

Stonesby House Ltd

Stonesby House

Inspection report

147 Stonesby Avenue
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Website: www.stonesbyhouse.co.uk

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stonesby House is a residential care home that provides personal care for older people, and people with learning disabilities and/or mental health support needs. At the time of our inspection there were 9 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 5 people receiving personal care.

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

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.

Right Support: Equipment was not always used for its intended purpose and was not always safe. The provider failed to ensure the environment was kept clean and properly maintained. The service was worn and in need of renovation.

People were supported by enough staff and safe recruitment checks were in place. People received their prescribed medicines safely. New staff completed an induction program which included completion of The Care Certificate. People were supported by trained and competent staff.

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.

Right Care: Assessments were completed and people told us they felt included in decisions about their care. People were supported to eat and drink enough. The service worked in partnership with health and social care professionals.

Right Culture: Quality assurance systems and service oversight was not always effective. The provider was not proactive and ensuring people had a suitable living environment.

The atmosphere in the service was relaxed and friendly. Staff received regular supervision. Staff and people living at the service had opportunity to raise concerns or make suggestions. The deputy manager and provider were open to feedback during the inspection and took immediate action when concerns were raised.

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 19 July 2019)

Why we inspected

We received concerns in relation to staff conduct, medicines practices and management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stonesby House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to premises and equipment, and good governance at this inspection.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stonesby House

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 completed by 1 inspector.

Service and service type

Stonesby House 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. Stonesby House 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 not a registered manager in post. A manager had been employed by the provider with the intention of becoming the registered manager, but at the time of the inspection they were not yet inducted at the service.

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 visited the service on 3 separate days to complete the inspection. We checked the environment on each site visit. We spoke with 5 people living at the service and 4 relatives, to gain feedback on their experiences of using the service. We spoke with 7 staff including the deputy manager and a director. We reviewed a selection of records for 5 people including care plans, risk assessments, capacity assessments, medicine records, daily notes and other daily monitoring charts and care records. We looked at 5 staff files in relation to recruitment and reviewed the providers training and supervision monitoring documents. A variety of records relating to the management of the service were examined including, quality checks, incident reporting and health and safety records.

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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Equipment was not always used for its intended purpose. One person was provided with a crash mat instead of a mattress for sleeping. This put the person at risk of injury and was not dignified. We raised this with the provider, and they immediately ordered a new mattress.
- Equipment was not always secure to ensure safety. Free standing furniture such as wardrobes, was not fixed into position and was at potential risk of falling and causing injury. The providers environmental risk assessments had not identified this potential risk. We raised this with the provider, they responded promptly and fixed all required furniture to the walls to minimise risk.
- The provider failed to ensure the environment was kept clean. For example, we found black mould on silicone seals within the kitchen, pull cord light switches were visibly dirty in bathrooms and air filters on the cooker hood were covered with grease and grime.
- The environment was not always properly maintained. There was a build-up of limescale on multiple water outlets and shower hoses. We raised this with the provider and they completed some descaling activity and replaced some shower hoses.
- Equipment was not always kept in full working order. Antibacterial hand sanitiser dispensers were left empty or clogged. This meant staff, people and visitors were unable to sanitise their hands. We raised this with the provider and they took action to repair and refill the dispensers.
- We received mixed feedback about the premises. One relative told us, "The bathroom can be a bit grotty, could do with a good clean."

Equipment was not always well maintained or appropriately used, and the environment was not well maintained or kept clean. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks related to people's care needs were well managed. For example, people with diabetes received appropriate care and there was suitable guidance available for staff in people's care plans and risk assessments.

Visiting in care homes

- People had access to visitors in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected by an effective safeguarding system and incident management was effective.

- Staff were trained in safeguarding and knew how to identify and report concerns.
- People told us they felt safe living at the service. One person said, "Yes I feel safe living here, it's perfect here."

Staffing and recruitment

- People were supported by enough staff. One person told us, "We're in good hands, there are plenty of staff." One relative told us, "There are enough staff, and they seem very good."
- Safe recruitment checks were in place. References were obtained to ensure staff had the necessary experience and DBS checks were completed: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- People received their prescribed medicines safely. People told us they felt well supported with their medicines.
- Staff were trained in medicines and the provider assessed competency to ensure safe practice was maintained.
- Medicines were stored safely, and record keeping supported safe medicines practices.
- Staff had access to guidance for safe medicine administration in people's care plans and medicines protocols. These documents were clearly written and easy to locate.
- Evidence indicated medicines practices were improved when things went wrong. The care people received was adapted to meet their needs.

