

Stone House Home Limited(The)

Stone House Nursing Home

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Stone House is a residential and nursing home that was providing personal and nursing care to 33 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- The provider continued to provide a good service. People told us they liked living at Stone House and they felt safe. One person told us, "Yes I do (feel safe) and I can trust the staff." One relative told us, "I have never seen a member of staff get impatient in the two years I have been coming here."

The service met the characteristics for a rating of "good" in all the key questions we inspected and achieved a rating of 'outstanding' in responsive. Therefore, our overall rating for the service after this inspection was "good".

- People were always protected against avoidable harm, abuse, neglect and discrimination.
- People's risks were assessed and strategies put in place to reduce the risks.
- People experienced positive outcomes regarding their health and wellbeing.
- Staff received good supervision and training, which provided them with the knowledge and skills to enable them to provide good care.
- Care was exceptionally person-centred and focused on ensuring people with dementia lived as independent lives as possible. The care was designed to ensure people's maximum independence was encouraged and maintained.
- There was a workplace culture that was open and honest. Staff told us they felt supported by the manager and they could speak with them at any time.
- 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.

More information is in our full report.

Rating at last inspection:

At our last inspection, the service was rated "good". Our last report was published on (5 July 2017).

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Stone House Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by two inspectors.

Service and service type:

- This service is a nursing and residential care service. It provides nursing and residential care.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was unannounced.

• What we did:

- Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We reviewed notifications and any other information we had received since our last inspection. A notification is information about important events which the service is required to tell us by law.
- We spoke with the registered manager, the deputy manager, the owner of the service, the administrator, the activity coordinator, the chef, the maintenance person, two members of the nursing team and five care staff. In addition, we spoke with four people who lived at the service and three visiting relatives. We reviewed five care plans, observational charts and each person's medicine chart. We also reviewed records relating to the quality assurance and other records relating to the way the service was run. We received information from a professional who was familiar with the service.

- We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us the care they received was safe. One person told us, "Yes I do (feel safe) and I can trust the staff." One relative told us, "I have never seen a member of staff get impatient in the two years I have been coming here."
- Staff we spoke with told us they had received training in safeguarding adults. They demonstrated the procedure to follow if they were concerned about people's welfare.
- We saw the provider's whistle blowing policy and discussed this with staff we spoke with. Staff told us they knew what to do in the event of issues about the way people were supported or any problems with staff who worked at the service.
- The registered manager made referrals to the local authority safeguarding team when required.
- The service notified us, as required by law, when there were safeguarding incidents.

Assessing risk, safety monitoring and management:

- We saw risk assessments for people had been undertaken and recorded in people's care plans.
- Staff we spoke with understood the individualised support people required to reduce the risk of avoidable harm whilst still respecting people's independence. For example, we saw that one person who was as independent as their condition allowed was accompanied by staff when accessing the community to ensure their safety whilst still maintaining their independence.
- People were assessed prior to living at Stone House. Advice from the appropriate members of the Primary Health Care Team was taken into account when assessing people before admission. This was to ensure the service was able to meet the person's current needs.
- Staff demonstrated to us they were aware of how to safely respond to any emergencies.
- Premises and equipment were properly maintained. We saw that people had an evacuation plan in place in the event of an emergency such as a fire.
- We saw that fire risk assessments, Legionella risk assessments and equipment checks were monitored and updated.

Staffing and recruitment:

- The provider had systems in place to assess the suitability and character of staff before they commenced employment. We looked at recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks.
- People told us and we saw for ourselves that adequate numbers of staff were available to enable people to receive care and support that was not rushed. We saw staff were able to spend time with people in a meaningful way. People told us there were enough staff available to meet their needs. One person

commented, "Staffing seems to be fine; there never seems to be a shortage. People confirmed that when they called for assistance, staff attended to them promptly, one person said, "They are usually pretty quick."

Using medicines safely:

- Medicines were managed appropriately by the service. People stored their medicines in their rooms in a locked cabinet. The room temperature was monitored daily. In the event of the room becoming too hot to store the medicines within the correct temperature. The medicines would be taken to a specific room to be stored which was within the acceptable temperature. We saw protocols were in place for administering 'as required' medicines. Some people had been prescribed controlled medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. We saw correct storage and documentation was in place for these medicines.

