

Stone House Care Home Ltd

Stone House Residential Home

Inspection report

55-57 Cheyney Road
Chester
Cheshire
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Tel: 01244375015

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stone House Residential Home is a care home providing personal care in one adapted building. The service provides support to 35 people. At the time of our inspection there were 26 people using the service.

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

Improvements were needed by the provider for the ongoing monitoring of people's living environment and records maintained at the service. People's care and support was monitored on a regular basis. The service worked with other agencies and health care professionals to meet people's needs and wishes.

People received their medicines when needed. Risks to people were identified and where possible minimised. Systems were in place for infection prevention and control. People felt safe living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff who knew them well.

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People and family members spoke positively about the service provided at Stone House Residential Care Home. Comments included, "Very good service. I can't speak highly enough of the service. They are marvellous" and "Family atmosphere, staff are very kind."

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 30 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has remained good based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

section of this report. We found no evidence during this inspection that people were at risk of harm from this concern. Areas of risk identified during the inspection were addressed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stone House Residential Home on our website at www.cqc.org.uk.

Recommendations

We have made recommendations in this report relating to monitoring of people's living environment; records and management oversight.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

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

Requires Improvement 

Stone House Residential 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 Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors.

Service and service type

Stone House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stone House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 and information shared with us from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all of the information the service had sent to us since we previously inspected. We used all this information to plan our inspection.

During the inspection

We reviewed records relating to people's care and the management of the service. We spoke with a visiting health care professional; 8 people who used the service; 4 staff members; the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we spoke with member of an external management team who had management and oversight of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies and the registered manager worked with other agencies when concerns were raised.
- Family members told us they felt their relative was safe. Comments included "[Name] is safe, very much so" and, "[Name] is very safe there. Has had a few tumbles in the past but they always manage these."

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff followed the principles of the MCA.
- Where required DoLS applications been applied for people.
- Family members who held Power of Attorney for people who were unable to make specific decisions were included in any decisions to be made. One family member told us they had been asked to show evidence that they had Power of Attorney for their relative. They told us this showed the service were protecting their relative's rights.
- Discussion took place with the management team around creating a system for monitoring DoLS applications and renewals.

Assessing risk, safety monitoring and management

- How risk was managed for people and their environment needed improvement. The registered manager and provider addressed all of our findings on the day of inspection.
- An emollient prescribed to one person had not had the risk associated with the product considered or

mitigated where possible. A risk assessment was immediately completed.

- One room was being used as a storage facility and contained products and equipment that needed storing securely.
- Three window restrictors were in need of replacement. The provider replaced these immediately. One person's bedroom had several trailing power leads and extension cables that crossed the room which created a trip hazard.
- The provider continued to make improvements required following the most recent fire inspection by Cheshire Fire and Rescue Service.

We recommend the provider consider current guidance and take action to update their practice accordingly in relation to monitoring of the environment.

Staffing and recruitment

- Sufficient numbers of staff were on duty to meet the needs of people.
- Safe recruitment procedures were in place which included appropriate checks being carried out prior to a new member of staff starting their role.
- People told us they were happy with the care and support they received from the staff team.
- Family members spoke positively about the staff that supported their relatives. Comments included, "There are always enough staff available"; "They are doing a wonderful job. I can only speak from what I can see. I witnessed that they really care" and, "Family atmosphere, staff are very kind".

Using medicines safely

- People received their medicines when they needed them.
- Stocks of people's medicines were monitored.
- Records were maintained of people's administered medicines.
- Systems were in place for the safe management of people's medicines. However, during the inspection we identified creams and emollients that should have been stored securely. Following discussion, these items were moved and stored appropriately.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- People and family members told us that the service was always exceptionally clean.

The service was following government guidelines for visitors to the service.

Learning lessons when things go wrong

- When things went wrong for people, systems were in place to monitor and make improvement to

minimise the risk of re-occurrence.

- Family members told us that the service regularly kept in touch with them. Comments included "Staff keep in touch. They will contact if something is wrong or if [Name] needs something" and, "They always keep in touch and we appreciate that. They are on the ball."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management was inconsistent. Systems in place did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were not always effective. A new system of recording information around people's care and support and their living environment had recently been introduced by the provider's representative. The newly introduced recording system had not been implemented in full and did not always include all the information required.
- The system for monitoring records had not identified areas of improvement. In addition, other records, for example, fluid intake monitoring charts had not been monitored and therefore improvements required had not been identified or addressed.
- Provider monitoring systems had failed to monitor and address outstanding training required to be undertaken by staff. The provider representative told us that all outstanding training was to be addressed through a new training platform.
- Discussion took place with the provider and their representative regarding the need for more support and guidance for staff around the introduction of the new recording systems.

We recommend the provider consider current guidance and take action to update their practice accordingly in relation oversight; monitoring and maintaining accurate records and checks to the service.

- There was a clear line of accountability within the staff team. The registered manager had a clear understanding of their responsibilities and regulatory requirements.

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

- The provider understood their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.
- The provider had identified areas of improvement required of their role and had taken action to address these. This had resulted in an external management team being engaged to provide procedural management and oversight of the service.

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

- People had regular opportunity to engage with the registered manager and staff team to discuss their

specific lifestyle needs and wishes.

- People told us they could share their views and opinions freely at any time. One person told us that staff were supporting them to liaise with a social worker and discuss their needs and wishes for the future. Family members felt the service offered their relatives person centred care and support. Comments included "Treat the residents as individuals."
- Family members told us that they had completed questionnaires about the service their relative received. In addition, there was a suggestion box for anyone to access. In addition, family members felt that staff regularly kept in touch with them. Comments included "Regularly keep in touch" and, "They keep in contact with me."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with the Local Authority and community-based healthcare professionals to improve the health and welfare of people using the service. One regular visiting health care professional described their experiences of the service as "One of the better homes in the area. Staff always do everything as requested. Always responsive with any contact / information requests."
- Learning took place from incidents to minimise the risk of re-occurrence.