

Stonesby House Ltd

Stonesby House LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stonesby House Ltd is a residential care home registered to provide accommodation and personal care for up to 14 adults who may be living with mental health needs and/or learning disabilities or autistic spectrum disorder. At the time of our inspection, 12 people were using the service.

The home is divided into two separate units, each of which has separate adapted facilities.

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

Further improvements were needed to the risk assessments and care plans to make sure they contained detailed guidance for staff to follow. The registered manager told us they were still working on these, so they had not been reviewed for everyone living at the service.

Although improvements had been made to the infection control procedures, we found some areas that still needed to be addressed to ensure people were safe from the spread of infection. Further improvements were needed to the systems in place to administer medicines safely to make sure people received their medicines safely and as prescribed.

Improvements had been made to the provider's governance systems and they carried out a variety of internal audits to check the quality and safety of the support people received. However, these needed to be strengthened because they were not always effective at identifying areas where improvement was needed.

We found numerous items of food that were out of date and some foods that had been opened but with no opening date recorded on them. Pre-cooked meals had been frozen with no date of when they were frozen. Environmental audits had failed to identify that the first aid kit contained out of date products such as bandages and a burn shield.

Staff interactions had improved, and we saw some staff who had a good rapport with people. However, we found that many staff interactions were still task focused and lacked a person-centred approach.

Systems in place to safeguard people from avoidable harm had been reviewed and enhanced to ensure people were protected. Staff told us they had completed training about safeguarding and whistle blowing to support people to stay safe. Staff had completed Non-Abusive Psychological and Physical Intervention (NAPPI) training to ensure they had the knowledge, skills and confidence to prevent, decelerate, and deescalate crisis situations so that restrictive practices could be avoided.

The provider and the registered manager had improved their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. Systems in place to assess people's needs and determine staffing numbers had been reviewed and improvements made. We found there were sufficient staff to meet people's needs.

The systems in place regarding the management of Legionella had improved. We saw that some staff had completed training around Legionella management and records of water temperatures were in place.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People did not always receive person-centred care and treatment that was appropriate to meet their needs and reflected their personal preferences. Their care and support did not always promote enablement, independence, choice and inclusion.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 02 April 2021) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvement had been made so the provider was no longer in breach of two regulations. However, enough improvement had not been made in some areas and the provider was still in breach of a further two regulations.

This service has been in Special Measures since 09 December 2020. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 21 October 2020. Four breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe Care and Treatment, Staffing, Good Governance and Safeguarding service users from abuse and improper treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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.

We found evidence the provider still needs to make further improvements. Please see the Safe and Well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to the Safe Care and Treatment of people, Infection Prevention and Control and Good Governance and quality monitoring.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Stonesby House LTD

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 Care Act 2014.

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 three inspectors.

Service and service type

Stonesby House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as recent safeguarding concerns that had been raised. We reviewed the providers action plan and sought feedback from the local authority and other professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

This inspection took place over two days. On the first day two inspectors undertook a site visit. We spoke with two people who used the service to gain feedback about their experience of the care provided. We had discussions with the registered manager, one of the directors and two care and support staff on site.

We reviewed a range of records. These included four people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks and safeguarding information were also examined during the inspection.

On the second day of our inspection we spoke with four relatives and a further four staff by telephone to gain feedback about their experience of the care provided and also about working at the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. Records of staff meetings, staff rotas and medicines information were also examined.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- Improvements had been made to risk assessments and care plans and some contained comprehensive information about how to keep people safe. However, the registered manager told us they were still working on these, so they had not been reviewed for everyone living at the service.
- There were risk assessments in place regarding serious risks. However, we found that following an accident or incident they had not been reviewed or updated.
- We looked at one person's care plan and saw their needs had changed but the care plan and risk assessments had not been updated to reflect the changes.
- The reviews of care plans and risk assessments were sporadic and did not demonstrate that people, their relatives or representative's and appropriate healthcare professionals had been involved.

Preventing and controlling infection

- Some improvements had been made to the infection control procedures in place, however we found some areas still needed to be addressed. For example, the storage and sterilisation programme for mop heads did not follow best practice.
- Two bedrooms had stained areas around the toilets where they met the floor and there was a strong odour in one bedroom where the skirting board had not been sealed to prevent ingress of water/urine.
- In the laundry area in the main house although there was a sink and hand wash there were no paper hand towels. Many of the dustbins were open bins with no lid or foot pedals.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- Improvements had been made to the systems in place to administer medicines safely, however these needed to be strengthened to ensure people received their medicines as prescribed.
- There was conflicting information on the Medication Administration Records (MAR), the PRN (as needed) protocols and the grab sheets. (These are used to aid quick information handover in an emergency situation.) For example, one person's grab sheet showed incorrect levels of a person's insulin. This meant people may not receive their medicines as prescribed.
- We saw that one person had been prescribed two types of pain relief. However, there was no guidance for staff about when to administer each different analgesia.
- The blister pack (a card that packages doses of medication) for one person had perforated and we saw that one tablet was missing for that day. We found other tablets at the bottom of the medicines trolley.
- We found MAR charts were fully completed and medication audits had been completed, however they had failed to identify areas of concern.

We found no evidence that people had been harmed. Although some improvements had been made, these were not sufficient enough to ensure the risks relating to the health safety and welfare of people were protected. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager informed us that the person who had been prescribed two analgesia had received a GP review and a PRN protocol had been put into place.

- Records showed that everyone had a detailed positive behaviour plan in place to ensure there was enough guidance for staff to know how to respond to people when they became distressed.
- Improvements had been made to staff training to ensure they were skilled and knowledgeable about how to support people when they became distressed which reduced the risk of harm to people using the service and staff members.

