

Stoneleigh Home (Bielby) Limited

Stoneleigh Home

Inspection report

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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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on the 27 November 2014. It was unannounced. At the last inspection the service was fully compliant with the regulations we looked at.

Stoneleigh Care Home provides personal care and accommodation for up to 14 older people. There were eleven people living at the home on the day of our visit. The service is in the village of Bielby and all of the accommodation provided is on the ground floor. There is wheelchair access and the home has large grounds with a vegetable plot, a large duck pond and chickens.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People unanimously told us they felt safe and cared for living at Stoneleigh Home. They told us that staff responded to them quickly and knew and understood their needs. The care we observed throughout our visit demonstrated a real person centred ethos.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

All of the people living at Stoneleigh Home spoke highly of staff and we observed warm friendly relationships between people living and working at the home. It was a family environment which was very much evident throughout our visit. Recruitment systems were robust and appropriate checks were completed before people started work.

Medication systems were well managed and the provider agreed to implement competency checks (checks on their staff) as an additional measure.

People told us the service was effective at meeting their needs. They described it as 'outstanding' and said that the registered manager and staff regularly went the extra mile to ensure people had things which were important to them. People's likes dislikes and personal preferences were very much catered for.

Training was provided for all staff and staff could suggest courses which were of interest or which would benefit people living at the home. Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA

(Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

People told us the food was excellent and all spoke highly of the meals provided.

People all expressed positive comments regarding the care they received. They told us they were treated with kindness and compassion and we saw this throughout our visit. They told us that staff respected their privacy and maintained their dignity at all times. Professionals also spoke highly of the service and the way in which people were cared for.

People told us that the registered manager and staff responded to their needs. Each person had individual care records which focused on them as a person. They told us that social opportunities were available and said they could choose how to spend their time.

The home had not received any complaints; however people told us that they could raise concerns if they needed to.

People unanimously told us that the service was well led. This included people living at the home, relatives, staff and other professionals. Everyone spoke highly of the registered manager and staff and there was a strong caring ethos which was evident from both feedback and observations.

There were a number of quality monitoring systems in place which focused on reviewing and improving the service on a continual basis. It was evident throughout our visit that people living there remained at the heart of everything staff did. The registered managers continual presence in the service demonstrated that they 'led by example.' This was also confirmed by staff during our visit. The home was well managed and run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and we found that risks were appropriately managed.

Medicines were correctly stored and disposed of and records were accurately maintained.

People received their medication as prescribed by their doctor.

People told us that there was always sufficient numbers of staff to care for them.

Recruitment checks were completed before staff started work.

Good



Is the service effective?

The service was effective.

Staff received training and development which supported them in delivering high quality care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

People told us the food was excellent and all the comments regarding the food provided were positive.

Good



Is the service caring?

The service was caring

People valued their relationship with the staff team and many referred to staff as friends. As a result people felt well cared for and that they mattered.

Staff were motivated and inspired to offer care which was compassionate and person centred. People told us that they were treated with dignity and respect and this was observed throughout our visit.

Outstanding



Is the service responsive?

The service was responsive.

People had detailed care records in place and the staff delivered individualised care to people.

People were involved in a range of activities and had good links with the local community. People spent their time the way they wanted.

People were encouraged to give their views and opinions and raise any concerns or complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People were at the heart of the service and staff continually strived to improve.

The registered manager was proactive in developing the service. He regularly sought out the views and opinions of people living at the home, other stakeholders and staff and acted upon any feedback.

Stoneleigh 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 registered 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.

The inspection took place on the 27 November 2014 the inspection was unannounced.

The inspection was carried out by one adult social care inspector from the Care Quality Commission. Prior to our

visit we gathered information about the service. This included notifications and enquiries. Before the inspection, the registered provider 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. During our visit we spoke with all eleven people living at the home, two visitors and four staff.

We carried out observations, looked in detail at two people's care records, four staff recruitment and training records, and a selection of quality monitoring documents.

We also spoke with two health professionals who gave us their views of the service.

Is the service safe?

Our findings

All of the people living at Stoneleigh home confirmed that they felt safe, comments included; “I absolutely feel safe without any doubt”, “I feel safe and well cared for”, “The staff help keep me safe, they help me to remain independent here” and “We are safe here and we are all well cared for.”

