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Stoneleigh

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Stoneleigh is a care home registered to provide accommodation for up to 11 people, including with a history of poor life choices and people living with a mental health condition. At the time of our inspection there were 10 people living in the home.

The inspection was unannounced and was carried out on 08 July 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. The registered manager carried out regular medicine audits and was in the process of updating records in line with 'good practice'. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There was an opportunity for families to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through an annual questionnaire. They were also supported to raise complaints should they wish to.

People and their families told us they felt the home was well-led and were positive about the provider and the registered manager who understood the responsibilities of their roles. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the care provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important

relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The provider and the registered manager adopted an open and inclusive style of leadership.

People, their families, and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

Stoneleigh

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.

The inspection was unannounced and was carried out on 08 July 2016 by one inspector. Before the inspection, we reviewed the information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people using the service and engaged with one other, who would only communicated with us verbally in a limited way. We spoke with the families of two of the people living at the home and a care professional. We observed care and support being delivered in communal areas of the home. We spoke with two members of the care staff, the registered manager, the provider and their partner.

We looked at care plans and associated records for four people using the service, staff duty records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in May 2014 when no issues were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here but I get worried when I go out". Another person told us "I'm okay and there is always someone here if I need them". Another person, who lived in a small self-contained unit attached to the home told us "This is my bedsit, I am happy here; I feel safe cause I know the staff are there if I need them". Family members told us they did not have any concerns regarding their relative's safety. One family member said their relative was "very safe there [the home]. They added "we can relax knowing [my relative] is there safe and well looked after". The family of another person told us "We know we don't have to worry when [my relative] is there". A care professional told us they did not have any concerns regarding people's safety. They said "the home is very safe but not restrictive and [my client] can go out if he wants".

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. Staff knew how to raise observed concerns and to apply the provider's policy. One member of staff told us, "I have just done a course. If I was concerned I would tell [the registered manager]. If nothing happened I would follow the correct procedure and tell you [CQC] or safeguarding". The registered manager told us that no safeguarding concerns had been identified since our last inspection and explained the action they would take if a safeguarding concern was raised with them.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were integrated into people's care plans including the actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person, was at risk because they wore too many layers of clothing in hot weather, their care plan identified the risk and the support staff should offer to help the person dress appropriately for the weather conditions. Another person had a risk assessment in respect of going on holiday on their own.

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Risk assessments, which were no longer relevant, were archived in the person's care record to enable staff to refer back to them if necessary. Although, no incidents or accidents had occurred at the home since our last Inspection the provider was able to explain the action they would take if an incident occurred.

People and their families told us there were sufficient staff to meet people's needs. One family member said, "There always seems to be staff there or around". Another family member told us "When I ring to speak with [my relative] staff always answer the phone quickly and know where she is".

The registered manager told us that staffing levels were based on the needs of the people using the service, who were self-caring but needed the support of staff in times of emotional crisis. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and

unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and bank staff employed by the provider. The registered manager, the provider and his partner were also available to provide extra support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed by the registered manager to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. The registered manager carried out both weekly and monthly medicine audits and had sought advice from an external company to ensure their practices were safe and in line with national guidelines. Where issues had been identified the registered manager was able to tell us the action they were taking to ensure their practices were up to date. For example, having the photograph of the relevant person on the front of their respective MAR chart to help reduce the risk of medicines being given to the wrong person. Staff supporting people to take their medicine did so in a caring and unhurried way that met that person's needs.

There were appropriate plans in case of an emergency occurring. All the people in the home were self-caring and were able to understand the fire safety procedures and evacuate the building in an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "Staff know me. I've been here a couple of years now. It's good here". A family member told us, "Staff are on hand if needed. I know they have a lot of training to help people". Another family member said, "[my relative] is well looked after. Living there suits his purpose and meets his needs". A care professional told us the staff were knowledgeable about the people they supported and they did not have any concerns about the staff's ability to look after people effectively. They said "Staff do a very good job with [my client]. They work well with him. He can be difficult but they deal with his issues sensitively and effectively".

