R Bonomaully

Stonesby Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 April 2016 and was unannounced. The service was last inspected in October 2013 and met all of the standards the we reviewed.

Stonesby Lodge provides accommodation and personal care for up to 12 adults with mental health needs. The service is situated close to the centre of Leicester and is a traditional residential setting. Accommodation is provided over two floors. The service has single bedrooms with shared bathing facilities. There were 10 people living in the service at the time of our inspection.

The service had a registered manager who had been in post for a number of years. 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 were supported to take their medicines as prescribed. However, the arrangements for the administration and storage of medicines required improvements to ensure that people were protected from possible errors. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions.Some risk assessments required more detail to provide staff with the guidance they needed to keep people safe. People who used the service told us they felt safe. There were good systems for supporting staff to report any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

There were enough staff to provide safe and effective care for people. Staff were skilled in meeting the needs of people living with mental health. Staff understood the specific needs of people living with mental health and how to respond when people were anxious. We saw that staff provided compassionate support that met people's needs.

People who used the service told us that they were happy with their care. They told us how they were included in how their care was provided. People told us about how staff helped them to stay as independent as possible. We saw that people were able to exercise choice in what they did and where they spent their time. People were supported to take part in activities of their choice to meet their social needs, including accessing the wider community. People had been asked what was important to them and how they liked to spend their time. Staff knew people well and used the information they had about people's history, aims and interests to tailor their support. This meant that people received personalised care that reflected their preferences and met their needs.

People were supported to have their mental and physical healthcare needs met and encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and supported people to follow healthcare advice when provided.

Staff sought consent from people before providing care and treatment. People felt that staff respected them as individuals. The registered manager was in the process of completing mental capacity assessments for people to take into account the support people needed to make decisions.

Staff felt they were supported in their roles and the registered manager provided staff with clear guidance and leadership. Staff had completed the training they needed and we saw they used this knowledge to provide people with safe and effective care.

The registered manager operated an open culture in the service where the opinions of people who used the service and staff were valued and respected.

The registered manager assessed and monitored the quality of care provided. In addition to observations of staff working practices, the registered manager carried out audits on health and safety, care records and medicines within the home. We found that audits were not always effective in identifying areas of improvement. The registered manager encouraged staff and people who used the service to express their views and contribute to decision making through meetings and suggestions. People felt comfortable in making suggestions for improvements. The registered provider had a visible presence within the service and people told us they found both the registered provider and the registered manager friendly and approachable. Staff were clear about their roles and were confident they could raise concerns with the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Improvements were needed to the management, recording and administration of people's medicines.

People using the service were safe in the service and staff knew how to protect them from abuse.

People had risk assessments in place and staff knew what to do to minimise risk. Some risk assessments lacked detail to keep people safe.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the necessary skills and knowledge to meet their needs.

People were supported to maintain good health.

People were asked for their consent before care and treatment was provided. The registered manager was in the process of undertaking mental capacity assessment for people who used the service.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Care was provided in line with people's choices and wishes. Staff had developed positive caring relationships with people.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs and preferences.

People were involved in the review of their care and the provider

ensured that people's needs continued to be met.

People had access to information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated good leadership.

The provider had ensured people received quality care. However audits and governance was fragmented and not always effective in identifying areas of improvement.

People and staff felt involved in the running of the service.

Stonesby Lodge

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 visit took place on 11 April 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had expertise in services for people with mental health.

We reviewed the information we held about the service, which included information of any concerns received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also had contact with commissioners for health and social care, responsible for funding some of the people who use the service to gain their views about the service.

We spoke with eight people who used the service. We also spoke with the registered provider, the registered manager and two members of care staff involved in the care provided to people.

We looked at the records of three people, which included their risk assessments, care plans and medicine records. We also looked at recruitment files for four members of care staff, a range of policies and procedures, minutes of meetings, records of complaints and incidents and the provider's systems for monitoring the quality of the care provided.

Requires Improvement

Is the service safe?

Our findings

We found that improvements were needed to the storage and administration of medicines. The registered manager told us that they carried out daily audits of Medicines Administration Records (MARs). We checked recent MARs charts and saw that records had been correctly completed. However, where MARs charts had been hand written, the registered manager had not identified that some sheets did not have a month of usage and quantities of medicines had not been recorded. We found several prescribed topical creams that were not dated when opened. This is important because topical medicines may only have a limited shelf life. Because staff could not identify when the medicine had been opened it meant people were at risk of receiving medicines that may not be within the recommended expiry date. We saw that where topical medicines were prescribed, the medicine care plan did not have a body map or instructions on the MARs chart to show the areas where the topical medicine should be applied. Where a person had medicine that was prescribed as and when required (PRN) for example, for pain relief, there was no protocol on the person's medicine care plan. A protocol provides guidance for staff on when and why the person may require the PRN medicine. There were no photographs found on the medicine administration record or the blister packs. This is important information to ensure that staff who did not work regularly or were new to the service gave people their right medicines.