Although there had not been any safeguarding incidents at this service, the home had policies in place which staff understood. We spoke with staff about their understanding of safeguarding vulnerable adults. They were able to clearly describe how they would escalate concerns should they identify possible abuse. Staff told us they were confident their manager would take any allegations seriously and would investigate them. They told us they had received training in safeguarding vulnerable adults and we saw records to support this. This training helped to keep their knowledge and skills up to date.

We spoke with staff and found that as staff knew people individually they were clear of individual risks to people. One staff member told us, “We have to find ways to keep people safe, this might mean changing the layout of their room or looking at the way we approach people, it has to be individual and be what they (the person living here) need.” We looked at the care records for two people living at this home. Each of these had up-to-date risk assessments. They covered areas such as self-medicating, falls risks, risk of pressure sores and we saw that relevant risk assessments had been incorporated into the plan of care. Individual risk assessments were also written to support people in making decisions. For example, we saw risk assessments for someone who wanted to go out unsupervised. This meant that people could still make decisions yet were aware of the risks and how to minimise these. One person told us, “The staff want to keep me safe but they also know how important it is that I remain independent.”

We asked people if they felt there were enough staff working at the home. All confirmed that staffing levels were sufficient. People told us that call bells were answered quickly and they confirmed that their personal care needs were attended to promptly. One person told us “They have been short of carers previously, but the manager never lets this impact.”

We looked at four staff recruitment records. We saw that the necessary recruitment and selection processes were in place. We found that appropriate checks were undertaken before they had begun work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff member’s identity. This helped to ensure that staff were suitable to work with people who lived at this home.

The manager had good systems to manage people’s medication. We looked at the medication records for two people. We saw that people were receiving their medication as prescribed by their doctor. Any medicines which had been given were recorded on their medication administration records (MAR). The people we spoke with said they received their medication on time. Where creams were prescribed, we saw care plans detailing how and when they should be applied were in place. People signed their records to give their consent to staff administering their medicines.

Although all staff who gave out medication had received training in the safe handling of medicines the home were not carrying out competency checks. These checks help to ensure staff follow internal procedures and apply any training they have been given. We shared this with the deputy manager during our visit who agreed to implement them. However; the manager was carrying out regular audits of all aspects of their medication systems. This helped to make sure that medication systems were safe.

Is the service effective?

Our findings

People told us it was an effective service. Comments included, "It's outstanding here without a doubt. Nothing to complain about. The boss is so particular about cleanliness, everything really. Anything you want they get for you be it chocolates, wine, whatever" and "The staff here are friends, we can have a laugh and a joke together. I think it's an outstanding home. I couldn't have a better one." Another person said, "People matter here and that has been the case since day one."

The registered manager provided people and their families with information about the service prior to them being admitted, in a format that met their communication needs and their ability to understand. The information included a brochure and a service user's guide which provided information about the home, the facilities and support offered. In addition the registered manager provided a monthly newsletter which was displayed in the entrance foyer to keep visitors updated.

People told us they were involved in the assessment and care planning process. They said that staff talked to them about their care needs. We saw some evidence that people were involved in the review and update of these records. Professionals told us they had a high regard for the service and the way in which it ensured people's health needs were met. One professional said, "I would happily put my own relative here."

All of the people spoken with told us that their individual likes, dislikes and preferences were taken into account in all aspects of their care. One person said, "I have been decorating gingerbread for my grandchildren this morning. My relatives brought them in but staff would have got them if not. They will go out and get anything you need." We saw that another person liked yoghurts for their dessert. The registered manager made sure that these were included on the weekly shopping list.

We asked for a copy of the staff training matrix. We saw that training was provided in a range of topics. Staff told us that they received 'Loads' of training. Comments included, "We go on loads of training. I am doing my NVQ level 3 in dementia. I have recently had training in pressure ulcers and have received Parkinson's awareness." "We have training coming out of our ears. I am doing some distant learning training at the moment in dementia care. I like to

provide massage to people so the owner told me I could go on a course." All of the staff confirmed that the training they had received had supported them in their roles and helped them better understand the needs of the people they supported.

There was a range of essential training offered which included core topics for example; safeguarding vulnerable adults, first aid, food hygiene, health and safety and fire. In addition to the core training provided, service specific training was also provided. This included training in topics such as dementia care, palliative care (care of the dying) and diabetes. Staff told us that the training supported them in their roles. Comments included; "I had training in pressure ulcers and Parkinson's; I know I can suggest training which will help me" and "I wanted to provide massage to people, I suggested this to the manager who told me I could go on a course."

