sometimes it was difficult to complete all their tasks but no-one told us the staffing numbers were unsafe. We looked at staffing rotas and found the home was often, during the day, operating with four care workers, which included a senior member of staff. In addition there were ancillary staff, and the deputy manager and registered manager who generally worked Monday to Friday. Staff said the management team often helped out when they were short staffed. The deputy manager said they tried to have five care workers on duty during the day but they did not always achieve this. The home was using agency staff in addition to the regular staff to help ensure staffing was appropriate to meet people's needs.

Although people did not feel the service was unsafe, we were concerned because the number of people using the service had increased and the home was not always managing to cover each day shift with the desired number of care staff. We discussed our concerns with the deputy manager who agreed to ensure five staff were available during the day. The registered provider also agreed this. The deputy manager said they had contacted the agency and requested additional staff to make sure they maintained the agreed staffing levels. The deputy manager told us four staff were waiting to commence employment and once the recruitment checks were completed they could start so would ease the staffing situation.

Some people told us they were concerned because they were sometimes supported by agency staff who they did not know and who were unfamiliar with their needs. This included a new agency worker who had worked the previous night and had apparently not worn a uniform or produced a badge. We discussed the unfamiliarity with the deputy manager and the specific issue relating to the previous evening. The deputy manager said they tried to use the same agency staff to ensure consistency but would monitor this closely.

Before we carried out the inspection, we received information of concern about the recruitment process. We were told proper checks were not being carried out before new staff started work. We reviewed the recruitment and selection process for four staff members to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. However, we did note that one person's Disclosure and Barring Service (DBS) had not been risk assessed. The DBS is a national agency that holds information about criminal records. The deputy manager told us they would review this and established what the company policy was. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

Requires improvement

Is the service safe?

Before the inspection, we received information that staff were unable to comfortably raise concerns about the service with the manager or provider. During the inspection, we noted that two notices were displayed in the office which discouraged staff from sharing concerns. One stated 'If anyone has any problems or concerns they need to speak to the manager or deputy these are the management team not [name of owners]. Another notice stated 'If you need to talk to the manager or deputy in private an agreed appointment must be made. As you appreciate we are busy and are unable to phone staff at their request.' We looked at the provider's whistleblowing policy, which only gave staff the option of approaching the registered manager. A whistleblower is a person who raises a concern about a wrongdoing in their workplace. The whistleblowing policy was not displayed in the home so staff could have easy access; it was held in the policy and procedure file.

We asked the registered provider about their involvement in the home. They said they visited regularly but did not have "anything to do with the running of the home". They felt staff would approach them if they had concerns and gave an example where this had happened recently. Staff we spoke with at the inspection told us they could raise concerns but would do this with the registered manager or deputy manager. Two staff said they would not contact the owner because they were aware this was not the protocol. Two staff told us they thought there was a HR department who they could contact if they had any concerns, however, when we explored this further we established the person they referred to was an employment advisor. We concluded that the provider did not have policies and procedures in place for staff to raise concerns about the care and treatment of people they care for so did not do all that was reasonably practicable to mitigate risk. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we observed one person was sat separately to other people who used the service. We asked why and were told this was for different reasons but related to an incident with another person they lived with that had happened a few weeks earlier. The deputy manager said the approach staff were using was not the agreed approach and acknowledged the method used did not balance the rights and preferences of the person with their needs and safety. The person did not have an assessment to show this area of need had been risk assessed. We concluded the provider had not appropriately assessed and managed the risk. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked to look at the safeguarding record and saw the provider had responded appropriately because they had referred the incident to the local safeguarding authority. However, they had not notified CQC. We noted two other incidents had also not been reported. The deputy manager sent through the relevant information, promptly and agreed to make sure CQC were notified in future.

We looked at the systems in place for managing medicines because concerns were raised with us before we carried out the inspection, and found there were appropriate arrangements for the safe handling of medicines. Arrangements were in place to assist people to take their medicines safely. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely. We saw appropriate storage for the amount and type of items in use. All medicines and trolleys were kept in a locked room.

We looked at medication administration records (MAR) and found these were completed correctly. The deputy manager told us they had recently introduced some better systems to help improve management of medicines which included closer monitoring of timings between medicines. We looked at these charts which showed gaps between medicine administration, for example, paracetamol were appropriate. Monthly medication audits were carried out which looked at the overall medication administration procedures. Also individual people's medication administration was audited on a monthly basis. Actions were identified and carried out by the deputy manager. The deputy manager stated they carried out spot checks on the medication process as well as revisiting the previous months actions which helped maintain safe medication practices.

At the time of our inspection a number of people were receiving controlled medicines. We looked at the contents of the controlled medicine cabinet and controlled medicines register and found all drugs accurately recorded and accounted for. One person had a pain relief patch applied every four days. The home had a 'transdermal patch administration form' which staff should have completed when they changed the patch to help ensure it

Requires improvement

Is the service safe?

was placed on different areas of the skin to avoid skin reaction. The member of staff who was administering medicines said they always placed the patches to different areas but had not recorded this. The deputy manager stated they would ensure the form was used in future and the relevant information would be added to the provider's medication policy.

Requires improvement

Is the service effective?

Our findings

CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive.

At the inspection in January 2015 we found some people did not have documented records around their capacity to consent to care and treatment. We rated this domain as requires improvement and told the provider they must take action. After the inspection the provider sent us a plan of action and said they were introducing new documentation to ensure they monitored and improved the way people's consent was obtained.

