

Stoneleigh Care Homes Limited

Stoneleigh House

Inspection report

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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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Stoneleigh House is a residential care home that was providing personal care to 22 people who may have a learning disability at the time of the inspection.

People's experience of using this service:

People were not consistently provided with choices. People's dignity and privacy was not always respected.

Risks to people were not always managed in a safe way. Staff were recruited safely, although people did not always feel there were enough staff to support them in social activities. Medication was managed safely and there were effective infection control procedures in place. People were supported by staff who knew how to safeguard them from abuse.

Staff did not always receive training prior to commencing work at the home. Staff understanding of how to support people in line with the Mental Capacity Act varied. People's dietary needs were met and people had access to healthcare services where required.

People were supported by staff who knew them well, although people felt that their social needs were not consistently met. There were systems in place to respond to any complaints made.

Systems to monitor the quality of the service had not been effective in identifying the areas for improvement found at this inspection. Records maintained about people's needs were not always accurate. People had been given opportunity to feedback on their experience of the service.

Rating at last inspection: Good (Report published 20 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around Dignity and Respect and governance. Details of action we have asked the provider to take can be found at the end of this report

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 always well led.
Details are in our Well-Led findings below.

Requires Improvement ●

Stoneleigh 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of 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.

Service and service type: Stoneleigh House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people living at the service and two relatives. We also spoke with three members of care staff, and the registered manager. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are

unable to speak with us.

We looked at four people's care records as well as records relating to recruitment, complaints, accidents and incidents and quality assurance.

Is the service safe?

Our findings

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

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

- Staff did not know the actions they should take in an emergency such as a fire. Staff's description of actions they would take to ensure people's safety in this situation had the potential to cause injury or harm to people. We raised this with the registered manager who told us that staff had been trained in fire safety and was surprised that staff did not know their roles and responsibilities in the event of a fire. The registered manager informed us that this would be addressed with the staff team immediately.
- There were risk assessments in place that detailed how staff should support people where risks were posed to health and well-being. However, it was not always clear that staff had followed these assessments to ensure people's safety. Where people required support to reposition to reduce the risk of developing sore skin, records indicated that this action had not been consistently taken at the correct intervals. This meant we could not be sure that people were being supported safely to reduce the risk of sore skin. We raised this with the registered manager, who advised that people who had sore skin had seen improvements in their skin health and would look into the records maintained by staff to identify why the action taken had not been accurately recorded.
- Staff had acted to reduce risks to people in other areas of their care. For example, where people required specialist equipment to maintain their health, staff understood how to use the equipment and the actions they should take if a fault occurred.

Staffing and recruitment

- People gave mixed feedback when asked if there were enough staff to support them. Some people felt the number of staff available ensured they were safe. One person told us, "There is [enough staff] yes, they're always around apparently". Others told us their care needs were met however there were not enough staff to support them with their social needs. One relative told us, "Generally there is no staff. We have been told [person] cannot go to the day centre sometimes as there is not enough staff to take them". Our observations reflected this feedback. Although people had their care needs responded to in a timely way, staff appeared busy and were not seen to be spending time with people. We found that staff availability to spend time with people improved on the second day of inspection.
- The registered manager had implemented a dependency tool that supported them in assessing how many staff were needed to support people. She told us that they had currently been providing more staffing hours than the dependency tool indicated was required.
- Staff had been recruited safely. We saw that the registered manager had sought references from previous employers and completed Disclosure and Barring Service (DBS) checks to see if staff had any criminal convictions or had been barred from working with adults.

Using medicines safely

- People received their medication in a safe way. Medication Administration Records (MAR) had been completed accurately and the number of medications recorded on the MAR reflected what was held in the medication cupboard. This indicated that medications had been given as prescribed.
- Where people required medication on an 'as and when required' basis, there were protocols in place to ensure that this was given consistently by staff.

Preventing and controlling infection

- There were safe systems in place to control the spread of infection. The registered manager had employed domestic staff to ensure the cleanliness of the home. We found the home to be clean and odourless.
- Staff understood their responsibility for controlling the spread of infection. Staff wore personal protective equipment where needed and ensured people who had been unwell with sickness were isolated for 48 hours to prevent the sickness spreading.

Learning lessons when things go wrong

- Where accidents and incidents had occurred, the registered manager had acted to reduce the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe at the home as staff had received training in safeguarding people and knew the actions they should take if they thought someone was at risk of harm. One member of staff told us, "I would report it to the manager if I had a concern".
- Although no safeguarding concerns had arisen, the registered manager understood their responsibilities and the actions they should take if they received information regarding abuse.