Preventing and controlling infection:

- The registered manager told us how they had dealt with an outbreak of influenza. They closed the home to visitors and contacted the Public Health Agency for advice. The premises were thoroughly deep cleaned and people were given prophylactic treatment. Prophylactic treatment is the institution of measures to protect a person from an infection to which they have been exposed to.
- We saw the service was cleaned to high standards. Relatives we spoke with confirmed that they always found the home to be clean. There were hand washing facilities throughout the premises. Alcohol based gel was also available in wall mounted dispensers.
- Staff had completed infection control training and used personal protective equipment (PPE) when required such as disposable gloves and aprons.

Learning lessons when things go wrong:

- The registered manager completed "lessons learnt" records when things went wrong. We saw when an incident had occurred a meeting was held with staff to discuss what went wrong and actions put in place to prevent further occurrences. We saw one particular incident which had been thoroughly investigated. The communication within the service had improved from this incident to ensure all members of staff had up to date relevant knowledge of any changes in people's care and support.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- One person we spoke with who had previously lived in another home said that Stone House was "Lovely". They told us that staff had asked her about her needs and felt these were being met. They told us, "I have a supra pubic catheter and they deal with this really well. The nurses are really good and I don't have to go to hospital [when I have a problem with it] now like I used to before. Which is really good."
- Relatives commented how good the home was. "You can't fault it here. They try to let her do what she can and she is very happy here." We asked the relative if they would recommend the home and they told us, "Yes without a doubt."
- People told us they had been involved in developing their care plan. We saw care plans were comprehensive, detailed and identified expected outcomes. Staff reviewed care plans with people and/or their relatives on a regular basis or when needs changed.
- We saw that areas of risk such as mobility, communication difficulties, eating and drinking, and skin care had been assessed and plans made to ensure people were safe and their freedom was not restricted.
- Where people had been identified as at risk of malnutrition the Malnutrition Universal Screening Tool (MUST) was used to assess and monitor people's weight and nutritional intake. In addition, a food chart was used in conjunction with the MUST tool to ensure people were receiving adequate calorie intake.
- If staff became aware of a decline in people's weight, action was taken. For example, offering additional calories or referring the person to the relevant healthcare professional such as a dietician.

Staff support: induction, training, skills and experience:

- Relatives commented the staff were skilled and able to meet their family member's needs. They told us "You can't fault the care here", "Its brilliant, really nice and [our relative] can be really critical. I can't fault it, we saw over 30 homes before we decided on this one" and "Fabulous she never had a bed sore and that's all down to the carers."
- Staff completed induction training and the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health care workers with the knowledge and skills they need to provide safe and compassionate care.
- Evidence was seen of induction training completed, this included shadowing for two weeks and regular observations during this period. One member of staff told us they had never worked in care before and since starting work at Stone House they had worked their way up to become a senior member of care staff. They told us they were now completing a level five assistant practitioner course and they were now in their final year. They told us, "This would not have been possible without the support of my colleagues." Another member of staff was studying for the assistant practitioner course which the provider had put them forward

for. They commented, "There have been times when I have wanted to give up the course because I thought I could not do it. However, the registered manager went out of their way to sit and ask me about my concerns and what they could do to help. We saw that the member of staff was continuing with the course.

