West Country Care Limited

Stainsbridge House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 and 17 February 2015 and was unannounced. At the time of the inspection the service did not have a registered manager. However, the new manager in post had applied to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Stainsbridge House is a residential care home which provides accommodation for up to 45 adults, some of whom are living with dementia. At the time of our visit there were 45 people living in the home. Stainsbridge House is set on the edge of the town of Malmesbury in Wiltshire. Bedrooms are en-suite and there is a lift between floors. The gardens are landscaped with several seating areas.

People and their families praised the staff and manager at Stainsbridge House for their kindness and the care they gave. We could see that people had developed caring relationships with staff and were treated with dignity and respect. People told us they enjoyed the surroundings of the home and the calm attitude of staff as they went about their work.

Summary of findings

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way in which staff supported and encouraged people to make decisions when delivering care and support.

People told us they felt safe living in Stainsbridge House. Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs. Staff were encouraged by the manager and provider to be involved in improving the service and outcomes for people who live at Stainsbridge House.

The manager and provider carried out audits on the quality of the care delivered, the safety of the environment and all aspects of health and safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe living at Stainsbridge House.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had.

Risk assessments were in place which supported people to take risks and maintain their independence.

Is the service effective?

Good

The service was effective. There was a clear understanding from staff around the use of the Mental Capacity Act 2005 code of practice.

There were arrangements in place for obtaining, and acting in accordance with the consent of people in relation to the care and treatment provided to them.

People were supported to have enough to eat and drink. Where required, people had access to specialist diets.

Staff received regular supervision and an annual appraisal which identified on-going training needs and development.

Is the service caring?

Good

The service was caring. We saw that people were comfortable in the presence of staff and had developed caring relationships.

People and relatives were positive about the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Staff supported people to make their own decisions about their day to day life.

Is the service responsive?

Good

This service was responsive. People received care and support which was specific to their wishes and responsive to their needs.

People and relatives said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to.

Care records took into account the person's individual needs.

Staff ensured that people were not socially isolated. There were opportunities for people to take part in social activities. If people did not wish to participate, staff would have one to one social time with people in their room.

Summary of findings

Is the service well-led?

Good

This service was well led. People and their families told us they thought the service was well led. There was an open and transparent culture.

The service had clear values about the way care should be provided. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs.

There were systems in place to monitor the quality of the service provided and to promote best practice.

Stainsbridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 February 2015 and was unannounced. This inspection was carried out by two 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

We spoke with 16 of the 45 people living at Stainsbridge House. We also spoke with four visiting relatives about their views on the quality of the care and support being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to assist us to understand the experiences of the people who could not talk with us.

We spent time observing people in the dining and communal areas. During our inspection we spoke with the manager and the provider. We also spoke with 11 other members of staff ranging from, senior care workers, care workers, the cook, activity co-ordinator's, housekeeper and the maintenance person. Before our visit we contacted people who visit the home to find out what they thought about this service. We contacted four health and social care professionals.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of ten people, we looked at four staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Good

Is the service safe?

Our findings

One person told us "I feel safe in here – you hear such horror stories (about other care homes), there is nobody here that I wouldn't want to look after me". People told us they felt safe living at Stainsbridge House and relatives agreed. We observed that people and staff had developed caring and trusting relationships.

There were sufficient staff on duty to support people and staff were visible throughout the two days of our visit. People had access to a call bell in their room and we saw that requests for support were responded to in a timely manner. Care workers told us they thought they were enough staff to be able to deliver safe care and support to people.

The environment was safe. Hallways and other communal areas were uncluttered and enabled people to move around freely. An evacuation plan was in place which included people's room numbers, mobility and sensory needs to enable staff to appropriately support people in the event of an emergency. The provider had a contingency plan in place for people to go to alternative temporary accommodation where they could not return to the home.

Weekly fire tests were carried out and risk assessments and quality audits were in place for electrical systems, fire equipment and environmental health and safety. The equipment which people used, such as wheelchairs and bath hoists were checked for wear and tear and maintained to ensure they were safe to use.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. Medicines were stored in the medicines room in a lockable cabinet which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed.

There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). The latest medicine audit carried out by the pharmacist from the local commissioning group described the protocols as 'Excellent'. Senior staff had responsibility for administering and disposing of medicines and undertook a yearly competence check to ensure they remained up to date and safe in their practice.

Risk assessments were used to identify what action needed to be taken to reduce potential risks which people may encounter as part of their daily living. The risk assessments formed part of the person's care plan and gave guidance to staff on how care and support should be delivered to keep people safe and to enable them to maintain their independence.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour.

Staff had received training in safeguarding to protect people from abuse and records confirmed training had taken place. Staff were able to describe what may constitute as abuse and the signs to look out for. There was a safeguarding and whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to.