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

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 told us they received an induction when they started work. This had included shadowing a more experienced member of staff and being shown around the home. However, staff told us that their induction had not included training. Training sessions had been arranged for all staff to receive their refresher training throughout 2019 and new staff would be enrolled on courses as they came up throughout the year. One member of staff told us, "I didn't do any training as part of induction, but I will do it now they are all scheduled". Another staff member added, "I will be included in the training now". This meant that there were some staff supporting people in areas they had not yet received any training in. For example, pressure area care and Dysphagia. Following the inspection, the registered manager sent us evidence that new staff had completed some training such as moving and handling in previous employments and provided assurances that staff would not work unsupervised until all training had been completed.
- Staff who were not new to the home had received training to support them in their role. Staff told us that this was refreshed annually and that the training enabled them to support people effectively. One member of staff told us, "I think [the training] is really good and informative. You can ask for more in supervisions too".

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Not all staff had received training in MCA and so did not consistently know what this entailed. One member of staff told us, "No, I don't know anything about it (MCA)". All staff spoken with did understand the importance of consent and could demonstrate how they gain people's consent when supporting them. One member of staff told us, "I get consent by asking politely. If they say no, I will go away and come back later". People we spoke with confirmed that staff sought their consent. One person said, "Yes they [staff] just ask me and I say yes if I want to".
- Where people lacked the capacity to make decisions, the registered manager had followed the appropriate process to obtain a DoLS authorisation. However, staff we spoke with did not consistently know

what DoLS were or how they would affect how they support people. One member of staff told us, "I don't know too much about DoLS". Staff were aware of who had a DoLS authorisation in place but not the reasons for these or how people with DoLS in place should be supported.

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

- People were happy with the food provided. One person told us, "Pretty good here actually".
- Care staff were responsible for the preparation of meals. Staff explained that they were aware of people's specific dietary requirements as the details were included in people's care records.
- Mealtime was a sociable experience and people sat together to eat and make conversation.
- People had been provided with drinks and snacks in between meals.

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

- The home was made up of two separate buildings connected via a walkway. There was a separate annexe in the grounds that had its own bedrooms, bathroom and living areas. All areas of the site were spacious and there was adequate outside space for people to use if they wished.
- There was a lack of signage to support people to move around independently. There were no signs to direct people to where toilets were or to indicate which rooms were bedrooms and so shouldn't be accessed. We raised this with the registered manager who advised that this was because the people living at the home with a diagnosis of Dementia would be unable to move around independently but that she would take our observations on board. Following the inspection, the registered manager provided us with information that some areas of the home were in the process of being renovated and that this was why some signage was unavailable. This was now being addressed.

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

- People had access to healthcare services. Records we looked at showed that people had been supported to see their GP and district nurses as well as receive health checks with opticians and dentists where required.
- Referrals had been made to specialist health services where needed. We saw people had received support from services such as Speech and Language Therapy and Occupational Therapy. A chiropodist visited the service on the day of the inspection.

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

- Prior to people moving into the home, an assessment of their needs took place. The assessment looked at their care needs, their medical history and any medication the person needed. Assessments also took into account characteristics protected under the Equality Act such as religion or culture.
- People's care needs were reviewed regularly to ensure their needs would continue to be met.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us they were not supported to make choices about their care. People told us they did not get a choice around what time they got up each morning. One person told us, "No, I don't get to stay in bed, I get up as they [staff] tell me". This view was shared by a number of people at the home. Other people told us they had a lack of choice over the food they eat at the home. One person told us, "I don't get a choice. I eat what they [staff] bring me".
- We saw that people were not consistently provided with choice. At mealtime, the people seen together in the dining room were all given a sandwich with the same filling on each. Following the inspection, the registered manager informed us that other people in the home had been given a different meal during this time but this had not been viewed. Mealtime choices had improved on the second day of inspection where we saw an improved choice of both meal and drinks.
- Further to this, we saw people's choice around where they would like to eat not be respected. One person eating a banana at the dinner table indicated to staff that they would like to go into the lounge. Staff responded by informing the person that they could not go to the lounge until they had eaten their food. This meant that the person had been denied a choice of where they would like to eat. We informed the registered manager about this incident and they informed us that there was no reason why this person could not have been supported to finish their meal in the lounge and would speak with staff about this.