- Records we viewed confirmed staff were up to date with their training. Registered nurses completed additional training relevant to their role. For example, syringe driver training, catheter training and venepuncture. We requested to see the evidence of the competency checks carried out by the service. However, these were not completed or carried out at the time of our inspection. We spoke with the trainer who carried out the training in catheter care they told us this was something they would come out to the service to complete. Once they had checked staff's competency this could then be cascaded down as part of senior nurses' role (to check competency) when new staff join the service. The registered manager told us they would ensure competency checks are completed when staff attend refresher training. Following our inspection we were told the required competency checks of suprapubic catheterisation has now been completed and cascaded following us highlighting it during the inspection.
- In addition to mandatory training the service encouraged and supported staff development. We saw that bespoke management training was available for senior staff and the deputy had undertaken a management course. In addition to this the service offered work experience for the local school, and placements for student paramedics. We saw a testimonial from a training company. "Stone House have been a great addition to the learning community. On top of their commitment to use a Skills for Care Centre of Excellence education and learning provider to support their staff, we have seen first-hand how they have taken ownership and responsibility for high quality learning, ensuring joined up learning takes place and is embedded with the ultimate goal of improving lives of people they support."
- We received another comment from a lecturer who supports the Assistant Practitioner Course. "I have been working with the team at Stone House since July 2017. They were one of the first care homes to enrol learners on to the Assistant Practitioner Course. Since the learners started in September 2017, I have been in contact with both the Manager and the Deputy manager. They have always made every effort to accommodate the requirements of the course. They have shown enormous support for both learner's development and given them opportunities to take on their extended role. On any visits the Stone House staff are always available for me to meet with them and respond to any concerns immediately that I may have. I look forward to continually supporting them with their training."
- Staff received regular supervisions to monitor their performance in their role. One member of staff told us how the supervisions were structured and focused on personal development. They told us they and the registered manager had identified that management training would be beneficial to their role. We saw that they had been booked on the next available management training.
- Records we viewed confirmed supervision meetings were undertaken regularly.

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

- We observed lunch time at the service. People and relatives we spoke with told us the meals were of a good standard and that people had sufficient to eat and drink. One relative told us how their relative had initially lost weight when they first came to the home, but now had steadily regained it. At lunch time people could eat in the ground floor dining room or in the conservatory lounge. The meals were well cooked and were served with fresh vegetables. There was a choice of two cooked meals and a variety of desserts. Portions were generous and there were enough staff to support people who required this.
- The chef worked closely with people to develop new menus. In addition, a comments book which the chef went around with after lunch records any comments from people good or bad. Thereby enabling the service to get an up to date opinion on the quality of food offered.
- The service tracked people's weight on a monthly basis. The nutrition and hydration champion then liaised with the chef and as a team a plan would be devised for people at risk of malnutrition. In addition, the service recently invited the dietetic team to deliver training to staff and kitchen staff. This enabled staff to have the opportunity to make up fortified food and drinks and to experience what the supplements taste

like.

- We saw that one person was very low in mood following the death of his wife. This led to loss of appetite at times. The person was asked what his ultimate meal would be. The person responded 'a nice steak and chips'. For lunch the next day the chef prepared this meal for the person. When staff told the person what his meal was on offer. The person said he never expected to get so much kindness living in a care home. Staff told us the person was all smiles during lunch and gave them a 'thumbs up'. Staff said now they know what to tempt the person with when he is not in the mood to eat.

Staff working with other agencies to provide consistent, effective, timely care:

- We saw the service involved a range of professionals when required to support people with their needs. The registered manager told us the GP from a local practice visited the service each week or sooner if an urgent visit was required.
- People and their relatives confirmed that people could access their GP or other healthcare professionals when required.
- Referrals were made for people who need additional support, we saw Speech and Language Therapists (SALT) were involved in supporting people who had difficulty with swallowing.

Adapting service, design, decoration to meet people's needs:

- The layout of the premises was suitable to meet people's needs. The premises were a former country house and had been converted into a residential and nursing home. The home allowed people ample space to meet friends and family.
- People's rooms were tastefully decorated and contained many personal items including furniture. One relative told us that access in and around the gardens could be improved for some people who used wheelchairs. They said they had raised this with the provider who said they were going to make improvements.

Supporting people to live healthier lives, access healthcare services and support:

- Where people required support from healthcare professionals we saw this was arranged and staff followed guidance provided. Relatives told us staff were receptive to any changes in their relative's condition and the GP was contacted when it was necessary. We saw records of visits from healthcare professionals such as the palliative team and a Multiple Sclerosis nurse. We received comments from the GP following our inspection. They told us they found staff to be efficient, courteous, helpful and a pleasure to work with. The GP went on to say there had been a great deal of structure added to the medical management of people living at Stone House. They said the doctors rounds had been conducted in a well organised manner with clear lists of problems and those that need reviewing. They added, the service had supported people during the end of their life over the years and had dealt with them very well. Liaising closely with the palliative care team to ensure people received a dignified pain free death. The GP concluded by saying they were pleased to maintain a close working relationship with Stone House and strongly feel that this contributes to excellent care for people.

