

EL Marsh Care Home Ltd

Stoneleigh House

Inspection report

12 Joinings Bank
Oldbury
Birmingham
West Midlands
B68 8QJ

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Tel: 01216794364

Website: www.elmarshcarehome.co.uk

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

Our inspection was unannounced and took place on 22 August 2017.

At our last inspection on 12 August 2015 the service was rated as good in all five questions we ask: Is the service safe? : Is the service effective? Is the service caring? Is the service responsive? And, Is the service well-led?

The service is registered to provide accommodation and personal care to a maximum of four people. On the day of our inspection four people lived at the home. People lived with a range of conditions that included learning disabilities or autistic spectrum disorder.

The manager was registered with us and was present on the day. 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.

People knew who the registered manager was and they were visible within the service. Quality monitoring processes, the use of provider feedback forms and meetings helped to ensure that service was being run in the best interests of the people who lived there. However, the provider had not consistently notify us of Deprivation of Liberty Safeguarding [DoLS] authorisations.

People told us that they felt safe. Systems were in place to prevent people from the risk of harm and abuse. Staffing levels ensured there were enough staff to meet people's needs. Recruitment systems were in place to prevent the possibility of unsuitable staff being employed. Medicines were managed safely and in a way that ensured people were supported to take their medicines as they had been prescribed.

Staff were provided with the training they required to ensure that they had the skills and knowledge to provide safe and appropriate care to people. Staff confirmed that they were adequately supported in their job roles. People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully. People were supported to have the food and drink to suit their needs and preferences. People had access to a range of healthcare services.

Relationships and interactions between staff and people were positive. Staff were friendly, polite and helpful to people. People were encouraged to make everyday choices and they were supported to enhance and maintain their independence and daily living skills. Staff enabled people to maintain contact with their family. Visiting times were flexible.

People needs were reviewed regularly to ensure that they could be met. A complaints system was available for people and their relatives to use if they had the need. A varied range of activities were available each day for people to engage in. The views of people and their relatives were sought regularly regarding their

satisfaction with the service provided.

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.

Systems were in place staff were aware of and would follow to keep people safe and prevent the risk of harm and abuse.

Medicines were managed safely and ensured people received their medicines as they had been prescribed.

Recruitment systems prevented the employment of unsuitable staff.

Is the service effective?

Good ●

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and that they received care in line with their best interests.

Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and attentive to people.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible.

Is the service responsive?

Good ●

The service was responsive.

People needs were reviewed to ensure that their needs could be met.

The staff knew the people well enough to meet their needs.

Complaints processes gave people assurance that complaints would be appropriately dealt with.

Is the service well-led?

The service was well-led.

A manager was registered with us as is required by law.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The provider had not consistently notified us of Deprivation of Liberty Safeguards [DoLS] authorisations.

Good ●

Stoneleigh House

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 was unannounced and was carried out on 22 August 2017 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of receiving or caring for someone who uses this type of care service.

We asked the provider to complete 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. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with four people who lived at the home, two relatives, three care staff, the assistant manager, the registered manager, a senior manager and the provider. We looked at care files for two people, recruitment and training records for three staff. We looked at the processes the provider had in place to monitor the quality of service provided including, provider feedback forms that had recently been completed by people and their relatives.

Is the service safe?

Our findings

A person said, "I am not shouted at or anything horrible". A relative confirmed, "They [person's name] are really happy there and wants to go home following a visit [to the relatives home]. This indicates to me that [person's name] feels really safe and happy at Stoneleigh house". Staff told us they had received training in how to safeguard people from abuse and how to report their concerns. A staff member said, "Oh, no abuse". Another staff member shared with us, "We [staff] know what to do if there was anything of concern we would report straight away to the manger or social services". We saw procedures were in place to safeguard people and for staff to follow. The registered manager told us they would also follow the procedures if any incidents of abuse were to occur. These actions would help to protect people from abuse.

A person said, "I am safe here. The staff help me". A relative confirmed, "If [person's name] was not safe and happy I would know". A staff member told us, "People here are safe always. There are enough staff for support to ensure safety. We [staff] have care plans and risk assessments to follow for taking people out, personal care and everything". Records we looked at confirmed that risk assessments had been carried out. The registered manager told us, "Checks and services are carried out to ensure safety". A staff member told us, "We [staff] have fire drills and we do checks to ensure everything is safe". Records we saw confirmed checks had been undertaken on equipment including, the fire alarm system and emergency lighting. These actions prevented a risk of accident and injury so promoted the safety of people who lived at the home.

