

## Stoneleigh House (Residential Home) Limited

# Stoneleigh House

### Inspection report

2 Rowlands Hill  
Wimborne  
Dorset  
BH21 1AN

Tel: 01202884908  
Website: [www.stoneleighhouse.com](http://www.stoneleighhouse.com)

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 3 and 4 October 2017.

Stoneleigh House is registered to provide accommodation and personal care for up to 12 people in a residential area of Wimborne. At the time of our inspection there were nine older people living in the home.

There was a registered manager in post who is also one of the Directors of Stoneleigh House (Residential Home) Limited. 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 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good overall. At this inspection we found the service remained Good overall.

People were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. They knew which agencies they should report concerns about people's care.

Care and treatment was delivered in a way that met people's individual needs and staff kept records about the care they provided.

People received their medicines when required. We have made a recommendation about the management of some medicines.

Staff were consistent in their knowledge of people's care needs and supported people to remain independent.

They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. They understood how the Mental Capacity Act 2005 provided a framework for the care they provided and encouraged people to make decisions about their care.

People had access to health care professionals and were supported to maintain their health by staff.

People were supported and encouraged to follow their own personal interests and had opportunities to attend social events and outings arranged by the home.

People described the food as good and there were systems in place to ensure people had enough food and drink.

People were positive about the care they received from the home and told us the staff were kind and caring.

The registered manager took responsibility for quality assurance in the home. Where improvements were identified action was taken. People spoke highly of the registered manager and were confident in her abilities to manage the service.

## 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 ●

People received safe care.

People received their medicines when required. We have made a recommendation about the management of some medicines.

People were protected from abuse by staff who recognised signs of potential abuse and knew how to raise safeguarding concerns.

People's risks were assessed and action taken to reduce them as much as possible.

There were sufficient numbers of suitable staff on duty to keep people safe and meet their needs.

People were protected because recruitment procedures were thorough.

### Is the service effective?

Good ●

The service was effective. People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences, choices and respect their rights.

Staff were knowledgeable about the support needs of the people they cared for.

People were offered choices about their care and treatment and staff sought consent in line with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to maintain a balanced diet and were offered choices about what they wanted to eat and drink.

People had access to health and social care professionals when required.

### Is the service caring?

Good ●

The service was caring. People received care that was compassionate and kind.

Staff communicated with people in a friendly and warm manner.

People were treated with dignity and respect by all staff and their privacy was protected.

People were listened to and involved in making decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received care that was responsive to their needs.

Care plans were accurate and included detailed personalised information which staff understood and followed.

People were confident they were listened to and we saw that issues raised were addressed.

### **Is the service well-led?**

**Good** ●

The service was well led. People and staff had confidence in the registered manager.

There were systems in place to monitor and improve quality these were effective in identifying where improvements were necessary.

Staff and visitors to the home were able to share their views and these were acted on when appropriate.

# Stoneleigh 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 was a comprehensive inspection.

This inspection took place on the 3 and 4 October 2017 and was unannounced. The inspection team was made up of one inspector and one inspection manager on day one and one inspector on day two.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not been asked to complete a Provider Information Record (PIR). A PIR 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. We were able to gather the information contained in this form during our inspection.

During our inspection we observed care practices, spoke with seven people, one visitor, five members of staff, and the registered manager. We looked at four people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, training records and accident and incident forms. We also spoke with two healthcare professionals, and one social care professional who had knowledge of the home or had visited people living at the home.

# Is the service safe?

## Our findings

People who lived at Stoneleigh House received safe care but work was needed to ensure that all risks associated with medicines were managed. People told us they felt safe." One member of staff told us, "We always see to the residents first and make sure they are happy and safe." During the inspection we observed people being assisted and supported safely by staff who were aware of how to prevent harm and injuries to people.

Staff were knowledgeable about the signs of possible abuse and had a good understanding of how to keep people safe. They had received training in the safeguarding of vulnerable adults. Care staff had a good understanding of how to report suspected abuse both internally to management and externally to outside agencies if required. All staff told us they had not seen anything that concerned them in the home. One staff member said if they had any concerns, "I would talk to (the registered manager)." Staff were confident they would be taken seriously if they reported any concerns.

