

HC-One Limited

Stoneleigh Care Home

Inspection report

Durham Road
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Stanley
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Date of inspection visit:

20 April 2023

27 April 2023

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13 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stoneleigh care home is a residential care home providing personal care for up to 36 people. The service provides support to younger adults, older people, those living with dementia, those with physical disabilities, those with learning disabilities and autistic people. At the time of our inspection there were 34 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

People said they felt safe living in the home and with the staff who supported them. People and relatives spoke positively about staff and described them as kind and caring. Staff treated people with dignity and respect, and staff knew people's needs well.

Staff were aware of safeguarding arrangements and knew what action to take to keep people safe. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely. There were enough staff to meet people's needs. Medicines were managed safely. The premises were clean, improvements had been made to the environment, and there were good infection control practices in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality monitoring systems were effective in identifying and generating improvements. Feedback was sought from people who used the service, relatives and staff, and acted upon appropriately. Staff worked effectively with health and social care professionals which improved people's wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 September 2017).

At our last inspection we recommended that the provider reviewed staffing levels to ensure there were enough staff to meet people's needs. At this inspection we found the provider had acted on this recommendation and improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stoneleigh Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 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.

Service and service type

Stoneleigh is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Stoneleigh is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and five relatives when we visited the service. We spoke with 13 members of staff including the registered manager, the area director, the deputy manager, two senior care assistants, three care assistants, the head housekeeper, one domestic, two kitchen staff, and the maintenance officer. An Expert by Experience spoke with a further 12 relatives on the telephone on 27 April 2023.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider reviewed staffing levels to ensure there were enough staff to meet people's needs. At this inspection we found improvements had been made.

- There were enough staff to meet people's needs promptly. Staff were visible throughout the service and call bells were answered promptly.
- Safe recruitment procedures were followed. Appropriate pre-employment checks were carried out which included a Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe and they were happy with the care provided. One person said, "I feel safe here and I am well cared for. You couldn't ask for better staff." A relative told us, "[Family member] is definitely safe at the home and with the staff. They usually have a beaming smile on their face."
- People and relatives spoke positively about staff and described them as kind and caring. Staff treated people with dignity and respect, and staff knew people's needs well.
- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed. Staff were aware of people's risks and how to keep them safe. People's care plans included risk assessments about individual care needs.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were managed safely. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were trained in how to administer medicines safely. Their competence to administer medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- People received their medicines as prescribed. Staff were patient and respectful when they supported people to take their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following current guidance in relation to visiting in care homes. There were currently no restrictions.

Learning lessons when things go wrong

- The registered manager promoted a culture of learning. Accidents and incidents were monitored and analysed to aid learning and improve care. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led. Relatives spoke positively about how the service was managed and the atmosphere in the home. One relative told us, "It's a very friendly place and staff are welcoming to me." Another relative said, "I'm more than happy with it. I'm amazed at how lovely the staff are and I can go to the manager about anything."
- There was a positive culture and ethos at the service which was driven by the registered manager and deputy manager. The registered manager and deputy manager led by example and actively promoted responsive care which improved people's quality of life.
- Staff ensured people received person-centred care which was responsive to their needs.
- The registered manager understood their legal responsibility to be open and honest when something goes wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Quality monitoring systems were effective in identifying and generating improvements within the service.
- The registered manager and staff understood their roles and responsibilities.
- When an incident occurred, this was investigated thoroughly, and lessons were learnt where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via regular communications, meetings, surveys and reviews.
- Staff meetings were held regularly. Staff told us they were well supported and had plenty of opportunities to provide feedback about the service. Staff told us the registered manager was approachable and supportive.

Working in partnership with others

- The registered manager and staff team worked in partnership with other health and social care professionals to achieve positive outcomes for people.