A person said, "Staff are here to help me". A staff member confirmed, "We always have enough staff. Sometimes if there are appointments or people are going out we have extra staff". Another staff member told us, "Staffing levels are different every day. For example, if people are going on an outing or to a health appointment extra staff are put on the rota". A third staff member shared with us, "If staff are sick or on holiday the staff here, or from other services owned by the provider, cover. I am here today to cover from another service. I work here about twice a week so I know people well". This was confirmed by the assistant manager. We saw that there were enough staff during the day to support people. We observed that staff were available to provide personal care, support people in the kitchen at meal times and support people with their medicines. Some people went out and there were staff available to support them to do that. The staffing levels and contingency arrangements meant that people's needs were met by an appropriate number of familiar staff.

A person told us, "The staff help with my tablets and they give them me. I have my tablets in the morning". Care plans we saw highlighted how people preferred to take their tablets this included in their hand so that they could put them in their mouth. A staff member said, "We [staff] know how each person prefers to take their medicines. People here like us to put the tablets in their hand and have a drink".

A staff member said, "I have had medicine training". Other staff told us and training records and certificates we saw confirmed staff had received medicine training and medicine competency assessments to ensure they were able to manage medicines safely. We saw that a locked cupboard was available in each person's bedroom and this was where their medicines were stored. This prevented unauthorised people accessing the medicines. We saw procedures for ordering medicines and returning unused medicine to the pharmacist

were in place. This would ensure that people's medicines would be available and that medicines no longer required did not accumulate. We looked at the medicines and Medicine Administration Records [MAR] for two people and found their prescribed medicines were available to give to them as prescribed and that the MAR had been completed appropriately. Some MAR highlighted that people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when these medicines should be given for example, if the person had pain. This highlighted safe medicine practice.

A staff member told us, "My checks were undertaken before I started work". The registered manager told us that prior to starting work staff were required to provide references and provide other evidence to support the decision for employment. For one staff however, the provider had allowed them to start work after a preliminary check with the Disclosure and Barring Service [DBS] had been undertaken. This should not be the norm, as only in exceptional circumstances, in terms of protecting people from harm, for example, a staff shortage, should staff start work without the receipt of the full DBS. The provider told us that they had allowed this to happen so the staff member could attend planned training. We were provided with an assessment that the provider had undertaken to determine any risk of not waiting for the staff member's full DBS check to be returned. This showed the provider had taken action to look at the risks involved to ensure that people would be safe. DBS checks show if potential new staff members had a criminal record or had been barred from working with adults. We checked another two staff files and saw the required checks had been made. Those systems prevented the risk of unsuitable staff being employed.

Is the service effective?

Our findings

A person told us, "I am happy. I like it here." Another person said, "It is nice living here". Relatives confirmed their family members were happy and received a good effective service. Staff we spoke with told us people were provided with a good service.

A staff member shared with us, "I am on my induction now. I am getting to know people and shadowing. Shadowing is when new staff work alongside experienced staff to learn the job role. I cannot work on my own until I have had the full training and that starts next week". Another staff member confirmed, "I looked at care plans and shadowed other staff whilst getting to know the people". Staff files we looked at evidenced induction processes were in place. The registered manager told us that they used the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "I feel supported at all times. We have seniors, the assistant manager and the manager daily and also an out of hours rota for support who we [staff] can contact". Other staff we spoke with also confirmed they felt supported on a daily basis by the registered manager and their colleagues. Staff told us that they had regular supervision with a senior staff member or the registered manager to discuss their role and performance and an annual appraisal. Records that we looked at confirmed this and highlighted that staff training and other needs were discussed during supervision sessions.

A person told us, "The staff are very good". A relative told us, "I think the staff are trained to look after people". A staff member shared with us, "I have had the training I need. I feel confident to do my job". Other staff also told us they received the training they needed and they were able to do their job effectively. Staff training records that we looked highlighted that staff had received the training they required to look after people safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and if conditions on DoLS authorisations to deprive a person of their liberty were being met. The Provider Information Return [PIR] highlighted, "All people who are restricted in their liberty have a DoLS in place and are supported by an advocate if necessary". We found where DoLS applications had been authorised best interests meetings had taken place and the correct paperwork had been completed. Staff we spoke with had an understanding of MCA and DoLS. A person told us that prior to supporting them staff obtained their consent. A staff member told us, "We [staff] always ask people's permission before doing things for them. Like everyone else people

have the right to make everyday choices". Our observations showed that staff gave people choices and asked for consent before they gave support. For example, at breakfast time we heard staff encouraging a person to go with them to choose what they would like to eat. We saw the person stood up and followed staff that confirmed their implied consent. We heard staff ask people what they would like to do for the day and give them suggestions to choose from. One person was going out but told staff they had changed their mind and they did not want to go. Although staff gave reassurance to the person about the outing that was planned, they accepted that it was the person's choice not to go.