People were protected because risks they faced were identified and managed. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. Staff provided good support for people with mobility needs. They followed the care plans which gave guidance about the support each person required. Staff supported people's independence but monitored people on an individual basis to ensure they were safe when moving and pathways were hazard free. A person had been assessed as being at risk of developing pressure sores. Staff were clear about the plan of care to support this person. This included the use of pressure relieving equipment, following advice from healthcare professionals, encouraging the person's mobility, supporting their nutrition and the application of prescribed creams.

Staff had taken appropriate action to respond to medical emergencies and had contacted relevant health and social care professionals to review people's care where necessary. Staff took immediate action by contacting healthcare professionals in response to medical emergencies to manage the risks to the person's health and followed the advice given by health care professionals. One social care professional told us the service managed people's risks well.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. Individual staff were given responsibility for the management of the home during the registered manager's leave. People received care and support in a timely way. People told us there were enough staff to meet their needs. One person commented staff were, "always ready to help". People had call bells accessible to them to ask for assistance when they needed it. We observed that staff responded promptly to people's requests for help.

Care staff said they felt there were enough staff on duty. One member of staff told us they were confident staffing would be increased if people's needs changed. Another member of staff told us that staffing levels had previously been increased in the home whilst supporting someone at the end of their life. The staff team undertook additional duties to cover staff leave and unexpected sickness when able. Additional staff had

been employed to assist with evening meal service.

Staff were thoroughly checked before they started working at the home. For example, checks for new staff included feedback from previous employers, criminal records checks and identification documents had been obtained before people were permitted to begin their employment.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records (MAR) were accurately completed and had a current photograph of the person. Staff were trained and assessed to make sure they were competent to administer people's medicines. One member of staff had responsibility for overseeing medicines management and was responsible for ordering and auditing the medicines. This member of staff told us that they had received enhanced training in the management of medicines. They confirmed the actions they would take in the event of a medicine error, including contacting the GP and informing the registered manager. Other staff told us the registered manager observed them administering medicine as part of their induction and training.

People told us staff gave them their medicines when required. However we saw for one person who was self-administering their medicines, not all risks were documented to support the person to take their medicines safely. Despite the lack of information in plans, staff demonstrated a good understanding of the person's needs and how to manage risks in relation to medicines. We raised this with the registered manager who told us they would take action. Actions from a medicine audit in September 2017 indicated creams were not being signed for so a new process was introduced. We saw a new system to record creams had been introduced within the last month which involved placing the MAR and a body map in the person's care records. However these records contained conflicting information in places. We saw dates of opening detailed on two sets of eye drops. However dates of opening were not recorded on two other liquid medicines. We raised this after the inspection with the registered manager and they told us, they would take action to address these issues.

We recommend that the service consider current guidance on managing risks when supporting people to administer their own medicines and take action to update their practice accordingly. We also recommend the service consider guidance on recording prescribed creams and dates of opening liquid medicines and take action to update their practice accordingly.

Premises and equipment were managed to keep people safe. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. Fire checks were carried out weekly in accordance with fire regulations. One member of staff had received additional training in fire safety and had provided training to all staff on fire safety and procedures.

The home was clean and well maintained, including the garden. The provider had refurbished the downstairs bathroom and there was communal space where people could spend time quietly on their own or with other people as they chose. We saw people using the garden during our inspection.

## Is the service effective?

### Our findings

People received care from staff who felt supported and had received training and support to ensure they provided effective care. Since the last inspection in June 2015 the provider had taken action to improve training and support for staff. Staff had undertaken a range of relevant training including fire safety, food hygiene, health and safety, moving and handling, person centred care and safeguarding. One member of staff told us, "We have had a lot of training". The majority of this training was provided face to face by external training providers. Staff told us they found this face to face training very useful. Staff had received supervision to ensure they supported to provide a good standard of care. One member of staff told us they could get support from the registered manager or other care staff at anytime. They told us, "[The registered manager] recruits staff with experience."

We saw a new member of staff had been employed in the last year. They had received training and support relevant to their role, including training on the care certificate. The Care Certificate is designed for staff who are new to care work or used by providers to ensure all staff employed are aware of these common standards. The staff member had received regular supervision and this covered observations of their practice, and training needs.

