

Unlimitedcare Limited

Stanley Lodge Residential Home

Inspection report

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09 May 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 03 and 09 May 2018.

Stanley Lodge is registered with the Care Quality Commission to provide accommodation and personal care for up to 23 residents. The home is situated in a rural area of Forton near Lancaster.

Stanley Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We last carried out a comprehensive inspection at Stanley Lodge Residential Home in May 2016. The home was rated good but we identified some concerns in relation to the environment. We carried out a focussed inspection in January 2017 to check improvements had been made. We found the registered provider had made the improvements required.

At this inspection visit carried out in May 2018, we found the registered provider had not met the fundamental standards. We identified concerns in relation to premises and equipment, person centred care, staff training and good governance.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection visit carried out in May 2018, we found the home environment was not always appropriately maintained. We found areas within the home which were in need of repair. For example, two toilets were out of use, only one bathroom was in use, two bedroom windows were secured with tape and a hole in a ceiling had been temporary boarded over but not repaired. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Because of the poor maintenance of the home, people were sometimes unable to have a bath when they requested it. This meant people's preferences and wishes were not always met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff did not always receive ongoing training and support to ensure them to carry out their roles safely. For example, only three staff who worked at the home had an up to date qualification in basic first aid. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Paperwork was not always suitably completed in order to ensure safe and effective care was delivered. We found paperwork was not always up to date and accurate. This was a breach of Regulation 17 of the Health

and Social Care Act 2008 (Regulated Activities) 2014.

Although people told us they felt safe we found risk was not always appropriately addressed and managed in a timely manner. We have made a recommendation about this.

Processes were in place to ensure medicines were suitably and safely managed in line with good practice guidance. However, we found these were not consistently embedded. We have made a recommendation about this.

On the first day of the inspection visit the registered manager told us they had recently introduced an electronic care recording system. They said however they had not had time to fully implement the system so staff were using two different care recording systems. We reviewed care records and found paperwork was disorganised and care records did not always reflect people's needs. We fed this back to the registered manager who took immediate action. On the second day we were informed by the registered manager they had decided to revert to their original care recording system. They said they had taken immediate action and had reviewed all care records. We have made a recommendation about this.

During the inspection visit we were made aware the registered provider was having difficulties in recruiting staff. After the inspection visit we received assurances from the registered manager that action had been taken and improvements had been made to increase the number of available to work.

We saw evidence of multi-agency working to promote effective care. Health professionals praised the skills and knowledge of staff who worked at the home. Relatives told us the home was good at meeting the needs of people.

People, relatives and professionals told us there were enough staff on duty to meet individual needs. We observed staff encouraging and supporting people to take part in activities during our inspection visit.

People who lived at the home and relatives praised the caring and helpful nature of staff. From observations we saw staff were patient and respectful with people.

People and relatives told us that people's nutritional needs were met by the registered provider. We observed meals being provided and noted there was sufficient quantities of food and flexible choice for people.

Systems were in place to safeguard people from abuse. Staff were able to identify types of abuse and how to report any concerns.

We reviewed infection prevention and control processes at the home. We identified some areas for improvement and made a referral to the infection prevention and control team so staff could access up to date professional advice to ensure infection prevention control processes at the home were consistent.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Consent to care and treatment was routinely sought. People had freedom to mobilise throughout the building.

Staff who worked at the home described it as a good place to work. They praised the skills of the registered

manager and said the home was well-led. People and their relatives told us they also considered the service to be well led.

The registered provider liaised with health professionals when people required end of life care at the home to ensure people received care in line with good practice.

We looked at how complaints were managed and addressed by the registered provider. At the time of the inspection no one had any complaints about how the service was delivered. We were told by relatives the manager was approachable and would take time out to listen to any concerns they may have. Feedback from relatives about the home and how it was managed was positive.

Following the inspection visit we made a referral to the Local Authority Infection Prevention and Control Team and spoke with the Fire and Rescue service to provide feedback from our findings. Both the infection prevention and control team and fire and rescue service visited the home and carried out inspections in response to information shared.

This is the first time the service has been rated Requires Improvement.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was sometimes safe.

Risk was not always addressed and suitably managed.

Suitable arrangements were in place for safe management all medicines but these were not always put into practice

Staff were aware of their responsibilities in reporting and responding to abuse.

Staff were deployed to meet the needs of people who lived at the home.

People who lived at the home and their relatives told us people were safe.

Recruitment procedures were in place to ensure people employed were of good character.

Is the service effective?

Requires Improvement ●

The service was sometimes effective.

The environment was not appropriately maintained to ensure people who lived at the home had their needs met.

Not all staff had the appropriate skills and qualifications to ensure safe and effective care was provided.

People's health needs were monitored and advice was sought from other health professionals in a timely manner.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were extremely kind and caring.

We saw people were treated with patience, dignity and respect.

Visitors told us they were always made welcome.

The registered provider had systems in place to recognise the use of advocacy when people had no family and could not speak for themselves.

Is the service responsive?

Requires Improvement ●

The service was sometimes responsive.