At this inspection we looked at four people's care records and saw the provider had introduced new documentation including assessments for people who lacked capacity to make decisions, consenting to care summary forms and best interest decision checklists. The care files we reviewed contained consent summary forms and were signed by the person or their relative. Mental capacity assessments were completed and indicated what decisions people could make; however, sometimes information did not always match what was recorded in the person's care plan. For example, one person's assessment stated they could not make decisions around what to drink, what to eat, when to eat, what to wear, oral care and bathing. However, their care plan and staff confirmed they could make these decisions. We discussed the discrepancies with the deputy manager who assured us they would revise all documentation to ensure it accurately reflected people's capacity to take particular decisions.

The staff we spoke with said they had received training to help them understand the key requirements of the MCA. They gave good examples which demonstrated people were supported to make decisions about their care and support. The deputy manager and staff understood that where a person lacked capacity any decisions made on their behalf had to be in the person's best interest. The deputy manager told us they had ten DoLS applications to submit to the local authority and had an appointment with a member of the DoLS team.

Requires improvement

Is the service responsive?

Our findings

At the inspection in January 2015 we found people had not been consulted about their care plans or given the opportunity to contribute to them. We rated this domain as requires improvement and told the provider they must take action. The provider told us in their plan of action that care reviews would be arranged, and families and next of kin would be invited. At this inspection we saw people's care plans were discussed at care reviews.

We asked people about the standard of care and if they were satisfied with the service provided. Overall we received a positive response from people. Comments included, "I am happy here, they are all good.", "They go out of their way to help you; you get just what you want.", "I ask and they take me to the toilet, they come in with me. I have no trouble. We have some very good staff. They are to me, very good. When I want something, I just call and they do it.", "Believe me it is a good home, you have choices. I can get what I want to eat. If I want poached egg on toast, I get it. There are cooked dinners at lunchtime which I don't like so I have a salad."

People told us in the main they were involved in planning their care. One person said, "Yes, it's ongoing." They talked about having a shower or bath and said, "They ask, they are very good. If they weren't, I would tell them." A visiting relative told us they had attended an annual review. Another visiting relative said, "They discuss the care with us. We have regular meetings. There is good communication." Another person who used the service said, "My family are involved. They come and tell me what was said afterwards." They said they were happy with this arrangement. One person said they were not involved with reviews of their care.

People looked well cared for. They were tidy and clean in their appearance although we noted some people's finger nails needed attention. During the inspection we observed people being asked about their care and being offered choice. For example, the chef asked everyone what they would like to eat for lunch. One person did not want to eat their meal at the table and their wishes were respected. Staff asked permission in a pleasant manner before carrying out normal, everyday routines with people such as accompanying them to the dining room. Staff treated people with respect and spoke to them in a caring way.

Visiting relative's comments were also generally positive and included, "I'm happy that [name of person] is happy here.", "Any problems and they let you know straight away. If she loses weight, they inform us and when Mum was poorly, we helped with her care.", "We can ask for anything and they will get it.", "Staff are absolutely wonderful. They are good, they do everything. Mum is always clean and well dressed.", "I find it pretty good, they are nice people, they are very kind, and you can't fault them.", "The care is good from staff on the floor, they seem genuinely supportive and compassionate." One visiting relative raised a concern with a member of staff about their relative's missing teeth. The member of staff was initially dismissive but then responded by saying they would ask staff to look for them.

Before we carried out this inspection we received information of concern that suggested people were not always well cared for which included infrequent bathing and people being taken to bed early on a night. People we spoke with were mainly positive when we asked about bathing and times that they went to bed. One person said they had not had a bath for 10 days and were unhappy about this. Another person said they did not decide because "staff made the rules." Positive comments from people who used the service and visiting relatives included, "You can't just expect someone to be there just on hand. But if you ask, you will get it; you might have to wait. I don't have any difficulty in getting what I want.", "I can have a shower when I want.", "They come round about once a week and ask but you can have a bath or a shower if you wish. If I asked, I could have more if I wanted.", "There are no restrictions.", "You can get up when you want.", "Mum probably has more than one bath a week, she is always spotless and her clothes are always spotless." One person told us they had been put off having a bath because they were once left in the bath when they first moved into the home. Staff we spoke with told us people had regular baths and could choose when to go to bed.

We looked at care plans which stated people's preferred times for getting up and going to bed. For example, one person's care plan for sleeping stated they liked to go to bed around 21:00 and get up around 06:00. A member of staff described the person's routine and this reflected what was recorded in their care plan. Another person's care plan stated their preferred time but also that staff must allow them to choose the times they 'wish to get up and retire to bed'. A member of staff confirmed the person chooses and we saw records that confirmed this. Care plans also

Requires improvement

Is the service responsive?

contained information about people's preferences in relation to bathing/showering, however, when we looked at the daily records we found these did not show everyone was having a bath as frequently as their care plan indicated. The deputy manager agreed to make sure the frequency of bathing was monitored and reflected people's preferences and wishes.

We noted that some people's care plans were specific and provided good guidance about how staff should support them, however, other care plans did not contain enough guidance and were not person centred. One person's care plan contained the name of the person and another name. It was evident this plan had been written based on another person's care plan but staff had not changed the name throughout. Although people who used the service and/or their relatives had attended annual care reviews there was no information in people's care records to show people were involved in their care on an on-going basis. The deputy manager agreed to review care plans to make sure they were person centred and also look at how they could engage people more in the care planning process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and support was not provided in a safe way for service users.