

Abbeyfield Furness Extra Care Society Limited

Staveley House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection on 22 and 23 October 2014. The inspection was unannounced.

We last inspected this home in November 2013. At that inspection we found the service was meeting all of the regulations that we assessed.

Staveley House is a care home and provides accommodation and personal care for up to 38 older people. It is owned and operated by the Abbeyfield Furness Extra Care Society Limited, through a volunteer executive committee and is a member of the national Abbeyfield charity. The home is on the edge of a residential housing estate, on the outskirts of

Dalton-in-Furness, Cumbria. It is a purpose built two-storey building, with a range of equipment to assist people to move around the home. There were 36 people living in the home at the time of this inspection.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although people told us that they felt safe in this home, we found that people had been placed at risk because their medicines were not managed safely. One person

Summary of findings

had been given medicine that was out of date and may have been harmful or ineffective. Another person had not had their medication administered as prescribed by their doctor. This may have made their treatment ineffective.

We found that the staff in the home knew the people they were supporting and people received the care they required to meet their needs. However we found that the registered provider did not have robust systems in place to ensure that people's care records were reviewed when their needs changed or to check that all support was provided as individuals' care records stated. We found that one person's care plan had not been reviewed to take account of advice from their doctor. We also saw that the records for some people stated that they should be weighed each month, but this had not taken place. Although members of the home's executive committee had carried out their own quality assessments of the service these had not identified the issues we found at the inspection. The systems used to assess the quality of the service were not effective and people were not protected against the risk of receiving unsafe or inappropriate care.

Throughout our inspection we saw that people were treated in a caring way. People were treated with kindness and respect and the staff acted promptly to ensure individuals' needs were met. People told us the staff took the time to talk with them and said this was important to them.

People told us that the staff in the home knew the support they required and provided this as they needed. People we spoke with, and visitors to the home, said there were enough staff on duty to support people.

People told us they had a choice of meals and said they enjoyed the meals provided in the home. People had been asked for their views about the menus used and we saw these had been changed following the comments from people in the home.

The home had a range of communal areas which people could use on their own or to meet their visitors. People told us that they could see their visitors at the times they wanted and visitors we spoke with told us the atmosphere in the home was always welcoming.

The registered provider had systems in place for people to raise a complaint about the care provided. The registered manager had not received any complaints about the service. We saw that where a concern was raised directly with the staff on duty, prompt action was taken to resolve the issue.

The registered provider used safe systems when new staff were recruited. All new staff completed thorough training before working in the home. The staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual.

The registered manager was knowledgeable about the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the people's rights.

Staveley House was purpose built as a care home. The home had a range of equipment to meet people's needs and to promote their independence. We saw that the needs of people had been taken into account when areas of the home were redecorated. The home was well maintained and all areas were clean and free from odours. This helped to protect people's dignity.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of this service were not safe. Medicines were not managed safely and people were placed at risk of harm.

There were enough staff to provide people with the support they required. Robust checks were carried out to ensure new staff were suitable to work in the home.

People were protected against the unsafe use of equipment. Staff were trained to use equipment safely and the equipment in the home was checked and serviced to ensure that it was safe to be used.

Requires Improvement



Is the service effective?

This service was effective. Care staff had completed a range of training to give them the skills and knowledge to meet people's needs.

People had a choice of meals and drinks that they enjoyed. They received the support they needed to access appropriate health care services. This helped people to maintain good health.

People's rights were respected and care was only provided with their agreement and consent. The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS). The registered manager was knowledgeable about how to ensure individuals' rights were protected.

Good



Is the service caring?

This service was caring. People were treated with kindness and respect and the staff acted promptly to ensure individuals' needs were met.

People made choices about their lives and their care. The decisions people made were respected.

People's privacy and independence were promoted. People were given the time they needed to carry out tasks themselves and the staff provided care in a manner that protected people's privacy.

Good



Is the service responsive?

Some aspects of this service were not responsive. People were included in agreeing to the support they received and made choices about their care and their lives. The staff in the home knew the support people required and provided this as they needed it. However care records were not always reviewed when a person's needs changed and people did not always receive support as detailed in their care plans.