Care plans incorporated people's preferred needs and wishes. Staff had knowledge of these to deliver person centred care. However, person centred care could not be consistently provided due to a poorly maintained living environment.

The service had a complaints system that ensured all complaints were addressed and investigated in a timely manner.

End of life care was sometimes discussed with people and relatives. Advice and guidance was sought from health professionals when people required end of life care.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

People and relatives told us the service was well managed. We received positive feedback about the registered manager, their skills and attributes.

Although we received positive feedback, processes had been implemented by the registered provider without consideration of the impact upon staff, resources and the time required to complete the tasks. This had resulted in paperwork sometimes being incomplete, unclear and disorganised.

Processes to ensure the home was adequately maintained and managed were sometimes inconsistently applied.

Stanley Lodge Residential Home

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 was planned to check 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 comprehensive inspection took place on 03 and 09 May 2018. The first day of the inspection visit was unannounced.

Stanley Lodge is a detached property set in a rural village of Forton, near Lancaster. The home is based over two floors and has a stair lift for people who require support and assistance. The home currently has two living rooms and one dining room in use for communal living.

As part of the inspection process we reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

On the first day of the inspection visit, the inspection team consisted of one adult social care inspector and one registration inspector. The registration inspector was supporting the inspection to gain skills and experience of working with the adult social care sector. The adult social care inspector returned alone on the second day to complete the inspection process.

Throughout the inspection visits we gathered information from a number of sources. We spoke with seven people who lived at the home and eight relatives to seek their views on how the service was managed. We found not all of those who lived at Stanley Lodge Residential Home were able to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, the deputy manager, the cook, the maintenance person and a senior member of staff responsible for providing care and support. In addition, we spoke with two visiting health care professionals who were visiting the home.

To gather information, we looked at a variety of records. This included care plan files related to four people who lived at the home and medicines administration records for people who lived at the home. We also looked at other information related to the management of the service. This included health and safety certification, auditing schedules, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules. We also viewed recruitment files and Disclosure and Barring Service (DBS) certificates relating to four staff members employed to work at the home.

In addition we walked around the building to carry out a visual check. We did this to ensure required improvements had been made; and to ensure it was clean, hygienic and a safe place for people to live.

Following the inspection visit we made a referral to the Local Authority Infection Prevention and Control Team and spoke with the Fire and Rescue service to provide feedback from our findings.

Is the service safe?

Our findings

People and relatives told us they considered Stanley Lodge Residential Home a safe place to live. Feedback included, "Of course I am safe here." And, "[Relative] is safe here. They (staff) all care for her and watch her."

Although people told us they felt safe we found evidence to suggest people were sometimes exposed to risk of harm. As part of the inspection process we looked at how risk was managed and addressed to ensure people were safe. On the first day of the inspection visit we saw that bed levers were sometimes being used on beds to support people. Bed levers are pieces of equipment designed to enable a person to pull themselves up into a sitting position from lying and to provide support when getting in or out of bed. We observed one bed lever in place and saw it was inappropriately placed on the bed. Because of the position of the bed lever, the lever was blocked from freely moving by a set of drawers. This meant there was a risk of harm from entrapment between the bed lever and bed. We spoke with the registered manager about the processes in place to ensure bed levers were appropriately used and maintained. The registered manager advised they did not have risk assessments in place for the safe usage of bed levers rails, nor were they aware of the good practice guidance. The registered manager agreed to take immediate action to remedy this. When we returned on the second day we found good practice guidance had been considered and risk appropriately addressed.

As part of the inspection process we looked at how people were protected in the event of emergency at the home. We reviewed the fire risk assessment. It was noted the fire risk assessment had not been updated since 2016. One of the recommendations made within the fire risk assessment included the purchasing of equipment to enable people to be safely evacuated down the stairs. We noted this had not been completed. We reviewed the documentation maintained in relation to peoples individual needs and noted not all people who lived upstairs could mobilise without the aid of the stair lift. We spoke with the registered manager about this. They said in such circumstances they would improvise to ensure people were evacuated downstairs. We asked that immediate action was taken to ensure the fire risk assessment was reviewed and suitable evacuation equipment was purchased to meet the needs of people who lived at the home. Following the inspection process we received information to confirm the required action had been taken. The risk assessment had been reviewed and updated by a qualified and competent person and evacuation equipment had been purchased.

We looked at how the registered provider managed behaviours which sometimes challenged the service. From records viewed, we noted one person was identified as sometimes displaying behaviours which challenged the service. We looked at the care plan for the person and saw that although there was an identified risk of the person displaying inappropriate behaviours there was no specific management plan in place to instruct staff how to respond in these circumstances. Behaviour management plans can help prevent and restrict inappropriate behaviours from occurring. We spoke with staff about these behaviours they told us the person very rarely displayed these behaviours. We saw no evidence within the care record to show these behaviours occurred.

We recommend the registered provider consults with good practice guidance to ensure risks are

appropriately addressed and managed in a timely manner.

