

W & S Red Rose Healthcare Limited

# Stone Gables Care Home

## Inspection report

Street Lane  
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Leeds  
LS27 7HR

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Stone Gables is a care home without nursing care, providing accommodation for persons who require personal care for up to 40 people. The service provides support to older people, including people living with dementia. At the time of our inspection there were 23 people using the service. The care home accommodates people across 2 floors in 1 building.

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

The provider's oversight of the service was ineffective. Systems were not in place to support the monitoring and improvement of the service. Managers failed to provide evidential documents during the inspection process. There was a lack of measures in place to help drive improvements at the service.

Medicines were not managed safely. Guidance was not followed when changes were made to people's medicines and time specific medicines were not given at the correct times. Risks were not being appropriately assessed and managed around challenging behaviours and people's health. People's risk assessments were not readily available for staff to read and follow. Referrals to the local authority safeguarding team had been made appropriately. However, follow up actions had not been completed by the provider.

People, staff and relatives did not feel there were enough staff on shift to meet people's needs. We observed people at lunch time not receiving the support they required. Staff did not receive regular supervisions or appraisals. We were not assured that competency assessments were completed with staff. We observed staff to be kind and respectful to people, but they were very busy and task orientated.

We received positive feedback about the activities on offer and the activities coordinator. During the inspection, we observed people and their relatives participating in activities throughout the day. Relatives were complimentary about the care staff.

Assessments were completed with people before they moved in to Stone Gables and care plans included information on how to support people to meet their needs. People received health and social care support from a range of professionals including GP's, district nursing and social work teams.

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

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 29 November 2019).

#### Why we inspected

The inspection was prompted due to concerns received about medicines and staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to risk management, management of medicines, staffing and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Stone Gables 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.

#### Inspection team

The inspection was carried out by 3 inspectors 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

Stone Gables 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. Stone Gables 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 who works 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 7 people who used the service and 5 relatives about their experiences of the care provided. We spoke with 10 members of staff including the nominated individual, registered manager, deputy manager, activities coordinator and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, which included detailed reviews of people's care plans, medicine administration records and we looked at medicines related documentation. We also observed medicines administration and checked their storage. We looked at 3 staff files in relation to recruitment and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection, we recommend the provider ensured risk assessments were completed for people who required paraffin based topical creams in line with their internal policies and procedures.

- Stock checks for some medicines and records for creams showed they had not been given as prescribed.
- When people's medicine doses were changed this was not always done in a timely manner.
- People did not always have written guidance in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- The manufacturers' directions were not always followed. Medicines which must be given at specific times were not always given at those times which meant they may not be fully effective.
- Strong pain relieving patches were not rotated properly. Records about the time medicines were given were not completed so it was not always possible to ensure a safe time interval was left between doses.
- There was no recording of when thickener was added to people's drinks where it had been prescribed to them because they had swallowing difficulties. The provider commenced recording of thickener after we alerted them.
- Waste medicines were not stored safely in line with current guidance.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This demonstrated a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been completed for those people who required paraffin based topical creams.

### Assessing risk, safety monitoring and management

- Risks were not being appropriately assessed around challenging behaviours. Those at risk, continued to display challenging behaviours towards others as they did not receive the appropriate support to manage their risks.
- Risks relating to people's health were not being appropriately assessed. For example, where a risk such as weight loss was identified, it was not always evident that this was monitored, and relevant action taken when needed.

- People's risk assessments were not readily available for staff to read.
- Personal Emergency Evacuation Plans (PEEPs) had been implemented for all service users. However these lacked detail around how people should be evacuated, if needed.

We found no evidence people were harmed, however, risks to people were not clearly identified or managed. This put people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular maintenance checks and environmental checks had been completed.

#### Staffing and recruitment

- A dependency tool was used to help determine staffing levels. However, we could not be assured that staffing levels were appropriate to meet the needs of people using the service.
- People, staff and relatives did not feel there was enough staff on shift to meet people's needs. It was reported that people had to wait for staff whilst they supported other people.
- SOFI was completed during lunch time, we found a lack of interaction with people and people's needs were not met, for example food was not cut up or people were not supported to eat.

We found no evidence people were harmed; however, staff deployment was not effective to ensure people's needs were met in a timely way. This put people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to make sure staff were recruited safely to the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Referrals to the local authority safeguarding team had been made appropriately. However, follow up actions had not been completed by the provider.
- Staff had received safeguarding training and knew how to report concerns.
- It was not clear that lessons were learnt effectively.
- A monthly audit was being completed to collate the information of accident and incident reports. It was not clear how this reduced further occurrences to keep people safe.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were not 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 somewhat 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 somewhat 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.