We discussed the management of medicines with the registered manager who told us that they would meet with the pharmacist who supplied medicines to update people's medicine records. They told us they would make improvements to the management and recording of medicines following our inspection,

During our inspection we identified areas in the service that were in need of redecoration. For instance, we found that some toilets required work to improve the condition of walls, tiles and flooring. We also found that some corridors toilets were heavily stained. We noted that flooring had recently been replaced in the dining area but a strip had not been fitted where the new wooden flooring met the existing carpet, resulting in a raised area that presented a trip hazard. We raised this with the registered provider who told us that they were in the process of upgrading the property and that a flooring strip was due to be fitted following our inspection.

The care plans we looked at demonstrated that the provider assessed risks to people's health and well being. This included the risk of falls, the risk of social isolation and emotional ill health. Staff understood the measures that needed to be taken to reduce these risks. For example, one person expressed a wish to go out at night without staff to a community club. Staff supported the person to keep safe by ensuring that pre-arranged transport was provided to and from the venue and an estimated return time was known. This meant that people were supported to act in accordance with their wishes using a positive risk taking approach.

Risk assessments were personalised and showed that people using the service had been involved in decisions about managing risk where possible. Records showed that risk assessments were updated regularly and when changes occurred. We found that some risk assessments lacked detailed information to support staff to manage risks. For example, one person was assessed as able to access the wider community

independently but the assessment did not include measures in place to reduce any potential risk to the person. Another person was assessed as at risk of becoming agitated and verbally abusive. However the assessment did not include any triggers or suggested intervention techniques to guide staff on how best to support the person at these times. We discussed this with the registered manager who told us they would review risk assessments with people to ensure they included enough detail to keep people safe.

A recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support people who used the service. We looked at staff recruitment files which showed that recruitment checks were completed before new staff started working in the service. Recruitment files included a Disclosure and Barring Service (DBS). The DBS check helps employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. We found that some written references were missing from files for staff who had been employed in the service for a number of years. The registered manager explained that these had been archived and told us they would retrieve these from the archives and return them to staff files after our inspection.

All the people we spoke with told us that they felt safe at Stonesby Lodge. One person told us, "This is a happy place. I feel safe here because I can ask for assistance if I need it." Another person told us, "I do not feel like there is any abuse. The staff are around to keep me safe. They talk to me if I am feeling anxious or if I have any concerns."

The risks of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected that abuse was taking place. Staff told us that they received training in recognising the various possible types of abuse and we saw that this was confirmed in staff training files. Staff showed that they knew who to contact if they had witnessed abuse or suspected that abuse had taken place, including contacting external agencies. We saw that there was information about how to report suspected abuse in the service which was accessible to staff who worked in the service. Staff demonstrated that they were aware of the provider's whistleblowing procedures which included contact details of agencies such as local authority and CQC which were also available on the staff notice board.

Staff who we spoke with felt there were enough staff to meet people's needs and that the team worked well together to cover any absences. People who used the service told us that they felt there were enough staff around to meet their needs. One person told us, "There are enough staff around to assist me when I need it." We saw that the provider had systems to ensure that there were sufficient numbers of staff deployed to provide people with the support they needed to keep them safe.

Good

Is the service effective?

Our findings

Staff told us they had the training and support they needed to enable them to provide effective care to the people using the service. One staff member told us, "The training here is really good. It has given me the skills and knowledge I need to do my job." We looked at staff training records. We saw that staff had completed training in a range of courses relevant to their role. Staff had also undertaken specialist training in supporting people living with mental health needs and understanding their responsibilities under the Mental Capacity Act 2005. The majority of the staff team had worked together for several years and they had developed effective ways of working together, for instance shared knowledge and experiences. The registered manager told us that the service was about to introduce the Care Certificate for any new staff. This is a national qualification for people who work in care. It covers both general and specific areas of care and support.