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.
- Mental capacity assessments were completed when there was concerns relating to a person's capacity to make important decisions for themselves.
- Where people could not make their own decisions, a best interest decision procedure was used.
- We saw appropriate documentation completed to support this. Staff gave us examples of ensuring people were involved in decisions about their care.
- Records demonstrated staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity.
- We saw applications to the relevant body had been made appropriately and had been renewed when required.

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

People were supported and treated with dignity and respect; and involved as partners in their care

- One relative told us, "The carers are very caring here; kind and patient." Another commented "They are all lovely here; delightful staff." One person told us "Whatever you want they try their best for you. They painted my room, put my pictures up and my TV on the wall where I can see it." Another person said, "Wonderful staff and very kind." Relatives told us they were invited to relative's meetings where they could express opinions and raise any issues. They said the minutes of the meetings were produced and available for them to view.
- Care professionals commented on the excellence of care. The GP described the service as "well organised" and that staff had "good communication". He stated the service provided "excellent" care and he had seen numerous examples where people with life-limiting illness were successfully cared for.

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

- The service promoted care practices in a non-discriminatory way where all people were valued as individuals regardless of disability, race, gender, or religious beliefs. We saw that people were offered a choice of male or female staff to support them. People from different cultures were catered for and staff supported them to attend religious meetings. In addition, we saw there were many staff from different cultures and the provider acknowledged this and made any adjustments needed.
- Staff we spoke with knew people's preferences. For example, the way they preferred to spend their day, how they liked to be addressed and the type of socialising they preferred. Staff used this knowledge to ensure people's preferences were upheld.

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

- Staff told us and records confirmed people were supported to make decisions about their care.
- We saw regular reviews were held with people and their families to discuss any additions or changes to people's support needs. Relatives confirmed they were always told about any issues or changes to their relative's plan of care.
- Staff demonstrated they were aware of people's needs, including those related to protected equality characteristics such as age, disability, race and gender, and their choices and preferences were regularly reviewed.

Respecting and promoting people's privacy, dignity and independence:

- We observed good relationships between people and staff.
- Staff were able to explain how they maintained people's dignity whilst delivering personal care.
- We saw that staff knocked on people's doors and waited for a response before entering.
- Staff we spoke with showed genuine concern for people and ensured they were not discriminated against in any way.
- People were given choice and control in their daily routine and were able to spend their day as they

wished.

- The service promoted equality, diversity and human rights and recognised that each person had their own uniqueness and had individual needs. The service extended this to everyone who visited Stone House. We saw that a young person who played for the national youth orchestra of Great Britain for three years had suffered an acquired brain injury, due to an accident. However, this had not stopped them playing. The service booked the person three times a year to play to people living at the home. The registered manager told us it gave the person a sense of self-worth and appreciation to be able to continue to play his instrument.
- People commented on how good the laundry service was. One relative said, "It's very good. The carers are able to change her clothes every day and there are no used towels they are all fresh." They added that staff ensured that their relative always wore their jewellery, earrings and perfume, which is what they had always done and said, "They (staff) never forget." Two other relatives said that when they visited their mother was "Always clean and well dressed; and always eating."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were assessed before they came to live at Stone House. This was either in their own home or hospital. We saw in the care plans we viewed evidence of a pre-admission profile confirming the person's needs had been assessed prior to moving into the home. On admission a care assessment for the first 72 hours had been completed whilst care plans were being implemented. We saw records titled 'All about me' contained personalised information such as likes and dislikes, things that are important to me hobbies and interests, previous life history and 'this is me now'.
- Specific plans were in place with regard to communication, mental health and cognition, personal safety, nutrition, personal care, elimination, skin integrity, medicines, social life and well-being.
- Records we saw demonstrated that the service identified and recorded communication impairments, and information was provided to people in a way they could understand. This included use of pictures and symbols as alternative ways of communication.
- Care plans recorded the communication aids people required such as glasses and hearing aids. The service met the Accessible Information Standard (AIS). The service had ensured information was available for people with communication needs because of a disability, impairment or sensory loss.
- The service enabled people to take part in activities. The activity coordinator organised a programme of activities and events which took into account people's background interests and current abilities. We saw people engaged in activities on both days of our inspection. The service encouraged people to make choices about what they would like to do in their leisure time. We saw people could attend local leisure resources and forthcoming events.
- People and their relatives were positive about the activities that were provided by the activity team. One relative said "Although mum is not very responsive at times, she is not left out of the activities. There is a varied array of things and they don't leave anybody out due to inability; there is good one to one. The activity staff are separate from the care staff."
- We saw there was an interactive dog people could respond to. The dog was designed to look, feel, sound and react like a real puppy. This was confirmed when we visited, as the inspectors believed this to be a real puppy. The provider had visited an exhibition and began to investigate further the role of technology in improving the lives of people. The puppy had built in speakers to recreate some of the more delightful moments of owning a dog including being a best friend for people. We saw the dog made a positive impact on people's lives. One person we saw treated the dog as if it were real and named it 'Tyzer'. We were told how the dog had made a difference to the person's life and the person had become more motivated and would often smile at the dog and pet it as if it was real. He would tell staff to be careful when moving the dog.