Respecting and promoting people's privacy, dignity and independence

- People were not always given privacy. A health professional visited to take care of people's feet. People who needed to see this health professional were not supported to have this care within the privacy of their room but were supported in the communal lounges where other people were sat. This meant that their care was provided in full view of others including people who lived at the home and staff.
- Although staff could provide examples of how they ensured people were treated with dignity, we saw that this was not always practiced. For example, one person had an episode of incontinence in the communal areas. The person alerted staff to this, but was not supported to change until 30 minutes after the incident. This meant that the person had not been supported by staff in a way that would promote his dignity.
- We saw that people's independence was encouraged. For example, people who were able to walk independently with the use of a walking aid were encouraged to do so. However, one person told us that they had not been able to continue their interest of helping out in the kitchen. The person said, "I asked if I could help wash up and dry when I came here because I like to help but they said no I wasn't allowed". This meant that the person was not supported to maintain their independence in cleaning up after themselves as they wished. Following the inspection, the registered manager informed us that this person may not have been able to access the kitchen area for safety reasons and that people would be assisted to maintain skills where able.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People spoke positively about the staff who provide their support. One person told us, "[Staff are] kind to everybody and kind to me". A relative added, "The staff are fine. They do what they need to do and are friendly".
- Where staff were seen to spend time with people, we found that they had positive relationships with people. People were relaxed in the company of staff and responded well to them. However, we found that staff did not always have time to spend with people as they were busy in other areas of the building and so this limited the positive interactions that people experienced.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not always feel they had access to activities that met their interests. People told us that they did not go out as often as they would like. One person told us, "We don't do much here, I don't know why". Others said they did not always have a choice of activity within the home. One person said, "I just watch telly and listen to the wireless. I watch what they [staff] tell me. I go along with them". We saw that there was an inconsistency in the availability of activities. For example, on the first day of inspection, we saw that people had little stimulation or engagement with activities. People were seen to be looking at one newspaper or drawing on word searches for long periods of time with little interaction from staff to support the activity. However, on the second day of inspection, we found that people had been supported to visit the shops and take part in flower arranging.

- We raised the feedback around activities with the registered manager who was surprised that people did not feel they went out often. The registered manager informed us that she had arranged numerous trips to places such as Barmouth and Liverpool docks in the last year and that these had been well attended. In response to the feedback given to us on inspection, the registered manager said she would discuss this with people again to see if activities can be improved upon.

- People told us that staff knew them well. One person told us, "Yes they [staff] come and look after us". People's care records held personalised information about their likes, dislikes and preferences with regards to their care. For example, people had been asked about their interests, how they like their drinks and what their favourite foods were. Where people practised a faith, this was recorded including details of how they would like support to continue their faith.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if needed. The complaints procedure was displayed within the dining room. This was in an accessible format.
- No complaints had been made since the last inspection. The registered manager had a system in place to respond to any complaints that may come in.

End of life care and support

- Although no-one living at the service was in need of end of life care, people had been asked about any wishes or preferences they would like to have respected in the event of their death. Where people may be approaching the end of their life, the registered manager had been proactive in involving people and their loved ones in preparing for their end of life care. This was confirmed by a relative who told us, "We had a meeting the other week and went through [person's] end of life wishes".

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility / Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had not ensured that care provided was consistently person centred and high quality. We saw instances where people were not provided with choice or treated with dignity. This had not been identified by the registered manager and so action had not been taken to ensure care provided was individual to each person. Following the inspection, the registered manager informed us that they had implemented new documentation to promote choice and dignity.
- There were systems in place to monitor the quality of the service. These included audits on medication, the environment and infection control. However, the auditing systems had failed to identify the areas for improvement found at this inspection. The systems had not identified that staff were not recording that they had followed risk assessments in relation to pressure area care. Records maintained in relation to people being supported to reposition were not accurate and indicated that people may not have received their repositioning support as required. However, as audits completed did not look at records completed by staff, this had not been identified or acted upon. Following the inspection, the registered manager informed us that they had implemented documentation to support the registered manager to review daily records.
- Other records were also not being completed accurately. For example, a care record held inaccurate information about a person's pressure area needs. The record stated that they needed to wear a piece of pressure relieving equipment over 24 hours a day. However, when we went to see the person, they were not wearing this equipment. We raised this with the registered manager who advised the person no longer needed to wear this all day and that the records required updating. We spoke with the registered manager about the inaccuracy of records and was informed that this would be addressed with staff.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had been given opportunity to feedback on their experience of the service. The registered manager held regular meetings with people and asked them for their thoughts on the service. Where people had made suggestions, the registered manager was acting on these.
- The registered manager had also provided people, relatives and staff with surveys to gather their views. This was last completed in 2018 and we saw that the majority of comments made were positive.

Continuous learning and improving care / Working in partnership with others

- The registered manager displayed a willingness to work with others and develop her own learning to improve the service provided. They told us about their plans to attend Makaton training to support them to communicate with people more effectively. They had also worked closely with the local authority and community nurses to improve people's care where there needs had changed.
- The registered manager had a visible presence around the home and people clearly knew her role within the home. Staff we spoke with felt supported by the registered manager and told us they were confident that any concerns raised with her would be acted upon.
- The registered manager had understood the regulatory requirements of their role and had submitted notifications as required when incidents occurred.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider had not consistently ensured that people were provided with choice and supported to be involved in decisions about their care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality of the service had not identified the areas of concern found at this inspection.