Staff told us that they had regular formal and informal supervision from the registered manager. One staff member said, "The [registered] manager is very supportive. She will tell me where I am going wrong and how to do things the right way." Another staff member told us, "I received feedback on how I am doing and my performance overall during my supervision which is really helpful." Staff files showed that staff received supervision on a regular basis. This demonstrated that staff received consistent support from the registered manager to enable them to carry out their effectively.

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).

The registered manager and staff we spoke with understood what was meant by the MCA and staff had completed training in this. One person using the service told us, "Staff always explain what they are doing and ask me if I am okay with it." We saw that people had consented to their care and signed their care plans and records. The registered manager told us that they were in the process of completing mental capacity assessments for people who used the service. They told us assessments would include the level to support people needed to make decisions and take into fluctuating capacity in the event the a person was experiencing mental ill health. People using the service were not subject to any DoLS authorisations at the time of our visit.

People told us that overall they enjoyed their meals in the service. One person told us, "Staff have spoken to me about healthy eating and exercise to lose weight. The food is wonderful here" Another person told us, "The food is good here. Staff do the cooking. We don't go in the kitchen whilst they are cooking but we do if we want drinks or snacks." Another person said that they felt the good was, "Okay, average really." Staff were available throughout the day and night to support people. We observed that people had sufficient to eat

and drink during our inspection.

Records showed that people had an assessment to identify what food and drink they needed to keep them well. For example, one person followed a sugar-free diet. The person told us that staff supported them to follow this through the choice of meals and was happy with the support provided. People were supported to manage their weight through monthly weight plans which recorded any weight lost or gained. Care plans showed that people received support from other health professionals such as GP's and dieticians when necessary in order to manage their nutritional needs. This demonstrated that staff had information on how to meet people's nutritional needs.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. Some people told us that staff accompanied them to appointments whilst others received support from staff to arrange appointments and attend independently. We saw that people attended a range of healthcare appointments including regular checks for dental and eye care and health screening and yearly health reviews in order to stay as well as possible.

Good

Is the service caring?

Our findings

People were mostly positive about the staff who supported them and told us that they felt the staff were friendly and approachable. One person told us, "I can talk to any of the staff. They are all approachable and we are all treated well." Another person told us, "We get well looked after and well cared for. We get the care we need. I get on well with the staff." Another person said, "I am very happy here. Staff listen to what I want."

People said that they felt the staff treated them with respect. People told us that they were encouraged to be as independent as possible, for example managing their personal care as far as they were able. One person told us that they were supported to do their own ironing. We saw that people had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. For example, one person was supported to work with staff to develop ideas for the external garden area. Staff were able to use their knowledge of the person's interests and previous achievements to encourage and support the person to get involved in a proposed gardening project. Staff were friendly and helpful, showing warmth and affections towards people. We observed staff reassure a person about an appointment they were concerned about. This showed that staff understood the importance of meeting people's emotional needs.

We saw people choosing what they wanted to do and where they wanted to spend time. For instance, one person chose to go out to access the wider community whilst other people chose to sit outside or in the communal lounge. One person told us, "I feel like I am treated as an individual. If I want assistance, I can ask for it and it is given with dignity and respect." Another person told us that staff respected their personal beliefs which was important to them. Another person said that their privacy and dignity was always upheld when staff supported them. This demonstrated that staff supported and respected people's choices.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be provided. People's care plans gave detailed information about a person's health and social needs. We saw that they were individual to the person and included detailed information about the person's likes and preferences. People using the service confirmed that they had been involved in their care planning and that staff respected their choices and provided care in line with their wishes. One person told us, "I am involved in my care planning and care reviews. I am offered a copy of my care plan but I prefer a copy to kept in the office."

Good

Is the service responsive?

Our findings

People told us they were encouraged to make decisions about how they spent their time and who they spent it with. We observed that people were able to go out to access the wider community with support or independently. One person was able to tell us how they had learnt cookery at a community class and particularly enjoyed baking. Another person was supported to assist in the development and upkeep of the rear garden area, including growing vegetables. People were supported to pursue their religious beliefs, including attending local places of worship if they wished.

People had an assessment of their needs when they moved to the service. The information from the assessment had been used to develop the person's care plan. We saw that care plans included people's preferences, what people liked to talk about and important people in their life, past and present. Care plans also included key events in a person's life history and how they preferred to communicate. An example was for a person who was interested in drama. This was included in the person's care plans so that staff could talk to them about it. People's care plans contained up to date information about their needs. Care plans had been updated to reflect changes in needs and there was clear evidence that people had been involved and consulted in care reviews. For example, one person's aims and objectives had been included in their care plan, hand written and in their own words. They included what the person wanted, their views of the service and what was important to them. The person had recorded that it was important to retain contact with some members of their family. The records of support provided showed that the person had been supported to maintain contact through telephone calls and visits.