Requires Improvement



Summary of findings

People could receive visitors when and where they wished. They were supported to maintain relationships that were important to them.

There were good systems in place for people to share their views about the service. People knew how they could raise a concern if they needed to.

Is the service well-led?

This service was not well-led. People had not been protected against the risk of harm because the systems used to assess the quality of the service were not effective.

There was a registered manager employed in the home. The staff felt well supported by the registered manager.

People who lived in the home were asked for their views of the service and their comments were acted on.

Requires Improvement



Staveley House

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 23 October 2014 and was unannounced. The inspection was carried out by one inspector. During our inspection we spoke with 23 people who lived in the home, three visitors, five care staff, three ancillary staff and the registered manager. We also spoke

with the chairman of the executive committee. We observed care and support in communal areas, spoke to people in private and looked at the care records for six people. We also looked at records that related to how the home was managed.

The registered manager of the home had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted the local authority, District Nurses and specialist health care teams to obtain their views of the home.

Is the service safe?

Our findings

Some aspects of this service were not safe. Medicines were not managed in a safe way and people were placed at risk of harm. We saw that one person had been given medication that was out of date. This meant the medication may not have been effective and may have been harmful. Another person had been prescribed eye cream by their doctor and needed the care staff to administer this. We saw that on ten days the medication administration records did not show that the eye cream had been administered at lunch time. This meant the registered manager could not show that the person had received their medicine in the way their doctor had prescribed and this could have made the treatment ineffective.

It is important that medicines are stored at the correct temperature, as otherwise they may not work effectively. Each day the staff in the home were meant to check the temperatures of the medication storage area and the fridge that was used to store medicines. We looked at the records of the checks that had been carried out. We saw that the checks had not been carried out each day, as was required. We also saw that the temperatures in the storage area and fridge were not always within the range required. There were no records to show that the staff had taken any action when they recorded the temperatures were above or below the required range. People who used the service were placed at risk because their medicines were not administered properly and were not stored at the correct temperatures.

These examples demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived in the home told us they felt safe there. They said they had never had any concerns about their personal safety or the safety of their possessions. One person told us “I’m sure we’re safe here, there are always staff around, that makes me feel much safer than when I was on my own at home”.

People told us they made choices about their lives and said the staff in the home respected the decisions they made. Some people said they enjoyed going out into the local community on their own or with their families. They told us they felt safe doing this.

We spoke with staff about their understanding of keeping people safe from harm and abuse. All the staff we spoke with said they had completed training in identifying and reporting abuse. They showed that they knew how a person’s behaviour may change if they felt unsafe in the home. All the staff we spoke with told us they were confident people were safe. They told us they had never witnessed anything that had caused them concern. They said that, if they ever identified that a person was at risk, they would immediately report their concerns to the registered manager or a senior person in the service. The staff were knowledgeable about how to identify and report any concerns that a person was at risk of harm or abuse. This helped to protect people.

All the staff we spoke with said they had completed training in how to use equipment in the home safely. They said that new staff were not allowed to use any equipment until they had been trained to do so. People who lived in the home told us they had “no concerns” about how staff used equipment. The records held in the home showed that all items of equipment were checked and serviced regularly by appropriately trained people. People were protected because equipment was serviced and maintained and staff were trained to use it safely.

The registered manager used a formal assessment tool to calculate how many staff were required to ensure people received the support they needed. The assessment tool took account of the needs of people in the home. We saw that the staffing levels met or exceeded the level identified by the assessment tool. People who lived in the home told us there were enough staff to provide the support they needed. They told us the staff knew the assistance they required and provided this. Visitors we spoke with said that they thought there were enough staff in the home. One person said, “There are always plenty of staff around. They look after Mum well, they are all good at their job, you can’t fault them”.

The registered manager used good systems to ensure staff were only employed in the home if they were suitable to work in a residential care service. All staff had to provide references to show that they were of good character and to confirm their previous employment experience. The records we looked at showed that all the checks required by law were completed before new staff were allowed to work in the home. This helped to ensure staff were suitable and safe to work with people.

Is the service effective?