Staff supported people's ability to make choices about their day to day care and remain as independent as possible. Care plans provided information about people's ability to make decisions about their care and other people with a role in their decision making. Where relatives or friends had the legal status to make decisions on people's behalf this was documented in the care plan. Staff encouraged people to make choices about what they wanted to do and what they wanted to eat and drink throughout our inspection. 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 when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were no people in the home who were subject to a DoLS.

People's capacity to make decisions about their care and welfare were considered in their care plans. Staff told us how they had learned about the principles of the Mental Capacity Act 2005 (MCA) through training. Staff were aware that people had the right to make unwise decisions and they always had to seek people's consent to care. Staff and the registered manager told us people that live at Stoneleigh House had capacity to consent to their care arrangements. Care plans provided information about people's ability to make decisions about their care and other people with a role in their decision making. Where relatives or friends had the legal status to make decisions on people's behalf this was documented in the care plan. One member of staff told us for some people they would talk to the person's family with their consent about their care.

People and staff all told us that the food was good. One person told us that the: "the food is excellent".

Another person who was at risk of losing weight told us that staff reminded them to have drinks and snacks between meals. Lunchtime was a calm and social event for those that wanted to eat together. Tables were set with cloths and condiments were available for those who wanted them. People chatted with each other and to staff. People told us they could also choose to eat in their rooms. People were able to choose something different to eat if they did not like the main dish for meals.

The staff took turns to cook the meals and cakes daily. They knew about people's nutritional needs, likes and dislikes and checked with people that they were happy with the food. These needs were reviewed regularly alongside reviews of people's weight with input from the community nursing team.

People were supported to maintain their health. Care plans contained information about the support they needed to maintain their well-being. When people's health changed we saw that advice was sought appropriately. A health professional who visited the service regularly told us that the home contacted them for advice and generally followed guidance that was provided. A healthcare professional told us the registered manager and staff contact them for advice and were meeting people's needs. They told us, "There is no doubt they are meeting people's needs".

## Is the service caring?

### Our findings

People told us staff were caring. One person told us, "The staff are kind and very sweet. I am so lucky to live here". Another person told us, "They always ask me if I am okay". Other comments from people described staff as, "Very caring" and "Patient". Staff took time to develop relationships with people in an individual way. They were attentive to people and were both familiar and respectful in their conversations. For example we heard people and staff talking and laughing together throughout our inspection. We observed staff providing support to a person who was distressed, talking to them and providing reassurance. Staff told us they "loved" working at Stoneleigh House as staff worked as a team and the people that lived there were "lovely". One member of staff said, "It is one of the nicest places I have worked".

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. All staff spoke respectfully to people living in the home, visitors, and each other. This promoted a relaxed and friendly atmosphere which was maintained throughout our inspection. People told us how they were involved in decision making about their care. One person told us how they had been involved in choosing the colours for the walls and carpet in their room. Staff described how they provided care in response to people's wishes for the amount of support people wanted to receive. Staff supported people to maintain their independence. This matched care records. People were encouraged to remain independent. This included managing their own medicines and respecting people's wishes to carry out as much of their personal care as they could.

Care was provided in a way that protected people's privacy and dignity. People's personal care was managed by staff discretely and staff did not talk about people's care needs in front of other people. This was maintained at all times during our inspection. We observed that all staff knocked on people's doors and waited for a response before entering. People had been assessed for equipment that enabled them to maintain their independence. Examples included walking frames, walking sticks and raised toilet seats. We saw positive written feedback sent to the registered manager about how the staff had cared for their relative. The letter said, "You all made [my relative's] last years, comfortable and dignified".

## Is the service responsive?

### Our findings

People's care was delivered in a way that met their personal needs and preferences. People told us they felt well cared for. One person told us, "They [staff] look after me". Another person told us, "She [the registered manager] allows us to do the things we like to do". A regular visitor to the service told us, "People seem very happy and speak well of staff". As well as being supported to follow individual interests and social activities, people told us the registered manager organised a weekly outing. People spoke very positively about these outings and places visited included garden centres, bluebell woods and National Trust places of interest. One person told us, "Some people get out and enjoy the countryside".

People were encouraged and supported to maintain existing friendships, relationships and enjoy their hobbies. For example, one person attended a weekly lunch organised by their church while someone else chose to visit the local shops. One member of staff told us they were going to be supporting someone to attend a large family celebration. People's families and friends were welcomed into the home to enjoy time with their relatives and social events.

