

Stoneleigh Home (Bielby) Limited

Stoneleigh Home

Inspection report

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North Yorkshire
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Tel: 01759318325

Date of inspection visit:
22 October 2019

Date of publication:
29 November 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Stoneleigh Home, is a care home providing personal care for up to 14 older people. At the time of our inspection ten people lived at the service.

People's experience of using this service

Without exception, all feedback received about the support provided to people was extremely positive. People who lived at the service received extremely high-quality, personalised support from an exceptionally well-led service.

Staff were fully committed to providing a truly person-centred service. Staff were very proud to work for the service and said they received superb support from the registered manager. People said staff were undoubtedly caring and knew their needs very well. People were treated with the utmost respect by compassionate and kind staff.

People were fully integrated into the local community. They had access to an abundance of activities which enhanced their wellbeing and sense of purpose. Complaints procedures were in place, but everyone told us they couldn't imagine ever needing to raise a complaint. The registered manager and staff resolved any low-level concerns instantly. People's wishes at the end of life were explored in great detail. The staff team felt passionate about providing dignified end of life care and continuously looked to improve this provision of care and follow best practice.

Staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines safely and on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

The registered manager provided strong leadership and constantly considered how they could enhance the service. There was excellent team work within the service.

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

Rating at last inspection

The last rating for this service was good (published 26 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Stoneleigh Home

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.

Inspection team

One inspector carried out this inspection.

Service and service type

Stoneleigh Home, is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 CQC. 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 available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the team leader and a care worker, five people and three relatives.

We looked at two people's care records in full and one person's care record in part. We also looked at people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and records of compliments/complaints.

After the inspection

We contacted two health care visiting professionals to ask their views on the service provided. One provided feedback.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager and staff knew to liaise with the local authority if necessary.
- People and their relatives told us they felt safe. One person told us, "I feel very, very safe and I am quite happy here."
- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to describe how they had considered lessons learnt and implemented changes when necessary.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was clean and well maintained to prevent the risk of infection. A relative told us, "There is always a nice smell when you come here."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported by the registered manager and told us they worked as part of the team and they were very approachable.
- Staff were well supported. They received regular supervisions and appraisals.
- A staff induction and training programme was in place to ensure staff kept up to date with best practice. Staff told us that the training was good and they were looking forward to the next courses that had been arranged.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.
- The service provided an extremely homely environment which met the needs of people. The grounds of the home provided a beautiful flowered garden with a duck pond, bird houses and many bird tables and feeders. People told us how pleasant the garden was.

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

- People were supported to maintain a balanced diet.
- People were protected from risks of poor nutrition and dehydration.
- People provided very positive views of the food. One person told us, "I have never had such good food, its lovely."

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

- Guidance and support from healthcare professionals was obtained very promptly and followed. A visiting health care professional told us, "The care home owner and the care staff, they always take our professional advice very seriously."
- Information was shared with other agencies if people needed to access other services such as hospitals.

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.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The atmosphere of the service was that of a loving family. Everyone we spoke with, talked about feeling 'At home', and 'With family'. People were observed to look very relaxed and comfortable with one another.
- People were undoubtedly treated with kindness; they were actively listened to and their choices respected. One relative told us, "[Name of person] made just one comment that they weren't very comfy in the lounge chairs and the registered manager has bought them a new one."
- People and their relatives said the staff were extremely caring and considerate towards each of them. Their comments included, "Staff are all very caring and friendly towards people" and "The staff are great, they are lovely, I am very happy here." A staff member told us. "We have time to get to know people well. It's not a rush, we spend time with people."
- Staff demonstrated excellent knowledge of people's personalities, diverse needs, and what was important to them. Staff were able to tell us about people's life histories and how they used this information to help support them. For example, one person liked flower arranging and the staff supported them to arrange the flowers around the home. A relative told us, "The staff take a personal interest in [Name of person's] life, they know us and about all our families as well. They take an interest in me as well as [Name of person]."
- Staff were passionate about providing a good quality service. A staff member told us, "It not just a standard care home, its home from home here. Each person is different but they all have what they need. They can have whatever they want, that's what I love about working here."
- There were multiple thank you cards from family members all commenting on the caring nature of the staff team. Examples included "We thank you and your wonderful team most sincerely" And "You truly have made his last few years as comfortable and happy as they could have been." One response to a recent people survey told u, "Staff are perfect."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff had time to build trusting relationships with people allowing them to show compassion and respect. For example, during lunch time we observed how staff knew people who would take longer to finish their meals and staff adapted the service to ensure they all finished at the same time and people were not sat waiting for others to finish.
- There was an exceptionally strong and visible person-centred culture. The genuinely welcoming and inclusive conduct of staff meant people felt relaxed and respected. One person told us, "Staff treat me with dignity. We have a laugh, there is always something to laugh about. The staff know me well and they ask me if I like things and I can tell them. I really enjoy it here."
- Maintaining independence was a clear focus within the service. Adaptions were made to support people

to do things for themselves. This positively impacted on people's wellbeing and sense of independence. We saw how one person was involved in maintaining their own garden area of the home. They told us they took pride in maintaining this. One relative told us, "[Name of person] doesn't want to put on staff so having these things in place makes them feel a lot better."

- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives.