Staff were aware of the care people required, for example staff had made sure that someone requiring a walking aid always had it near to them. Staff were knowledgeable about people's needs and records showed they were providing the care they needed. Where people had declined assistance, this was recorded in the person's file and records we saw showed that staff monitored and responded this. Staff told us they read people's care plans and that the registered manager was always helpful if anything needed explaining or advice was needed. This meant that people received care that was personalised and met their needs.

Regular meetings were held with people to discuss any changes in their needs and outcomes of their experiences so that care plans continued to reflect people's current needs. People who used the service told us they were involved in the review of their care and this was confirmed by records that we looked at. The registered manager told us that an advocate service was available to support people who used the service and we saw that contact details for the advocacy service were available on the communal notice board. An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

We looked at the provider's systems for managing complaints, including the complaints procedure. We saw that the procedure was up to date and included contact details for relevant external agencies. The registered manager told us that they service had not received any complaints in the last 12 months. We spoke with people who used the service and asked if they knew what to do if they were unhappy with any aspect of their care. Some people were aware of the complaints procedure and knew that a copy was

available on the communal notice board. One person told us that they did not know how to make a complaint and would talk to the staff to support them or speak to the provider directly. People told us they would make a complaint if they had one and felt confident they would be listened to.

Good

Is the service well-led?

Our findings

The people we spoke with and staff told us that the registered manager was approachable and available if they needed to speak with her. One staff member told us "The [registered] manager lets us know where we need to improve or any changes that are coming up. She is very supportive of us." Another staff member said "The [registered] manager is always approachable, even when they are not on duty. She always responds to telephone calls and gives us help and advice or talks through a problem to help us to make a decision."

We saw that the registered manager was available to speak with people using the service and staff throughout the day. Both the registered manager and the registered provider had a visible presence in the service and we saw people and staff approaching them comfortably. One person who used the service told us "They [registered provider] come in regularly and talks to us. He does seem to care about all of us." Staff meetings were held regularly and the registered manager had used these to discuss changes and key events within the service and share information with staff. Resident meetings were held on an ad hoc basis. People told us that they felt able to make suggestions and contribute to decisions in resident meetings. One person told us "I have never had to make any suggestions for improvements but the resident meeting is where you can voice any concerns and I know we are listened to." We looked at the minutes of the last meeting held in September 2015. We saw that people using the service had forwarded suggestions for improvements, for example, requests for changes to meals, social outings and key events in the calendar. We saw that people's suggestions had been followed up, for example in social outings arranged and in meal choices. This meant that people and staff were supported to share their views of the service and influence how it was run.

The registered manager told us that they had yet to send out satisfaction surveys to people who used the service to gain their individual views of the service but had implemented a suggestion box. This was available in the communal areas for people to make comments or suggestions as and when they wished. We saw that the registered manager had discussed the suggestion box in the last resident meeting and encouraged people to make comments and suggestions, though to date none had been received.

The registered manager carried out regular audits on records to make sure they were accurate and up to date. We saw that the registered manager regularly checked people's daily care notes and medicine records. However, we found that medicine records were not always accurate which showed that audits were not as effective as they could be in identifying areas of improvement. The registered manager kept a calendar of all key health and safety checks, such as general maintenance in addition to fire, gas and electrical checks. This meant that people using the service and staff were kept safe when using equipment within the service. The registered manager also carried out competency observations of staff working practices in areas such as supporting people who used the service and administering medicines. The registered manager used the outcome of competency observations to support staff to develop and improve the quality of care provided to people.

The registered manager said that they felt supported by the registered provider. They said that the registered provider was open to discussions about resources needed to run the service and that whatever an individual person needed, they provided it promptly. People who used the service felt that some areas

needed "A lick of paint" and were looking tired and drab.

The registered provider and registered manager demonstrated that they understood their legal obligations including the conditions of their registration. They understood their responsibilities to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. However, no events had been reported that required notifying.

The registered provider understood the key risks and challenges facing the service. They were in the process of developing an action plan to mitigate the risks and respond to the challenges. The registered manager was able to show us new systems of policies and procedures the service had implemented and explained that they were reviewing quality assurance within the service to ensure they were effective in evaluating the quality of care provided.