- Another person enjoyed the dog and had also named it. We were told the person was often seen laughing and talking to the dog.
- One to one sessions were also held with people who were unable to leave their bed due to their condition. We saw a record of an interaction with one person. "Today I took the speakers to [name of person] in his bedroom. [Name] finds it difficult to verbally communicate which is why this is a wonderful story to share. I walked into [name of person's] bedroom and sat next to his bed as usual. I asked what music he would like to listen to and [he] responded 'Elvis'. When I played the music to him he reached for my hand and guided my arm in a jive dance. I asked him if he used to be a good jive dancer and he responded with a grin and said 'yeah'. I came back after leaving him with the music playing and was greeted with a wide grin. This was a very special one to one activity as [name] was able to communicate in his own way and clearly enjoyed the activity."
- The service recently celebrated an international day. All staff dressed up in different cultural clothes and put on dances for the people living at Stone House. Cake was offered from different countries and the home was decorated with flags and international flag bunting.
- In addition, the home displayed the way to say 'hello' in different languages. We received a comment from one person following the event. "What an amazing day it was, the staff all dressed up in different cultured costumes, we were also given different types of cakes from different countries, some I liked and others I didn't. The dancing from the staff was good and I was able to tap along with them, they included us all in what they were doing and even showed us some up to date dancing. We were able to have photographs with them and this is something to remember what a great time we all had. It was well organised and even if they didn't have a costume that painted flags on their faces. Well done staff."

Improving care quality in response to complaints or concerns:

- People and their relatives were encouraged to make suggestions and constructive comments. All people we spoke with said the registered manager was approachable and acted on any concerns. One relative said "The manager deals with things very quickly. I can go with anything and it's always been actioned." Another relative told us "The manager is very nice; I have no complaints, she is so helpful." We saw that there were no complaints at the time of our inspection.

End of life care and support:

- The service was exceptional in delivering end of life care and worked towards the Gold Standards Framework Accreditation for End of Life Care. The service will be putting their portfolio forward for accreditation once evidence has been collated. The Gold Standards Framework in Care Homes (GSFCH) Training Programme assists services to meet quality targets. The key aims are to improve quality of care and collaboration with GPs and reduce hospital admissions.
- The registered manager told us the key areas of improvement seen in the services end of life care had been.
- An introduction of after death analysis and staff surveys relating to their own coping mechanisms following the death of a person they had sometimes known for some time. We spoke with the deputy manager and they confirmed staff had told them they had felt more supported and coped better following the introduction of debriefing for staff.
- In addition, the service was supported by a GP who was the end of life lead for the area. The GP told us the service had dealt with many palliative care situations over the years and had dealt with them very well. Liaising closely with the palliative care team to optimise palliative care of people.
- One relative we spoke with during our inspection told us how their family member had come to live at Stone House in 2012 for palliative care with a life expectancy of three to four weeks. However, with the exceptional care and support from staff went on to live another six years. The relative told us the staff really excelled in end of life care and stayed with their relative in the last few weeks of their life day and night. They went on to say their family member passed away peacefully with dignity and if they had to rate the home it