In addition to the training offered the home had a quarterly staff incentive scheme to reward staff members who had gone over and above their normal duties. The home had also just renewed their Investors in People award. This helped to demonstrate that they were continually developing their staff. All new staff received an induction programme when they commenced employment.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. No recent applications had needed to be made. The registered manager told us that MCA training was included alongside the safeguarding vulnerable adults training. All but three of the staff had received this training and there were plans in place to address this for those staff. There were no restrictions in place at the time of our visit.

We saw evidence of people giving their consent to any care or treatment. This included consent to their medication being given by staff. People told us that staff explained what they were doing before carrying out any tasks and we saw this throughout our visit. Although the people we

Is the service effective?

spoke with regarding their medicines said that they managed these themselves, staff told us that people would be supported to manage their own medicines where possible.

People were able to make choices and decisions about all aspects of their daily lives. They told us they could choose when they wanted a bath or shower, when to get up and how they wanted to spend their time. Some people went out independently. Comments included, "It's like a first class hotel, very free and easy, we can make choices and suggestions. I would recommend to anyone."

Another person said, "I get asked to give my consent. I just had a flu jab."

People were extremely complimentary about the food. All of the comments were positive, they included; "Food is excellent", "We get a good choice, it's well balanced. We are well fed and we can have food at any time" and "It's all homemade food." Another person said, "We get lashings to drink, lots of cakes and biscuits, it's excellent."

We observed people being offered a choice at mealtimes and saw that tables were attractively set with candles and

flowers. People said they could ask for individual items and we saw this during our visit. Relatives also confirmed the food was excellent and said that they were able to sit and have a meal with their relative when they visited. People's nutritional needs were monitored and advice was sought from health professionals where any concerns were identified. One person said, "The manager gets the shopping. He gets the things we like." Staff were aware of people's individual preferences and went out of their way to make sure these were maintained.

People told us their health needs were monitored and that they could see a doctor or other health professional when they wanted. Staff knew and understood people's health needs and these were kept under review. Professionals confirmed that appropriate referrals were made to relevant health care services. They told us the home were pro-active in seeking advice. People told us that they had choice and control regarding their health needs and families confirmed that the home were quick to update them should people become ill. One person told us "I can see a doctor or dentist when needed." Another said "I am off to see the dentist today. My son takes me."



Is the service caring?

Our findings

All of the people we spoke with expressed how well they were cared for with three people describing the care as outstanding. Comments included, “It’s so nice, really homely, like one family. It’s just big enough” and “It’s home from home, It’s an outstanding home as it’s small and staff have time to look after us properly.” Another person said, “It’s like a first class hotel.”

The home had a strong, visible, person centred culture which was evident from all who worked there. People knew the staff team well and time was spent ensuring that the service was tailor made. Examples included the cook chatting to someone about their likes and dislikes so that their favourite meal could be cooked. We also saw the registered manager asking people what they would like from the shops, so that personal preferences could be catered for, and the care staff changing a room around so that someone had a better view of the garden which was important to them.

People told us they valued the staff and many referred to them as ‘friends’. People were clear that the staff were important to them. The registered manager and staff worked closely and demonstrated that they knew every person well. The registered manager visited each person daily to ask how they were and to see if there was anything they needed. All of the feedback about staff was positive with comments such as; “The staff are lovely, all of them are excellent”, “Staff are marvellous” and “The carers are lovely, they give me a hug and a kiss. The care staff were observed throughout our visit delivering person centred care which focused on the individuals. One person told us “The staff are all excellent.” We spoke with a staff member who said, “We respect people’s choice, what they want to do and how they want to spend their time. Each person gets the level of care they need. Nothing is too much trouble. It’s all about them.” Another member of staff said “It is our job to make sure people are happy and looked after. We need to do things in the way people want them doing. It’s their home.”

Everyone using the service told us they were treated with kindness and compassion. They could not speak more highly of the staff who cared for them and this was echoed in feedback from relatives. One person said, “I get well looked after. I am treated well.” We spoke with a professional who told us, “People seem well cared for. The

home is very good at seeking advice.” Another professional said, “People always look well cared for. Families speak highly of this home and I cannot fault the care that my patients receive.”