Our findings

People we spoke with made many positive comments about the support they received from the staff in the home. One person told us, “The staff are very good, they know what they need to do for me”. Another person said, “The staff must have good training, they certainly know what they’re doing”.

The staff in the home said they were provided with a range of training to ensure they had the skills and knowledge to provide the support people needed. However, we found that although staff who handled medication had been trained, this had not ensured people received their medicines in a safe way.

One staff member told us they had recently completed training in supporting people who had a dementia and in caring for people at the end of their life. They said they had found the training useful in understanding people’s needs and how to care for people with different needs.

During our inspection we found that the staff knew the people they were supporting and had the skills to provide the care individuals required.

People told us that they had been included in developing their own care records and said they had agreed to them. They said the care staff always asked for their agreement before providing their planned care. The care records we looked at showed that people had given written consent for staff to support them with their medication and their personal care. One person told us, “The staff ask if it’s what I want and if it’s okay for them to help me, but they don’t make a big song and dance about it, it’s all done in a friendly way”.

We saw that people were assumed to be able to make decisions for themselves and were given choices about their lives. For example people were asked if they wanted to take part in the activities provided and chose where they spent their time.

The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS). The registered manager showed they were knowledgeable about the action they needed to take to

ensure that individuals’ rights were protected. The registered manager told us that there was no one living at Staveley House who required an application to be made under the Deprivation of Liberty Safeguards. This was because there was no one who was subject to a level of supervision and control that may have amounted to a deprivation of their liberty. Throughout our inspection we saw that people were free to make choices about their care and their lives in the home. We did not see anything that suggested people were being restricted or deprived of their rights or liberty.

People we spoke with told us that they were supported to see their doctor when they required. One person told us, “I’ve kept my own GP, I can call them if I want or the staff ask me if I want them to call if I’m not feeling well. Another person said, “The staff soon pick up if I’m not feeling well, they always ask me if I want them to fetch the doctor in”. Local health care services we contacted before our inspection told us they had no concerns about how the home supported people to maintain their health. They told us that they had an “excellent” working relationship with the staff at Staveley House and said they felt the staff in the home contacted them in an appropriate way to ensure people’s health needs were met. People were supported to access appropriate health care services to maintain good health.

Everyone we spoke with told us they enjoyed the meals provided in the home. People told us, “The meals are very nice, there’s always a choice” and said, “We’re spoilt really with all the choice, there’s always something, even if you’re picky like me”. We saw that the meals had been discussed at meetings with people who lived in the home and changes had been made to the menu in response to the comments from people.

The registered manager and senior staff in the home had attended training in best practice in supporting people who have a dementia. We saw that one area of the home had been redecorated taking into account best practice in design and décor of the environment. We saw that hand rails and doors had been painted in a contrasting colour to the walls to make them easy for people to identify and to assist people to be able to move around the home independently. This showed that the needs of people were taken into account when the premises were decorated.

Is the service caring?

Our findings

Everyone we spoke with told us that people were well cared for in this home. People who lived in the home and their visitors told us that the staff were kind and considerate. One person told us, “You wouldn’t find more caring staff anywhere”. A visitor to the home said, “Everyone here is very kind, all the staff stop and chat with people, there’s always a lovely feel to the place”.

We saw that all the staff in the home treated people with kindness and respect and acted promptly to ensure people’s needs were met. We observed that one person became anxious while alone in their bedroom. A member of the home’s maintenance team noticed the person was distressed and immediately went to help them. They gave the person reassurance and support until a member of the care team arrived to assist the individual.

The staff on duty showed that they knew the individuals they were supporting and the things that were important to them in their lives. They took time to speak with people and we saw people enjoyed talking with the staff and sharing a joke with them. One person told us that this was very important to them. They said, “The staff give you time, they stop and have a laugh and a natter, that makes all the difference”.

We saw that people made choices about their lives, including how and where they spent their time. Some people enjoyed spending time in their rooms and other people chose to take part in the activities provided. We saw that the staff knew individuals’ preferences and respected the choices they made.

People told us that they could see their visitors at the times they wanted. There were small, private sitting rooms on each floor of the home and we saw that some people enjoyed using these either with friends in Staveley House or to meet their visitors. The range of communal areas meant that people could choose where they spent their time away from their own rooms.