would most definitely be 'outstanding' in every respect.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff and relatives told us the registered manager and senior staff were visible and approachable. Staff told us the registered manager was very 'hands on' and would always help if required.
- We received positive comments from everyone we spoke with in relation to the management of the service. One relative told us "The owner is often about and will always come over and chat; it's not just a business to them." This was reciprocated by staff we spoke with, one member of staff told us "I find the owners very approachable and compassionate to the needs of the staff. It is reassuring to know that the owners are very hands on and work within close proximity. In the absence of the registered manager their support to me personally is obvious and I feel able to turn to them with any problems that arise. There is ample opportunity for continuous professional development and this is encouraged by management. I have been asked on several occasions if I have a specific training need or an area of interest I would like to develop. This makes me feel a valued member of staff."
- We saw the service acknowledged staff excellence and a staff reward scheme was in place. Staff benefits included birthday vouchers, recommend a friend scheme and Christmas parties.
- Another member of staff told us, "I have learned a lot from the registered manager in terms of managerial responsibilities and legal knowledge. We discuss any issues concerning the home and come up with solutions that we agree on. My relationship with [name of registered manager] I would say is we are like Yin and Yang. There is a balance in our workload we help each other and have a good relationship. I am very grateful that I have worked for this company for over five years and I am glad to be part of the management team."
- Another comment from a member of staff was, "Stone House is a lovely place to work. It feels like one big family. Right from the interview process, I was made to feel completely welcome. There is a friendly atmosphere in the Home. The staff always put residents at the centre of what they do. Everyone pulls together in order to make residents feel special. I feel very supported in my role by the company, especially the manager. [Registered manager] is very approachable and encourages a culture of openness and transparency. She encourages reflective practice without fear of recrimination. Any issues are discussed freely with the manager and deputy, and we are always encouraged to challenge practice. The directors visit on a regular basis, but are never intrusive and are always genuinely interested in the day to day running of the Home, and are always interested in the wellbeing of residents and staff. Supervisions with the manager are structured and focus on personal development. At my last supervision, management training was

identified, which I am looking forward to attending. My previous employer made an offer for me to return, but when I look back, I know it was the right decision to stay at Stone House. I feel like a member of the family and I enjoy welcoming new people to the team.

- Staff we spoke with could relate to the service's core values and objectives. These were privacy, dignity, rights, choice, independence, fulfilment, security, respect and equality.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Quality and governance checks were used to drive improvements. Audits were completed with actions and outcomes. Regular internal audits were part of the services quality assurance programme. Audits included care plans, medication, health and safety, infection control and housekeeping.
- Notifications were made to CQC within the required timescales.
- Any safeguarding concerns were reported to the local safeguarding team; accidents or incidents were reported using internal systems.
- Staff told us the registered manager involved them in the service in a positive way, communicating clearly and frequently. We saw that regular meetings took place to ensure any changes to people's care and support were highlighted to all staff. Staff told us the meetings were vital in exchanging information and discussing care issues.

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

- The service involved people in all aspects of the day to day running of the service where possible. This included, menu planning, décor and activities. Cultural and religious needs of people living at the home were met. In addition, the staff sought advice and support from relevant religious or cultural centres and authorities as necessary. Regular meetings were held with people either in groups or on an individual basis. The meetings and discussions ensured people could share their views and opinions.

Continuous learning and improving care:

- The service sought opportunities for improving and shaping care. This was by way of ensuring staff working at the service had ample opportunities to develop and progress in their career. A training scheme was available for staff, to increase their knowledge and skills to an advanced level in particular topics.
- We saw a complaint about the management of medicines had triggered a change in the way the service communicates with its staff.

Working in partnership with others:

- We saw that the registered manager worked in partnership with other organisations to exchange information around best practice, which demonstrated innovative and proactive leadership, which in turn benefits people requiring care and support. We saw educational organisations; palliative care teams and other professionals were involved in joined-up working with the service to achieve positive outcomes for people who use the service and staff who work there.