Staff were able to confidently describe how and who they would report concerns to. They were confident the manager would act on their concerns. Records confirmed that the manager reported safeguarding concerns as required and reviewed any incidents to ensure that plans were put in place to prevent further occurrences.

Good

Is the service effective?

Our findings

People told us that the food was “very good”. People were offered a range of drinks and meals throughout the day. Some people preferred to eat in their room and this was respected. Staff showed people the options available to help them decide what they wanted to eat and drink, we saw that people appreciated this. One person said "It all looks lovely, it's difficult to choose". One person declined three different drinks but asked for something else instead and this was provided.

There was a variety of food options on offer which looked and smelt appetising. The chef explained that all food was made from "scratch". They offered diets to suit individual's needs such as, vegetarian, pureed, soft and big plate for the larger appetite. People told us they had enough to eat and drink and could ask for a snack when they wanted. One relative told us that they regularly stayed for lunch when they visited and they were made to feel "very welcome".

We looked at ten care records which evidenced what people liked to eat and drink and the level of support required. In addition, guidance was available to staff around specialised diets or allergies. Fluid and food monitoring charts were in place for those people who were at risk of dehydration or malnutrition. People’s weights were monitored monthly to ensure any issues were identified early.

The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. Such as, speech and language therapy, podiatry, dental and optical services. Various health professionals visited the home during our visit to offer health care to people, such as the GP and a dental nurse

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

All staff received training in the Mental Capacity Act 2005. Staff recognised their responsibility in ensuring people’s human rights were protected and described how people could be deprived of their liberty and what could be considered as a restraint.

The care records evidenced that mental capacity was assessed as part of the care planning process and reviewed to ensure people’s best interests were considered. The manager had appropriately made DoL’s applications for some people regarding restrictions on them leaving the premises unescorted. They explained this was to "keep people safe and ensure that staff acted lawfully". When explaining the mental capacity act to us, a care worker appropriately stated "You must assume capacity". Another care worker said “the care plans have information about how we can communicate with people so that they are supported to make decisions on their own”.

The care records evidenced that where possible, written consent had been sought from people in relation to their care, to hold and share information and for photographic consent. For people who were not able to give direct consent, best interest meetings had been held, for example, the use of a sensor mat to alert staff of the night time movements of one person who was susceptible to falls.

People were supported by skilled and knowledgeable staff. The staff we spoke with were competent in their understanding of how to provide safe and effective care to people and support specific needs such as with dementia, epilepsy and diabetes. The training records evidenced that staff had received or were booked onto refresher training in the mandatory topics such as, safeguarding, fire safety, infection control and manual handling. Staff said they had completed qualifications in health and social care and most had previous experience of working in a care setting.

Individual meetings were held between staff and their line manager each month. These meetings were used to discuss progress in the work of staff members' training and development opportunities and other matters relating to the provision of care for people living in the home. During these meetings, guidance was provided by the line

Good

Is the service effective?

manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff.

Good

Is the service caring?

Our findings

Stainsbridge house has a very relaxed, open and friendly atmosphere. Care staff showed a kind and caring approach to people. We observed many positive interactions which demonstrated this thoughtful and respectful approach.

People told us “I couldn’t wish for anything better, she [staff member] is lovely. I call them Stainsbridge Angels, they’re so good. They’re all nice to me” and “They are all lovely people here, they really are, I get on well with all of them, we have a laugh and a joke, I’m well looked after, I’ve got no complaints, the staff are very kind and very nice".

A relative told us “I think the care here is brilliant” and a visitor said “Staff are very kind, nice, friendly and caring”.

We saw that people and staff had developed positive relationships with each other. Staff respected people’s privacy by knocking on their bedroom door and waiting until being invited in. When staff entered the communal rooms they acknowledged people and called them by their preferred name. During both days of our inspection, we observed that people were given personal care in the privacy of their own room. The home operates a key worker system with a team of carers for each floor. Staff told us this enabled them to get to know people and vice versa.

People were treated equally and as individuals by staff. We saw that staff were aware of people’s personalities and respected their right to do things in a particular way, change their mind or do things differently. Staff told us they encouraged people to maintain their independence stating “it’s important to let people try to do things for themselves before you offer help”. One person told us “If I can do it myself, I do it myself. The bits I can’t do, they come and do. They are [the care staff] very good here”. We observed that staff took time to listen to people and supported them to make their own choices, explaining the options available to them.

Staff were knowledgeable about the people in their care and were mindful of people’s emotional wellbeing. We saw that if individual people were agitated or distressed, staff used effective techniques to reassure and calm them. Staff were familiar with people’s care plans and routines. One care worker described how they encouraged one person to use their walking frame. We observed another care worker who supported one person to take their medicine (in syrup form) by giving them time in between and returning with the remaining part of the dose which the person took when they were ready.