During our inspection a member of the local clergy visited the home to hold a service in the communal dining room. We saw that the staff knew who liked to attend this activity. One person, who usually attended the service, had been feeling unwell and said they weren’t sure if they felt able to go to the service. Two members of staff encouraged and supported them so that they felt confident to join the

activity, which we saw they enjoyed. The staff gave the individual the time and assistance they needed to attend an activity that was important to them and also supported them to ensure they did not become isolated in their own room.

People told us that they had been asked about the tasks they needed assistance with and the areas of their care that they could manage on their own. They said they had been involved in planning the support they received. Most of the people we spoke with said they had relatives or friends who would support them in making decisions about their lives or care. The home had links to local advocacy services that people could contact if they wanted independent advice or support. Advocates are people who are independent of the service and who support people to make and to communicate their wishes. We saw that the contact details for the advocacy service were displayed at the entrance to Staveley House. This meant people did not have to ask for them and could contact the advocacy service in confidence if they needed to.

Everyone we spoke with told us their independence and dignity were promoted in the home. We saw that the staff knew the tasks people could carry out and gave them the time they needed to do this, this helped people to maintain their autonomy and control over their lives. We observed the staff assisting one person to move from their room to a communal area. The person was able to walk independently with the support of a walking aid. We saw that a member of staff walked with the person, talking to them and giving them the time they needed to move independently. This gave the individual confidence to maintain their independence. We saw the staff member was friendly and patient.

The home had a range of equipment to support people to maintain their independence. There were rails in the corridors for people to hold if they needed and two passenger lifts to help people to access the accommodation on the first floor of the home. The corridors were spacious and comfortable chairs had been positioned along the corridors, so people could rest if they became tired from walking. There were also chairs placed by the entrance to one of the lifts on the first floor of the home. This meant people had a comfortable place to sit if they needed to wait for the lift. One person told us that they walked from their room on the first floor to the lift, then sat

Is the service caring?

in one of the chairs before taking the lift to the ground floor. They told us that having the chairs placed by the lift supported them to move independently and said this was important to them.

People told us that the staff maintained their privacy, for example ensuring bedroom and toilet doors were closed

when they were receiving support. One person said, “The staff help me to the toilet and leave me to it, I call them when I’m ready and they come back in to help me. They always make sure the door is closed”.

Is the service responsive?

Our findings

Some aspects of the service were not responsive to people's needs. Each person in the home had a care plan to give information to the staff about the support they needed and how they wanted their care to be provided. People had been included in agreeing to their own care plans and had signed them. Although most of the care plans had been reviewed regularly to ensure that they contained accurate information, we found one had not been reviewed in response to a change in a person's needs. One person had been seen by their doctor who had requested a change to how they were supported. Their care plan had not been updated to show that this change had been requested or to show what action had been taken in response to the doctor's advice. We also found that some records did not show that people had received the support identified in their care plans. The care records for some people stated that they should be weighed each month to monitor that they were eating enough. We saw that some people had been weighed monthly but other people had not. However, we saw that the care staff were knowledgeable about the care people required. Everyone we spoke with told us that the staff in the home knew them and knew the assistance they needed. They told us that they received the support they required at the time they needed this.

People told us that they enjoyed a range of activities in the home including watching visiting entertainers, outings in the local area and arts and crafts sessions. Some people told us that they preferred not to take part in the organised activities but chose to spend time alone or with their visitors in their rooms or in one of the communal areas. They told us that the choices they made were "always" respected. One person told us that they preferred to stay in their room, following activities which they had enjoyed before they moved to Staveley House. When we asked the

staff about this person they told us that the individual was invited to join in activities but they knew that they preferred not to. Another person told us that they liked to watch the birds in the garden, they told us the staff had helped them to erect a bird feeder outside of their window so they could enjoy this activity as they liked.

None of the people we spoke with raised any concerns about the care they received. People told us they knew how they could raise a complaint but said they had not had to do this. The registered manager of the home had not received any complaints about the service but they had a procedure that they would follow if a complaint was made. Some people told us that they attended meetings where they could discuss how they wanted the service to develop and to raise any concerns or make suggestions for how the service could be improved. The registered provider had a range of ways that people could use to raise concerns about the service they received.