#### Visiting in care homes

- The provider was following the most up to date guidance for visiting in care homes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervisions or appraisals.
- The registered manager told us they completed competency assessments with staff. However, we found no evidence of these being completed.
- There was a mixed response from people about staff. One person told us, "The staff are good. If you want something, you just shout, and they are there." Another person told us, "Not all are as helpful as they could be."

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported to eat and drink in line with their assessed needs. People who required support to eat, did not receive this support.
- We observed people being provided with snacks and drinks throughout the day.
- There was a mixed responses from people about the food. One person told us, "The food is basic, a lot of the same things." Another person told us, "The food is alright but it's always the same."
- Food and fluid intake records were not always completed well which made it difficult for staff to effectively monitor what people had eaten and drank.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed prior to an offer of a place at the service being made.
- Care plans included information and guidance on how staff should meet people's needs.
- Relatives were involved and informed of any changes to people's needs and care planning. One relative told us, "I am always involved or informed of any changes."

Adapting service, design, decoration to meet people's needs

- People had access to communal lounges, a dining area and a garden space. These spaces were used throughout the day.
- Areas of the service required redecorating. We saw some areas that required redecoration and the nominated individual confirmed a home decoration action plan was in place to redecorate the home.
- People's bedrooms had been personalised with their own pictures and possessions.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received health and social care support from a range of professionals including GP's, district nursing and social work teams.
- A weekly review of people was completed by a matron. They made further referrals if required.
- We observed a number of professionals visiting the service to provide care to people.
- We observed staff responding to call bell alerts in a timely manner.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw evidence of DoLS applications and authorisations in people's care records.
- Where people had been unable to make their own specific decisions, they had been made in line with the MCA and involved people and their relatives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Relatives did not feel their loved one's personal care needs were always met.
- Whilst confidential information was stored in the offices and cupboards, doors were left open which meant information could be accessed by people who should not have access to this information.
- There was an electronic call bell system in place that enabled people to summon help and support from the staff team when they required it. We noted one person did not have access to their call bell. The registered manager took action to ensure the call bell was placed within their reach.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples diverse needs were considered when providing care.
- Where people required alternative meals according to their religion, these were provided and stored appropriately.
- Our observations showed staff were kind and respectful to people, but were very busy and task orientated.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in deciding what they wanted to do during the day. The activities coordinator acted on feedback received.
- Staff asked for consent before they provided care to people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they could not always have a bath when they wished.
- Care plans contained information about people's needs and how to support them. Where one person had a specific need in relation to a medical condition, a risk assessment had been completed.
- Daily records lacked detail about the care that had been provided to people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some signage was used across the home to direct people to their rooms or bathrooms.
- Pictorial menus were used to support people's understanding of the choices of food available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their mental well-being and follow their interests through a programme of activities which was available. Group activities were well attended and varied.
  - The home had recruited an activities coordinator. The activities coordinator was very engaging. One person told us, "[Activities coordinator] is the best thing about this place; they sort anything out." Another person said, "The activity person is excellent, the best thing about here."
- We observed people and relatives engaging in activities throughout the day.

Improving care quality in response to complaints or concerns

- We asked about the system in place for dealing with complaints or concerns, this was not provided.
- It was not clear if there were any open complaints at the time of the inspection.

We recommend the provider consider current guidance on ensuring a robust system is in place for recording and acting on complaints and take action to update their practice accordingly.

End of life care and support

- People were able to remain at the home should they be at the end of their life. Care services were

available to support end of life care.

- People's end of life wishes and preferences were not always recorded. This meant staff did not always have access to appropriate information to support them to deliver person-centred care at the end of people's lives.

# 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. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider's oversight of the service was ineffective. Systems were not in place to support the monitoring and improvement of the service.
- Evidence of quality assurance checks completed by the provider were unable to be located and therefore were not reviewed as part of this inspection.
- The few audits that were completed were not effective and did not reflect the concerns we found during the inspection in relation to risk management, ensuring safeguarding procedures were in place, medicines and staff deployment.

Whilst no harm occurred the provider failed to ensure systems and processes were established and operated effectively. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Managers lacked openness and transparency during the inspection process.
- Managers failed to provide evidential documents during the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of direction from the registered manager. Managers were not clear about their roles. They did not fully understand risk and regulatory requirements. They did not ensure the principles of good quality assurance were followed.
- Not all relatives knew who the registered manager was and who had overall responsibility for the service.
- Relatives were complimentary about the care staff.

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

- The provider took the opportunity to gain feedback from staff, relatives and people. However, they failed to act on feedback received.
- There was a lack of team meetings at the service.
- Families felt they were kept informed about their loved ones by care staff. One relative told us, "I am the

main contact for [relative's] care, staff will ask me first for anything."

Working in partnership with others

- The service worked in partnership with others. We saw evidence of the involvement of professionals in the care and support of people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not effectively deployed to meet the needs of people.