A relative told us, "They [staff] cook really nutritious home style meals". The PIR highlighted, "Healthy menus are implemented to meet people's needs". A person shared with us, "I like the food". Other people told us that they liked the food and each week staff asked what they would like to eat the following week. Staff told us that people would also be asked on a daily basis what they would like to eat in case people had changed their mind. We saw there were pictures showing food products to make it easier for people to make food choices. Care plans highlighted what people liked to eat and what they did not like. We looked at food stocks in the kitchen and found these to be adequate to ensure that people had ample choices. We heard staff asking people what they would like to eat and drink at breakfast time and before lunchtime regarding sandwich fillings and the type of bread for example, white or wholemeal. We saw fresh fruit was available on the kitchen table for people to access if they wished. We saw that nutritional assessments had been undertaken to determine if people were at risk of malnutrition or obesity. Where concerns were identified referrals had been made to external health care professionals including the dietician.

A person said, "I see the doctor I have just had my flu jab and I see the dentist". Another person shared with us, "I went to see the doctor when I had pins and needles in my hands and cramps in my feet". A relative told us, "The staff sort out all of their [person's name] health appointments and inform us of the results". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective healthcare support. This included GP's, the dietician, occupational and speech and language therapists. This ensured that the people who lived at the home received the health care support and checks that they required. We saw that health action plans were completed to highlight the health services that people had received and included an annual review of their health and well-being.

Is the service caring?

Our findings

A person said, "The staff are kind". Another person said, "The staff are nice to me". A staff member told us, "It is a lovely place. We [staff] care about the people here". Another staff member told us, "The staff I work with are kind and caring". Provider feedback forms confirmed that relatives felt their family members were treated with kindness and compassion.

We observed that interactions between staff and people were caring and showed compassion. One person was unsettled and told a staff member that they were scared about going to a dinosaur exhibition. The staff member said, "Do you want a hug"? The person went to the staff member for a hug. We saw that the staff member hugged the person and spoke with them in a caring way to reassure them. We saw staff speaking with people and gave them time and attention. They gently touched a person's arm to give reassurance. Our observations found a homely, relaxed, atmosphere and that nothing was too much trouble for the staff.

A person told us, "I have a care plan. That is mine, [pointing to their care plan folder]. They [staff] talk to me about it". Care plans that we looked at confirmed that people and their family were encouraged to be involved in care planning by the staff. Care plans were updated when required. The care plans highlighted people's preferred daily routines about; getting up and going to bed; if they preferred a bath or a shower and when; how they wanted to spend their day; their general likes and dislikes and what made them happy. Staff we spoke with knew people's individual likes and dislikes and how their preferred their support to be delivered. For example, one person's care plan highlighted that they liked to take a shower not a bath. The person told us that staff supported them to shower. The daily records read, "Had a full shower".

A person informed us, "The staff tap my door and ask to come in my room. I like them in my bedroom so am happy". The Provider Information Return [PIR] highlighted, "Staff respect people's privacy and dignity at all times". A staff member confirmed, "I treat people with respect. The same as if I would expect my family to be treated". Staff told us that they promoted people's privacy and dignity by ensuring that personal care was provided in people's bedrooms or the bathroom. The staff also told us that doors and curtains were closed when supporting people with their personal care. We observed that staff ensured that toilet doors were closed when being used and that staff encouraged people to go to their bedrooms to change their clothes and have a wash. Records highlighted people's preferred names and we heard staff addressing people in the way that people preferred. This showed that people were treated in a polite respectful way.

A person shared with us, "I go and buy my own clothes and choose what I want to wear. Staff help me paint my nails". Another person told us, "My hair is getting long I like it". We saw that people wore clothing and accessories that reflected their individuality and gender. For example, tee shirts, jeans, pretty tops and nail varnish. We saw that people's hair was styled as they wished. We heard staff telling people that they looked nice and how they liked their clothing and hair. We saw that people looked pleased and smiled. This showed that the staff knew that people's appearance was important to them.

A person told us, "I like to do things for myself. I tidy my bedroom and help clean". Another person told us, "I wash myself". A staff member confirmed, "It is important that people maintain and learn new skills to promote independence". Staff we spoke with all told us that they only supported people to do things that

they could not do. The registered manager informed us, "It is the aim of the service to enable people where possible to learn independence skills to move onto independent or supported living. We have had successes". We heard staff suggesting to people that they take their washing to the laundry. We saw that people were involved getting their breakfast and lunch. We also saw people after meals clearing the table of dishes and plates. This showed that independence skills were promoted by staff.