Staff had been trained in MCA and DoLS. People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. The provider told us that all of the people at the home had capacity. He was able to explain the action he would take if they became unwell and lost capacity in respect of taking best interest decisions on their behalf.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us that no person at the home was subject to a DoLS authorisation and was able to explain the action he would take if a DoLS authorisation was required.

Staff sought people's consent before providing care or support. We observed staff seeking consent from people when offering to support them. A family member told us their relative would, "soon say if he didn't want to do something". A member of staff said, "It is their [people's] choice, if they don't want to do something or don't want our help that's fine". People's records of care showed that where people declined care this was respected.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. A new member of staff told us, "I had a good induction; I had no experience of mental health; Once I had done my induction I felt really at ease and confident to look after people. I do things in my own time which was nice. I did shadow shifts until I was comfortable and understood people".

The provider had a system to record the training that staff had completed and to identify when training

needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, mental health awareness, mental capacity act and person centred care. Staff were supported to undertake a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people who were living with mental health issues to make choices and maintain a level of independence.

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us they had regular supervisions with the registered manager, adding "they ask us if we are happy or have any problems, things like that".

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said, "It is dinner soon. I like the food here". They added "Fish and chips and peas today, very nice". Another person told us, "I am a vegetarian. they make my food for me. It is good and there is plenty of choice". A third person said they cook their own meals "but I have a roast on Sunday. Sometimes they cook it and bring it here if I want it in my room". Family members were complimentary about the food and told us their relatives were supported to eat the food they liked. Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. The menus were discussed at regular 'residents meetings'. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. People were provided with a choice of food and an alternative was offered if they did not want what was on the menu. For example people were offered a choice of sandwich filling and whether they preferred white of brown bread. Drinks were offered to people throughout the day and they were able to purchase their own food and drinks when out of the home.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A family member told us "They [staff] will always get a doctor or foot person if [my relative] needs them". A care professional said staff "will seek help from a mental health professional if needed".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said, "Staff are nice. [Named member of staff] took me out to the Hare and Hounds [pub] and we had fish and chips". Comments by people included, "it is good here" and "They [staff] look after me". A family member told us staff were "very caring and interested in their [people's] welfare, everybody's not just [my relative's]". Another family member said staff were "very respectful. I would be the first to know if they weren't. [My relative] would say". A health professional told us their client was "very happy and settled at the home". They added "He responds well to them [staff] who are supportive and listen to him. They take him seriously".

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. We observed staff continually providing reassurance to a person who was unsettled and anxious about our visit. Staff patiently reassured them and offered alternative distractions, such as watching the television. Staff were attentive to people and checked whether they required any support. For example, one person said they wanted to go to the shop and a member of staff checked whether the person would like the member of staff to go with them. The person said yes and the member of staff finished what they were doing and went out with the person.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat and whether they took part in activities. A member of staff told us "I promote choice all of the time. What they want to do, wear or eat".

People were supported in a discreet and private way. A member of staff told us they "We knock and wait before we enter someone's room, even if the door is open". We observed this happening throughout our inspection. A person said, "Yes, they [staff] knock on my door and wait until I say come in".

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. A family member said they were involved in decisions about their relatives care "although not much has changed recently". One member of staff told us, "Care plans are like my bible. If I am not sure I refer back to their care plan, they are very useful".

People were encouraged to be as independent as possible. One person has been supported to take a short holiday away from the home on his own. Others were encouraged to engage in domestic tasks such as cleaning and shopping for the home to help them maintain their life skills. One family member told us "[My relative] has progressed well. The support of staff has helped her to be more independent". A care professional said staff "help [my client] to be as independent as possible".

People were supported to maintain friendships and important relationships; their care records included

details of their circle of support. This identifies people who are important to the person. All of the families we spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. People's bedrooms were individualised and reflected people's interests and preferences, one person enjoyed looking after pot plants they told us they had some in their room.