- Open and honest relationships had been created to enable people to truly express their views. One person told us, "I feel I can speak to the registered manager about anything."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided an incredible range of social activities for people that were tailored to their own preferences and interests. These included visits to museums and local attractions, regular attendance from a visiting farm, local secondary school, primary school and preschool. Regular activities included, motivation classes, singers, gardening, looking after the resident animals, entertainers, BBQs, dog display teams and theatre productions. People spoke very highly of a regular guest visitor with therapy animals.
- People's comments included, "The day goes by so quickly" and "We have a lovely time we have quizzes and different things every day. I really enjoy it." A relative told us, "When [Name of person] was sat outside in summer at the BBQ, they said to me, I don't think we could have found anywhere better to be. It brought a tear to my eye."
- People were supported to be fully integrated in the local community and to avoid social isolation. The annual village produce show was held within the home's grounds and people were supported to enter exhibits into the show. One person told us, "I am very happy here, I wouldn't like to leave."
- People felt part of the village and the local community. A relative told us, "[Name of person] is sat reading the village newsletter telling me what's happening. They are looking forward to the village children coming here for pumpkin carving. [Name of person] has just told me they really feel part of this village."

End of life care and support

- An overwhelming amount of thank you cards were received from families following the provision of end of life care which highlighted the outstanding level of care that had been provided. Comments included, "Due to your care in Stoneleigh, they died with dignity and loving care" and "Words can't express just how grateful we are."
- The registered manager had recently submitted for accreditation to the 'Gold Standard Framework' for end of life care. Evidence submitted as part of this demonstrated the home was providing best practice to ensure people had the most dignified experience at end of life stages. For example, the home had introduced a coding system to help identify when people were deteriorating. This was reviewed on multiple times throughout the day and recorded during staff handovers. The registered manager told us this ensured the right level of care was provided without delay. It was clear that staff were extremely attentive to people's need during end of life.
- The registered manager was extremely passionate about providing compassionate and dignified care at end of life. We found the provision of end of life care followed best practice and the registered manager sought to continuously improve the provision. Following every death in the service the staff team completed a after death analysis which also involved family members. These analyses highlighted the importance of

regular review of the coding system and helped support this to be embedded in practice.

- People's wishes at end of life had been fully explored. People had detailed end of life plans in place which were exceptionally personalised and detailed people's preferences. The service had developed good links with a local hospice that had provided ongoing training and support to the service. This had enhanced the staff skills in capturing people's end of life wishes.
- People were actively supported to maintain religious, cultural or spiritual connections. Religious leaders regularly attended the home.

Improving care quality in response to complaints or concerns

- People told us they were exceptionally pleased with the service and could never envisage having a complaint.
- The registered manager was incredibly empathetic, supportive and very approachable and told us they addressed any minor concerns immediately so that complaints don't arise. No formal complaints had been received since the last inspection.
- People had very clear information about how to make a complaint if they were not happy with the service. People told us, "I can have a little moan at any time to the registered manager. We have a good moan together!" and "The registered manager is a marvellous man. He come's and see's us and asks us if there is anything we want or anything we are unhappy with."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided an exceptionally personalised service for individual people that met their specific preferences and wishes. A visiting healthcare professional told us. "The registered manager is always seeking ways to provide individualised care... this information also helps the district nurses develop individualised care plans for nursing intervention and enables us all to work together for the good of their residents."
- Detailed information about people's personal preferences, such as clothing was all captured through notes and messages and transferred into care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager demonstrated a strong commitment to provide person-centred, high quality care by engaging with people and stakeholders. Relationships with stakeholders including a hospice, schools and district nursing team had all been enhanced since the last inspection which allowed the service to provide a person-centred package of care that was outstanding.
- Staff demonstrated and were committed to the registered managers ethos for the home and they worked as a team to deliver these. This was a family run business and the family ethos ran through the home and was visible for all to see. A staff member told us, "The registered manager consults with us all. They speak to us all in a group and we discuss each person. We are always looking at whether we can improve anything for people."
- People and their relatives told us they believed that the service was very well led, and they had trust in the registered manager. One person told us, "The registered manager is a marvellous man, you couldn't wish for a better boss." A visiting health professional told us, "The registered manager has a passion for the best care and it shows." A thank you card received from relatives commented on the instant connection between a person and the registered manager and how grateful they were to the time spent and reassurance offered to this person.
- Staff were highly motivated and extremely positive about the manager. One staff member told us, "The registered manager is just like one of us. He is so supportive and easy to talk to. He doesn't make us feel stupid for asking questions. We are such a good team here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses. When action was needed this was completed such as, playing music at a lunch time and given prior notice of events (which saw the introduction of the weekly events newsletter). Comments from surveys included; "A happy environment, attentive staff and genuine care, manifests itself at this home at all times" and "Residents always happy, like home from home."
- A huge amount of work had been done to develop links with the local community and this has increased since the last inspection. Neighbours and members of the community were regularly invited to attend fundraising events, parties and activities. People were not socially isolated and felt part of the local

community which made them feel involved and happy.

- The home had a chosen charity, which was decided by the people who lived at the home. They had chosen a local hospice and held an event to raise money. Visits were arranged for staff and people to visit the hospice following the fund raising. This increased the knowledge and skills of the staff team and directly improved care.

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

- There was a solid structure of governance embedded in the service. The registered manager monitored quality and compliance with regular audits, meetings and surveys. The registered manager had a 'hands on' approach to their involvement in the service.
- Report's and action plans were in place to identify and drive forward any areas for improvement. This included area's such as training, maintenance and sensory gardens.
- The registered manager and staff were enthusiastically committed to continuous improvements. Opportunities to reflect on practice and lessons learned was embedded in practice.

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;

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy.
- We saw the registered manager communicated effectively with all stakeholders and kept them up to date.