We saw that visitors to the home were comfortable speaking to a member of staff if they had a concern. For example one relative spoke with a staff member about an item of clothing that they were not able to find in their relative's room. We saw the staff member was helpful, listened to the concern and took action in response. The item of clothing was then found in the individual's wardrobe.

Some people had identified a friend or relative who they wanted to be included in decisions about their care. One person told us, "My son and daughter-in-law visit me regularly, they helped me make decisions before I moved in here and they still do, but I have the final say". Visitors we spoke with told us that they were included in developing the care plans for their relations. All the relatives we spoke with said they were invited to attend care review meetings and said the staff in the home kept them informed if their relation was unwell.

Is the service well-led?

Our findings

The service was not well-led. The systems used to monitor the safety and quality of the service had not ensured that people were protected from the risk of harm. We found that medication was not managed safely, placing people at risk. Although the registered provider had carried out checks on how medication was managed in the home, these had not identified the issues we found at the inspection.

The registered provider did not have robust systems in place to ensure that people's care records accurately detailed the support they needed or that all support was provided as individual's care records stated. Although people's needs had been assessed, we found that one person's care plan had not been reviewed to take account of advice from their doctor. We also saw that the records for some people stated that they should be weighed each month, but this had not taken place. There was no formal system to audit the care records, so these issues had not been identified by the registered provider.

The home had a registered manager in post. The staff we spoke with said they were well supported by the registered manager and senior staff in the home. They said they would speak to the registered manager if they had any concerns about the performance or behaviour of any other staff member. However, we saw that where medication recording errors had occurred, these had not been reported to the registered manager. The staff had not taken any action where the medication records showed that medicines had not been administered as required. This meant action was not taken to address the issue and to ensure people received their medicines in a safe way.

The registered provider had an executive committee, responsible for overseeing the management of the service. We saw that members of the executive committee carried out their own quality assessments of the service but these had not identified the issues we found. The processes used to monitor the quality of the service had not identified issues which placed people at risk of harm.

These examples demonstrated a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us that they had been asked for their views about the service. Some people told us that they attended regular meetings where they were asked if

they had any concerns or if they had any suggestions for how the service could be improved. We saw that people had also been asked to complete surveys to give their feedback about the home and about the service they received.

We saw that action was taken in response to the views of people who lived in the home. The home had the use of a minibus to take people on outings in the local area. The records of one meeting showed that people had said that they enjoyed this activity and had requested that more outings were provided. We saw that the registered manager had arranged to increase the frequency of the trips, in response to the comments of people who lived in the home.

People who lived in the home and their visitors told us this was a good service. One person said, "This home has a good reputation in the area, and it deserves it too". Another person told us, "This is a lovely place, we're well looked after and couldn't ask for anything better." One visitor told us that the atmosphere in the home was always welcoming. They said they had no concerns about the quality of the service but would be confident speaking to a senior member of staff or the registered manager if they had.

Throughout our inspection we saw positive interactions between the staff on duty and people who lived in the home. The staff spoke to people in a friendly and caring way and included them in decisions about their care. The atmosphere was open and inclusive, with staff taking the time to speak with people. People told us they appreciated the staff taking time "to chat" and said they "enjoyed a joke" with the staff.

All the staff we spoke with told us that this was a good home and said Staveley House was "a nice place to work". They told us that the registered manager and executive committee set high standards. One member of staff said, "I'm proud to work here, we know people are well looked after in this home".

Providers of health and social care services are required by law to notify the Care Quality Commission, (the CQC), of significant events that happen in the service. The registered manager of the home had informed the CQC of important events in a timely way. This meant we could check that appropriate action had been taken to ensure people were protected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

How the regulation was not being met: People were placed at risk because their medicines were not administered properly and were not stored at the correct temperature. Regulation 13.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

How the regulation was not being met: People were not protected against the risks of inappropriate or unsafe care because the registered provider did not have an effective system to assess and monitor the quality of the service. Regulation 10 (i) (a).