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said, "I have given up smoking and staff have helped me to do that". Another person told us, "I was in the main house but with staff help I have moved into the bedsit [a small self-contained unit attached to the home]. I feel proud of my achievement cooking my own tea. I have a washing machine and do my own washing". One family member said, "They [staff] know [my relative well and encourage him to do things when they can". A care professional told us staff were responsive to people's needs. They said, "I am very pleased with the service provided. Staff understand [my client's] needs and know how to support him".

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. People's care plans contained a 'How I communicate' which provided information about their communication style. For example, one person's communicate style included 'I have a wily sense of humour'.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of support plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs. When appropriate people had an 'easy read' health action plan supported by pictorial representations suitable for the needs of the person they related to. Where possible, this was used to encourage people to become involved in developing their care plan.

People received care and treatment that was personalised and they or their relatives were involved in identifying their needs and how these would be met. One family member told us, "[My relative] was worried about being sectioned, working together with staff we were able to reassure him that was not going to happen". Another family said, "If there are any problems, they [the register manager or provider] let us know".

People's moods were monitored daily and records of care were used to identify issues which were outside the person's normal behaviour. Care staff members were able to describe the care and support required by individual people. Handover meetings were held at the start of every shift and supported by a communication book. These handovers provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People had access to activities that were important to them. Most of the people in the home were independent and able to engage in activities of their own choosing, such as going out to the shops or visit different places on the island, watching television, DVDs and listening to music. People were

also encouraged to engage in life skills activities such as cleaning their room and doing shopping for the home.

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. People had access to advocates who were available to support them if they were unhappy about the service provided. The provider and registered manager sought feedback from people and their families on an informal basis when they met with them at the home or during telephone contact. A family member told us when they visited they "see the staff and manager who asks if we are happy". The provider also held a six monthly 'Residents' Meeting' which provided an opportunity for people to discuss issues, such as the menu and group outings.

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires sent to people, their families' and staff. We looked at the feedback from the latest survey, from February 2016, which was all positive in respect of the care people received. Where concerns were raised, such as improvements to the accommodation, this was responded to and an action plan created. For example replacement curtains requested for one person's bedroom.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. All of the family members knew how to complain but told us they had never needed to.

One family member told us "I would complain directly to [the provider] but have never needed to". The provider told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. One person said, "[The registered manager] is good I like her". Family members told us they would recommend the home to their families and friends. One family member said, "There is a real homely atmosphere and staff are always around so you know it is well run". Another family member told us, "The service is well-led. You don't see it but it is obvious in the background". They added "if we want to see [the provider] and he is not here. He comes in". A care professional said, "The home is well-led. They are open to communication, listen to ideas and take advice. When I visit everything is ready for me".

There was a clear management structure, which consisted of the provider, who is supported by their partner, the registered manager and senior care staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us "It feels like a family home here. People treat it as their own home, which is what it is. It is nice to see". They added "[The registered manager] is on the floor sometimes, which is great. She knows the clients really well. The same with [the provider] so you can just chat to them which is really nice". Another member of staff said, the provider and registered manager were "very approachable. They are fantastic actually".

The provider was fully engaged in running the service and their vision and values were built around supporting people to be happy, independent and keep them from returning back to hospital. Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed.

People and their families told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided. The provider had suitable arrangements in place to support the registered manager, for example regular formal and informal meetings, which also formed part of their quality assurance process. The registered manager told us that support was available to them from the provider. They were also able to raise concerns and discuss issues with other registered managers on the island.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The provider had also obtained support and guidance from external professionals to improve the quality of the service provided. The registered manager carried out regular audits which included infection control, the cleanliness of the home, medicines management and care plans. There was also a system of audits in place to ensure that safety checks were made in respect the environment and fire safety. They also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified an action plan was created and managed through the

regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.