At our last inspection the provider failed to protect people from potential abuse and improper treatment. This is a breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safeguarding service users from abuse and improper treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people from avoidable harm had been reviewed and enhanced to ensure people were protected. Staff told us they had completed training about safeguarding and whistle blowing to support people to stay safe.
- People told us they felt safe and things had changed for the better. One person said, "There have been some nice changes. I don't feel unsafe now, but I did before."
- Staff were knowledgeable about reporting safeguarding issues to management and told us they felt more confident to raise concerns with the registered manager.
- Records showed that 12 staff had completed Non-Abusive Psychological and Physical Intervention

(NAPPI) training to ensure staff had the knowledge, skills and confidence to prevent, decelerate, and deescalate crisis situations so that restrictive practices could be avoided. A further eight staff were booked to complete this training as well.

- The systems in place to make safeguarding referrals to the local authority and report concerns to the Care Quality Commission (CQC) had been reviewed and improved. Records showed that these were completed as required.

At our last inspection the provider failed to ensure that people received care from sufficient numbers of staff who were suitably qualified, skilled or competent. This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2).

Staffing and recruitment

- The provider and the registered manager had improved their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started employment. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

- The provider and the registered manager had implemented a dependency tool to assess people's needs and determine safe staffing levels.

- The staff rota showed there were sufficient staff on duty to keep people safe. They also detailed who required one to one care and who was going to provide their care. We observed there were enough staff on duty to meet people's needs.

Learning lessons when things go wrong

- Systems and processes to ensure lessons could be learnt from incidents and accidents, safeguarding concerns and complaints to improve the quality of the service had been reviewed and enhanced.

- The provider and the registered manager had introduced a system to analyse accidents and incidents to show what actions had taken place following an incident and the outcomes achieved. This ensured that lessons were learned, and improvements made to people's care.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to ensure systems and processes were in place to assess, monitor and improve the service. The provider had failed to seek and act on feedback provided or concerns raised to drive improvement at the service. This was a breach of Regulation 17, (good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- The registered manager had made improvements to their governance systems and they carried out a variety of internal audits to check the quality and safety of the support people received. However, these were not always effective at identifying areas where improvement was needed. For example, medicines audits had not been effective at recognising the conflicting information we found in medicines records.
- At this inspection we found areas around the prevention and control of infections had improved, however, further improvements were needed but the provider's quality monitoring checks had not identified these.
- We found numerous items of food that were out of date. We also found where some foods had been opened there was no date recorded on them as to when they had been opened. We also saw numerous precooked meals that did not have a date of freezing on them.
- Environmental audits had failed to identify that the first aid kit contained out of date products such as bandages and a burn shield.
- Although improvements had been made to some people's care plans, progress had been slow, and this had not been completed for all people using the service. Care plans were not always updated when people's needs had changed.
- People's care did not always empower them to gain new skills, become more independent and achieve good outcomes. Care plans did not always record people's goals or celebrate their achievements.
- The provider had displayed the previous inspection report and rating at the service but not the current one which they are legally required to do so.

We found no evidence that people had been harmed. Although some improvements had been made, these were not sufficient enough to ensure that the systems and processes in place to assess, monitor and improve the service were effective to drive continuous improvement at the service. This was a continued

breach of regulation 17, (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed they were displaying the current rating at the service.

- We found that managerial and provider oversight at the service had increased. Staff told us training had been improved and they had completed training in relation to their roles. Training records were more organised, and a training matrix had been developed. Staff told us they felt more supported.
- Staffing levels had improved and we found there were sufficient numbers of staff to meet people's needs. The staff rotas showed where people needed 1-1 or 2-1 care.
- The systems in place regarding the management of Legionella had improved. We saw that some staff had completed training around Legionella management and records of water temperature recording were in place.
- Systems in place to protect people from potential harm and submit legally required notifications to the Care Quality Commission (CQC) and other relevant authorities had been enhanced. They had regularly notified us of incidents as required.

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

- We saw that staff engagement with people had improved. Some staff had a good rapport with people, and we saw activities were taking place throughout the day. However, we found that some staff interactions were still task focused and lacked a person-centred approach. For example, at lunch time there was no other interactions from staff except to give people their meals and then take away their empty plates. Staff stood around the dining area in silence.
- People and relatives told us they were happy with the care at Stonesby House. One person said, "I am happy here and have no worries." All the relatives we spoke with felt assured their family members were well cared for.
- Staff told us they felt more confident to raise concerns with the management and felt things had improved. All staff told us they knew about whistle blowing and how to report concerns.

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

- Records showed staff meetings were being held monthly. The minutes read as a list of instructions and did not demonstrate staff had been able to contribute their views or ideas. Staff told us and records confirmed that staff were receiving one to one supervision with a line manager.
- Information was shared with relatives via telephone calls and emails. Some relatives felt that information was not always consistently shared about what was going on during COVID-19. One relative told us, "We haven't had any information about changes and visiting."
- The provider had introduced regular meetings for people using the service. These showed they were asked for their views about the service and actions had been taken where people wanted things to change.

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; Working in partnership with others

- The registered provider had improved how they responded to issues and concerns. Incidents were reported and shared with people using the service and their families in line with the duty of candour. Relatives we spoke with confirmed this.
- The provider had been supported by the local authority after the last inspection and during the COVID-19

outbreak at the service. However, although improvements had been made, further improvements were required because the provider's systems and processes were not always effective to drive improvements the service needed.