We observed warm and caring interactions throughout our visit and saw that staff supported people in a dignified way. Staff were highly motivated and care was delivered in a kind and compassionate manner. Staff knew and understood people’s individual needs and responded to them appropriately. Professionals, families and people living at the home confirmed that people were always treated with dignity

People told us that their views were listened to and staff listened and responded to them.

Everyone confirmed that they were cared for in the way they wanted to be cared for. A comment of, “I can’t fault it” was a sentiment reflected by people consistently throughout our visit. One person said, “Nothing is too much bother; the staff are excellent and just want to make you happy. They are always polite and friendly. There are no improvements as they have got it down to a fine art.” Another person said, “I get well looked after. Staff talk to me and ask me how I want to be cared for.” We spoke with a staff member who said “We have weekly meetings we talk about changes and how we can improve things.”

People told us they could have a bath or a shower when they wanted. They told us they could make decisions about all aspects of their daily lives. One person said, “It’s as good as it could be not being my own home; it’s definitely the next best thing.” Another person told us they had been able to bring in their own furniture, they told us this was important as they could now display items which they had collected over the years. Another person told us they had initially come in for a short stay and ended up staying because, “The care was so good.” People confirmed that staff discussed their care needs.

People told us that staff respected their privacy. We saw staff knock on doors before entering and any support with personal care was provided in private. Comments included, “All of the staff are polite. They always knock on my door” and “Staff are polite and friendly, it’s so well organised and so nice.” The registered manager told us that privacy and dignity were the two principles which underpinned the ethos that the home worked to.



Is the service caring?

The registered manager also told us that all staff had completed training in equality and diversity which had improved their understanding in this particular subject. The manager had sourced training which was relevant to people living at the home which included training in dementia care. Although the service did not provide care for people who had been formally diagnosed with a dementia condition, the manager had recognised the importance of staff requiring knowledge in this topic so that they could continue to support people and provide better care.

We spoke with staff who said, "It's a nice place to work. Everyone gets on. People are well cared for" and "All of the

people know us well. We have time to speak with people individually." Another staff member said, "I love working here. From the moment you walk through the door it's friendly and warm. Real home from home. The way we approach people is individual to how they want. We respect individuality." This was a sentiment echoed by all of the staff we spoke with.

Although end of life care was not looked at fully as part of this inspection the feedback we received from a professional in this area was positive. They said that the level of dignity and care offered to people at the end of their life was excellent stating "The manager does anything and everything to provide the best care."

Is the service responsive?

Our findings

People told us the manager and staff were responsive to their needs. Comments included, “I wanted to be able to speak to my family so they arranged for me to have my own phone in my room. I can speak to them whenever I like now” and “The staff are here if you need them, even at night. They answer buzzers quickly.”

People told us that they were cared for in the way they wanted to be. They told us that their care needs were discussed and if they raised ideas or suggestions that these were always responded to. A health professional said, “The manager is proactive in seeking advice.”

Each person living at this home had individual care records. We looked in detail at two of these records. The home used an electronic system which we found was being reviewed and updated regularly. The information recorded within this system was detailed and up to date. However, they also printed off a paper copy which people had signed their agreement to. These paper copies were not up to date and one of the ones we looked at was dated July 2012 which meant that some of the information recorded had changed. We shared this with the registered manager during our visit who agreed that if paper records were to be held that these would be full up to date copies. The registered manager planned to speak with people living at the home to find out their preferences regarding this. In addition to the care records held we also saw that a one page summary of care had been developed. These one page summaries provided important information that mattered to the individual. It included people’s likes, dislikes and personal preferences. They were person centred and reflected the individual. People we spoke with during our inspection told us their care needs had been discussed and those who wanted to be were involved within the care planning process. The staff told us that they always involved people in discussions regarding their care.

In addition to the one page summaries and the care plans in place people also had life history information recorded which provided staff with information about their past. The registered manager informed us that, ‘This is me’ documentation had also been introduced for all new admissions. ‘This is me’ is a simple and practical tool for people to record their likes, dislikes, needs, preferences and interests. Although it was originally designed for people with dementia care needs, it can be applied to any

setting. These records had been developed following discussions with people, their relatives where appropriate and staff. Overall we found that care records were person centred and reflected people’s individual diverse needs.

The registered provider told us in the information return that, “We build personal profiles of our service users so we can understand what sort of life they have led and what is important to them” and “Service users are treated as individuals and live their lives the way they choose.” This was evidenced throughout our visit.