A PAT dog lives at the home and we observed the dog greeting people as they walked around the home and people responding. People took great pleasure in stroking and talking with the dog. [A PAT dog offers Pets As Therapy]. There was a range of information available to people on the communal noticeboard on each floor. This included activities and future events.

Good

Is the service responsive?

Our findings

During both days of our visit we saw that people took part in various activities. Two activity co-ordinator's were employed at Stainsbridge House. They advised people of the daily activities programme in person and by displaying information on the noticeboard. Relatives received information through weekly emails. We observed that people had fun and enjoyed taking part in a game of volleyball, dancing and singing along to an entertainer and doing one to one activities with staff such as completing a jigsaw. One of the activity co-ordinator's explained they were developing more individualised and meaningful activities, particularly for those people who live with a dementia.

The home has a large garden where people took the opportunity to have a walk around. One person told us "I go out every day to get some fresh air". Other people went out shopping with their relative or out to lunch. Other people were content sitting reading the newspapers, watching the television or chatting amongst themselves. The home has internet connection which helped people to maintain contact with family and friends, with staff support if required.

To prevent social isolation, one of the activity co-ordinators spent one to one time with people who preferred to stay in their room. They would spend time together, either chatting, looking at photographs, reading or playing a board game. Each person had a life story book which was started by families and then continued by staff and people themselves. Staff told us this helped to promote meaningful communication with people and would stimulate conversation about their life history.

Before people moved into the home, the management team undertook a pre-admission assessment to ensure the home could offer the appropriate support the person required. Care records contained a pre-admission assessment which was completed. This included reviewing the person's health, emotional and social needs to assess if the home could meet their needs.

Each person had a care plan in place which detailed what support the person required in relation to their health, mobility, social and personal care needs. Care records documented people's preferences in relation to their care and daily living. Families were involved if people could not fully express their preferences. Staff told us that the information given in the care plans enabled them to deliver care in the way the person wanted. We observed many interactions between people and staff which evidenced that staff were knowledgeable about the person's wishes.

Care plans and risk assessments were reviewed monthly or when required to ensure that appropriate care and support was in place. For example, if people had sustained a number of falls their risk assessments were reviewed and plans and strategies put into place to minimise further incidents. Including, referrals to relevant professionals such as the falls clinic. This information was shared amongst staff to ensure they continued to support the person safely.

Information about the complaints policy was displayed in the foyer and available within the information leaflet about the home. People told us they would talk to the manager if they were worried about anything, one person told us "I'd ask to see the manager". Other people told us "The manager asks us if everything is alright" and "You can talk to any of the staff".

Good

Is the service well-led?

Our findings

The manager of the home had started their employ with the provider in September 2014. There was a delay in processing the application to become the registered manager, however, during the first day of the inspection their application had been resubmitted and accepted.

The service had clear values about the quality of service people should receive and how this should be provided. Staff told us they valued the people they cared for and strived to provide a high quality of care. A visitor told us "the new manager is putting lots of good changes in and has lots of good ideas for improvements".

There were clear lines of accountability within the home. Staff told us they were looking forward to the future; they were enthusiastic and clear about their roles.

The manager told us they monitored the quality of care people received through observation of staff practice, and challenging those practices which were not appropriate. This was also embedded within staff supervision and team meetings. Staff said they felt valued and listened to by the manager and provider. A more recent development had been the introduction of an incentive scheme for staff. Pay awards were implemented where staff maintained consistently high standards of care practice.

Staff had positive comments to say about the way the home was managed and the support they received. There was an open door policy and staff felt the management were approachable if they had concerns or suggestions on improving the service. Staff told us "we have a really good team; we work well together and support each other". One care worker said "We offer excellent care, I would definitely be happy with my mum living here".

We spoke with professionals who have regular contact with the home. They had found the home to be open and transparent, saying that staff were approachable and dealt effectively with any concerns or queries.

The manager and provider completed a range of audits on the safety and quality of the service provided. These reviews included assessments of incidents, accidents, complaints, staff training and supervision, medicines. Checks were carried out on the internal and external maintenance of the home, equipment, legionella testing and general health and safety. The manager met with the provider on a regular basis to share information and review their delivery plan. They told us they felt supported by the provider. There was a buddy system in place where the manager received peer support from the registered manager of another of the provider's homes, which they found useful.

The service had a development plan in place, which brought together all of the actions needed. At the time of our visit, communal rooms on the ground floor were being decorated and new chairs and sofas had been ordered for the lounge and other communal areas. A new hairdressing salon was being installed and people were to be asked for their opinion on the name of the salon. Planning ahead, the provider was looking to become registered with the CQC to offer nursing care in addition to personal care.

The manager submitted statutory notifications to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The manager was proactive in working with local initiatives such as the learning network, dementia friends, Malmesbury Town Council and the Mayoral office, schools and local provider meetings.