The PIR highlighted, "People are supported by an advocate if necessary". We saw that information was available giving people, staff and relatives contact details for independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this independent support to voice their views and wishes. Records we looked at and the registered manager told us that one person had an advocate and that advocacy services were secured for other people on an as needed basis.

A person said, "I like to see my family". A relative told us, "I have never once been told it is inconvenient to visit and I can ring anytime". Another relative said, "The manager swopped events around so I can visit". The PIR highlighted, "Staff actively encourages family and friends to be involved with people". Staff confirmed that families could visit when they wanted to. Staff also told us that they supported people to visit or have contact with their family.

Is the service responsive?

Our findings

A person told us, "I answered questions before I came here". The registered manager told us an assessment of need was undertaken before people were offered a placement. Records we saw confirmed this and we saw a care plan had been obtained from people's funding authority to also highlight people's needs and risks. Those processes would be undertaken to ensure that people's needs could be met. A relative confirmed, "The transition move was handled very well with visits and staff meeting [person's name] first". The registered manager also told us they encouraged people to have a meal or an overnight stay so people could decide if they would like to live at the service.

A person said, "My plan is looked at". A staff member told us, "All care plans are reviewed monthly". The care plans that we looked at had been reviewed and updated to ensure that they were current and reflected people's needs and wishes.

One person said, "I'm going to college in September. I like helping people. I'm learning first aid and practice putting bandages on people". A person shared with us, "I go out to some lovely places. I went to [name of holiday company] and came back last night. I enjoyed watching the wrestling and I went on the climbing wall. I go to the cinema, swimming, I like making chocolate cakes, and I go to the park and go on the boats". Staff told us and records confirmed that people were enabled to access the community and a wide range of leisure activities every day. During the day people went out to different places with staff. We saw they looked happy on leaving and were smiling. We observed that one person used a computer tablet and told us that they liked to do that. This showed that the provider knew it was important that people were offered leisure time activities that they enjoyed.

Records that we looked at confirmed people's religious needs had been determined. The registered manager and staff confirmed people were enabled to practice their religion if they wished to.

A person told us, "I have meetings". We found that issues raised in meetings had been addressed. For example, in one meeting people had discussed a holiday. Since then they had been and returned from the holiday and enjoyed it. We saw provider feedback forms that had been completed by people and relatives. The overall feedback was positive and confirmed that people and relatives were happy with the service provided.

A person said, "If I was not happy I would tell [staff member's name]. I am happy". Provider feedback forms confirmed that relatives knew how to make a complaint if they had the need to. A relative told us, "If I had concerns I would speak to [staff members name] or the manager". Another relative shared with us, "If there was a problem I would speak to [staff member's name] and I'm confident they would sort it out. 100% definitely they would sort it out". We saw the complaints procedures was available for people and their relatives to access if they had the need to. However, no complaints had been made. The Provider Information Return read, "All complaints would be responded to in a timely manner".

Is the service well-led?

Our findings

People, staff and relatives we spoke with told us that the service provided was good. A person told us, "It is very good here. I like it". All staff we spoke with told us in their view the service was organised and well-led.

People, staff and relatives we spoke with knew of the leadership structure in place. There was a registered manager in post who was supported by an assistant manager and a senior manager. A person said, "The manager's name is [registered managers name] she is kind". We saw the registered manager was visible within the service. We saw the registered manager engage with people. They knew people's names and we saw that people confidently approached the registered manager and spoke with them. We observed a person go to the registered manager gave them a hug and said, "I love you". The registered manager smiled at the person.

We found that quality checks on the service had been undertaken regularly. These covered daily and weekly in-house checks and audits by staff and the registered, manager that included cleaning, health and safety, record keeping and medicine safety. We found that where issues had been identified corrective actions had been taken.

It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare for example deaths and serious injuries. The registered manager told us they were aware of this requirement but there had not been a need to notify us of any event. However the provider told us they were not aware of the requirement to notify us when three people who used the service had received approvals from the local safeguarding authority to provide care in a way which could deprive them of their liberties. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was also displayed within the service.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The registered manager and staff were open and honest in their approach to our inspection by telling us plans for the home and where they felt improvements were needed.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "Any concerns I would go straight to the manager. I know that the issue would be sorted quickly". We saw that a whistle blowing procedure was in place for staff to follow. Staff told us that they were familiar with the policy and knew what they should do if they had any concerns. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.