People told us that they had a range of social opportunities. We were told that various activities were arranged which included singers, music, exercises and trips out in the warmer weather. In addition people could explore more individual activities, for example icing biscuits for their grandchildren. We were told that children from the local school came in to provide entertainment. In addition people told us that the Priest came in to give communion once a month. People also had their own pots to grow their own potatoes and there was a greenhouse where people were supported to grow vegetables.

Some people enjoyed sitting with a daily newspaper, others chose to spend time in their rooms. One person said, “I can go outside. I go for a walk every day. I can go out alone.” Other people told us that the hairdresser visited and said that they could see their chiropodist or doctor if needed. One person said, “The schools come in and we have the ‘Frantic man’ that’s very entertaining. People told us that trips were arranged in summer. A staff member said, “We respect people’s choice, what they want to do and how they spend their time. We can take people for walks and we use the outside space in summer.”

People told us their friends and relatives could visit and we saw this during our visit. Comments included, “Friends and family can visit when we want and you can even have a meal with them” and “My family come and visit.” Relatives also confirmed that they could visit at any time. One told us, “I can visit at any time and I am always made welcome.”

The home had not received any complaints; however they had policies and procedures in place should they arise. All of the people we spoke with during our visit said that they could talk to the manager or staff should they have any concerns. Comments included, “I could tell someone if any problem. Nothing could be better” and “I could talk to the manager or staff if I had any worries.”

Is the service well-led?

Our findings

The home has a registered manager. The home was part of a family run busy which had been in operation for twenty five years.

Everyone told us that the service was well led. Comments included, “The manager is super, and nothing is too much trouble. He is just the right person to run a home” and “The manager is lovely, he makes us all feel at home.” Three people described the home as an outstanding home. No-one was able to think of any improvements or suggestions during our visit.

Relatives reiterated the positive comments made by people living at this home. One told us, “The manager bends over backwards, as relatives we are kept informed and made welcome.”

People told us that they were asked for their views and opinions. One person said, “We have meetings occasionally. The manager talks to us and asks if we are ok. No improvements, they have got it down to a fine art. So well organised and so nice. I can’t imagine anywhere better.”

It was evident through discussions with people during our visit that there was a strong emphasis on continually striving to improve. We spoke with staff who said the following; “We have weekly management meetings to talk about changes and how we can improve. We couldn’t ask for a better boss. He listens and supports us. We can make suggestions” and “Management are fantastic, very approachable. I would happily place my own relative here.” The registered manager told us that they carried out a daily walk around so they could speak with each person individually.

In addition to speaking to people on an almost daily basis, meetings also took place. The registered manager said that generally they had very informal systems in place at the home but they said they also spoke with relatives. In addition surveys were sent out and we could see from these that people had expressed their satisfaction with the service received.

A number of audits were completed and we looked at these during our visit. The registered manager had

developed an audit which looked at all aspects of service provision. Where improvements had been noted relevant action plans were put in place and when these actions were completed this was updated. For example, the audits on the premises carried out in September 2014 also recorded the actions which were completed in October 2014.

We looked at the business plan for the service and saw that feedback from surveys and audits had been used to help plan current and future business needs.

Staff told us that there was a positive open culture in place at the home. They told us they received appraisals, supervisions and support. They said the registered manager knew them well and all confirmed that they felt able to raise ideas and suggestions. They told us that they were continually trying to improve. The staff reward scheme in place encouraged innovation and staff confirmed that they felt confident raising suggestions or ideas to improve practice.

The home had been part of a family business for the last twenty five years and the current registered manager was also a director. The majority of staff had also worked there for a long time so they knew the service well.

The service had clear values which were promoted and understood by staff and discussions with staff confirmed that the focus at the home was on meeting people’s individual needs and providing individualised person centred care. This was evidenced further by the numerous thank you letters and cards received from relatives and friends and from feedback from professionals.

The ethos of the home was on ‘family’ with people being seen as part of one extended family.

The registered manager understood their responsibilities and submitted relevant notifications to the Care Quality Commission. External professionals spoken with during our inspection confirmed that the registered manager and staff worked well with them. One professional commented, “The home is very well run. Communication is very good and the manager is aware of patients’ needs so these are flagged up quickly. I would recommend the home to my own relative.”