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.

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

- The service was worn and tired in most areas and in need of renovation. For example, some doors and other woodwork was chipped and damaged, and radiator covers were loose and unstable. One relative told us, "The building is a bit tired for my liking."
- Works completed were not always to a good standard. For example, 1 bathroom had been partially renovated, but the works were untidy and old floor tiles had been left in place.
- The provider was not always proactive at making improvements to the environment. One relative told us they had to request renovations to their relative's room and furniture as the provider had not acted independently. There was no redecoration plan in place to identify areas of improvement or planned works.

Service decoration was worn, and renovation works were not always completed to a good standard. The provider was not always proactive at identifying required improvements. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care plans were regularly reviewed to ensure staff had access to accurate guidance. This was mostly effective; however, we identified some care plans that did not contain full details of the care provided by staff. We did not identify any concerns with the delivery of care itself.
- Assessments were in place to understand people's needs. This information was used to inform daily care routines.
- People told us they felt included in decisions about their care.

Staff support: induction, training, skills and experience

- New staff completed an induction program when joining the service. This included completion of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular training, and this was well managed by the deputy manager to ensure staff remained compliant.
- Staff told us they felt they received the training they needed to meet the needs of the people living at the service.

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

- People were supported to eat and drink enough. People with specialist dietary requirements, and people who needed support with their meals, were supported in a dignified and caring way. Staff were trained and understood people's needs well.
- People told us the food was good and that meals were filling.
- A menu was displayed in the dining room. There was only 1 option available for people each mealtime, however, staff told us they would prepare something different if a resident didn't like the food available. They gave us an example of this, and we observed staff doing this.
- People chose the meals available on the menu. Regular resident meetings took place where people could provide feedback regarding the food available to them.

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

- The service worked in partnership with health and social care professionals to ensure care was appropriate and safe for people's needs.
- Health care professionals visited the service and people were supported to attend appointments where needed.
- Health concerns were escalated to health care professionals and staff had clear guidance on how to keep people safe with specific health conditions.

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.

- The provider worked within the principles of the MCA. Where people lacked capacity, assessments were in place and details were recorded in people's care files. We identified 1 person who was being supported with their finances, without the necessary authorisations in place. We raised this with the deputy manager who promptly completed an assessment to ensure the support provided was appropriate.
- Where people were deprived of their liberty, DoLS authorisations were in place and conditions were being met. The deputy manager had good oversight of DoLS and managed this well.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were not always effective. For example, monthly audits had not identified the lack of cleanliness or environmental improvements required.
- Daily service oversight was not always effective. Unsafe sleeping provisions for 1 person were not identified or raised to the provider to seek a solution. This meant this person may have remained at risk if the inspection had not taken place.
- The provider was not proactive at ensuring people had a suitable living environment. There was no service improvement plan in place to identify and schedule re-decoration or service improvements. We found the service to be worn and tired.

Quality assurance systems and service oversight was not always effective, and there was no service improvement plan in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere in the service was relaxed and friendly. People seemed comfortable around staff and spoke fondly about them. One person told us, "Staff are hardworking and honest."
- Visitors at the service appeared relaxed. One relative told us, "Staff are very polite, very friendly, and welcoming to us when we visit."
- Staff received regular supervision from the deputy manager. One staff member told us, "[Deputy Manager] completes observations and I get private supervisions. I feel well managed, [Deputy Manager] is very supportive."
- Staff and people living at the service had opportunity to raise concerns or make suggestions at regular meetings.

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; Continuous learning and improving care; Working in partnership with others

- The deputy manager understood the legal responsibilities of the provider and supported the service accordingly.

- The deputy manager and provider were open to feedback during the inspection and took immediate action when concerns were raised.
- The deputy manager and staff worked alongside health and social care professionals to assess and understand people's needs.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Equipment was not always well maintained or appropriately used, and the environment was not well maintained or kept clean. Service decoration was worn, and renovation works were not always completed to a good standard. The provider was not always proactive at identifying required improvements. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems and service oversight was not always effective, and there was no service improvement plan in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>