People were involved in developing the care and support provided at Stoneleigh House. People's care needs were assessed and they were supported to develop plans to meet those needs. This included details of what people could and wanted to do themselves, and actions to support their wellbeing. For example, one person's care plans recorded how to support their wellbeing by doing things they enjoyed like, spending time with people and in the garden. People's needs were reviewed frequently if there were changes or if new information was gathered. For example one person's hearing aid was found not be working correctly and the battery was replaced on the same day during our inspection. For another person who had become unwell advice had been sought from healthcare professionals to meet the person's needs. One social care professional told us the home were taking action to meet people's needs.

Activities were planned for groups and individuals and delivered by an activities coordinator, staff and the registered manager. At the time of our inspection the activities coordinator was on a period of leave. Staff told us that the registered manager had made arrangements for staff to come in to work for extra hours to provide social activities in the home. Staff told us that they also had time to spend time chatting with people. We observed some people taking part in organised board games. The atmosphere was very calm, with tea and freshly baked cakes served.

There had not been any complaints received by the home since our last inspection. People told us they would be comfortable to talk to the registered manager about any concerns they had. One person's regular visitor told us, "[The registered manager] is very helpful and responsive". They told us they had requested the person see a dentist and this was arranged. Informal concerns raised also led to changes being made or action taken. We saw from minutes of meetings that people living at the service had highlighted that the new refurbished bathroom did not have a mirror. We saw from notes that was responded to and a mirror was fitted. One person told us, "They have altered the layout of the dining room. It is now easier to talk and more individual. It used to be one big table."

## Is the service well-led?

### Our findings

People and staff spoke very highly of the registered manager. One person told us, "It is marvellous the way it is organised." Other comments from people included, "(The registered manager) is an amazing woman. She will do anything for you" and "[The registered manager] runs this place very well. People told us the registered manager was generally always available as she lived close by. Staff also told us the registered manager could respond promptly to things, spend time with people and enabled them to be aware of any changes. Staff described them as approachable. Staff told us they were comfortable discussing any ideas or concerns with the registered manager, describing them as supportive, approachable and responsive.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "It is always everyone's job" and "Anything can be done". They told us this meant Stoneleigh House was a good place to work as everyone worked together. Staff told us the ethos of the home was residents' needs came first and the registered manager would arrange for staff to work extra hours when needed to catch up with any other jobs such as cleaning. Staff were given delegated responsibility in the home for lead areas and were given additional training to support them to do this. For example, responsibility for medicines and fire safety.

There were systems in place to ensure that the quality of service people received was monitored and improved. This included audits, systems to enable feedback from people, review of care plans and checks on practice, undertaken by the registered manager. We saw records of completed surveys from people and relatives and minutes of residents meetings. There was very positive feedback recorded and where suggestions to improve the service were made, there was evidence action was taken. For example one person requested a personal safe to keep their money secure and this was put in place promptly. Feedback from a residents' meeting about food included, "Appreciation that likes and dislikes were taken into consideration".

Incident and accident forms had been completed by staff and reviewed by the registered manager. For example, actions were detailed for staff to follow to minimise the risk of future falls for one person and to ensure they had their call bell close by. This meant people received a service that was checked and where necessary action was taken to improve it and to respond to people's needs.

The registered manager was responsive to issues highlighted by other agencies, staff and visitors to the home. Health and social care professionals who visited the service to provide support to people told us the registered manager would address any matters quickly. One healthcare professional told us they had prompted staff to follow their advice and they had done so. Another healthcare professional described the registered manager as, "Caring and professional". Staff told us they were encouraged to identify ways to improve the service and raise any concerns or suggestions to the registered manager. All staff fed back that they felt confident the registered manager would respond to any concerns.

The registered manager told us they were involved in wider networks with the aim of improving the quality of care within the home. This included Partners in Care Workshops and Learning Hub events, working

towards a local framework promoting best practice for supporting new staff through induction. This ensured that people received care that reflected good practice for older people living in residential care.

Records kept by staff were concise and covered all aspects of the support provided to people. We saw that not all visits from health care professional were recorded. We saw written records that the registered manager had reminded all staff to do this. Staff told us that there was a verbal handover of people's needs and visits from healthcare professionals. One person told us handovers "are verbal and will consider each person. For continuity the registered manager also attends to ensure all information is transmitted".