We looked at how the service managed people's medicines. As part of the inspection process we noted there had been two medication errors at the home since the last inspection visit. We spoke with the registered manager about these. They told us the incidents had been reviewed and processes tightened as a result of the incidents occurring. This had included ensuring staff received refresher training for administering medicines. They told us they had reviewed processes and looked for lessons learned as part of the learning process.

People told us they received their medicines on time and in accordance with how they were prescribed. We observed medicines being administered. Medicines were stored securely inside a locked trolley within a locked cupboard when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an 'as and when basis'. Protocols were in place for managing PRN medicines. The protocols gave staff clear direction as to what the medicines were prescribed for, when to administer and the amount to be administered. This promoted safe usage of the PRN medicines.

Staff told us they were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure staff had the suitable skills to carry out the task safely.

Staff were patient and courteous and took their time with people when administering medicines. We observed a member of staff offering support and guidance to one person who required medicines. They showed the person the bottle of medicine they were offering to administer so the person could read the label to see what the medicine was before the person gave consent.

Although good practice was sometimes followed we noted that due to a breakdown in communication on two occasions the medicines trolley was left unsecured and unsupervised.

We recommend the registered provider reviews processes to ensure medicines are stored and administered in line with good practice guidance

We looked at staffing levels to see if staffing levels met the needs of people who lived at the home. People and relatives told us staffing levels were sufficient. Feedback included, "I am happy with the staffing levels." And, "Staffing levels are okay. Just." Also, "I have no concerns with staffing levels. I rang [relative's] bell once and staff came immediately."

Observations made during the course of the inspection demonstrated people who lived at the home did not have to wait for staff to meet their needs. Call bells were answered in a timely manner. When people requested help, staff were on hand to assist. Staff were not rushed and were patient with people who lived at the home.

Although we received no information of concern from people who lived at the home and relatives we noted on both days of our inspection visit, one staff member had called in sick and was unable to work. This meant staffing numbers did not meet the required levels. On both occasions the registered manager had stepped in and had supported the care team with tasks. The registered manager said, "We are all equals, doing our bit."

Additionally through the inspection process, we were made aware there were two staff vacancies at the home. This was about to increase with another two staff leaving their posts the following week. One staff

member said, "We need another three or four staff." We spoke with the registered manager about this. They advised that contingency plans were in place. Staff were happy to complete additional shifts and the registered manager said they also worked hands on to ensure staffing levels met need. Additionally the registered provider used agency staff to ensure staffing levels were sufficient. The registered manager advised they were in consultation with the registered provider to review terms and conditions for new staff in order to encourage more staff to work at the home.

We looked around the home and found it was sometimes, clean, tidy and maintained. People who lived at the home told us they were happy with the standard of cleanliness. However, during the inspection visit we noted we saw good practice guidance was not always considered and implemented, for example premises and equipment were not always suitably maintained so they could be suitably cleaned and kept free from the risk of cross infection. After the inspection visits we made a referral to the infection prevention and control team. We did this so the registered provider could be supported to make improvements so good practice guidance could be considered and fully implemented throughout the home. Following the inspection visit we received a completed action plan from the registered provider demonstrating how they intended to make improvements to infection prevention and control processes within the home.

We found suitable checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. The registered provider had requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. In addition, people's work history was explored prior to staff being offered employment to work with people who could sometimes be vulnerable.

We looked at how safeguarding procedures were managed. We did this to ensure people were protected from abuse and harassment. Staff told us they had received safeguarding training. When asked, staff were able to describe how they protected people from potential abuse or poor practice. One staff member said, "If I saw anything taking place, I would firstly stop it in the first instance. Hopefully management would do something about it. If it was [deputy manager] or [registered manager] I would speak to [registered provider.] I have their number. If not I would go to the next level, yourselves or safeguarding."

We reviewed accidents and incidents and noted investigations took place after incidents occurring. Advice and guidance was sought from relevant professionals when appropriate in order to prevent reoccurrence of accidents and incidents.

We found equipment in use had been serviced and maintained as required. Records were available confirming electrical facilities complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

At the inspection carried out in April 2016, we identified a breach to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure the living environment of the home was suitably maintained. We carried out a focussed inspection in November 2016 to ensure all required works had been completed and found actions identified had been completed. However, at this inspection visit carried out in May 2018 we found further concerns in relation to maintenance of the living environment.

We asked the registered manager what improvements had been made to ensure maintenance within the home continued after the inspection visit carried out in November 2016. The registered manager told us some improvements had been made in the environment including replacing carpets in some communal areas and replacing chairs in the dining room. Although we saw some improvements had been made, we found maintenance within the home was inconsistent and insufficient.

Whilst carrying out a visual check of the premises we found two external windows were secured closed with black tape. Additionally we noted there was a large hole in the ceiling on one corridor. The hole had been boarded over but not fully repaired. This meant fire safety at the home was compromised as the hole could be a means of fire spreading between the corridor which was an escape route and the roof cavities. The registered manager advised the hole was due to an ongoing leaking roof which had not been fully repaired.

In addition, we noted two bathrooms were in a poor state of repair and were advised they were no longer in use. The registered manager confirmed as such there was only one shower in use throughout the building. We found one toilet upstairs was out of use. The registered manager advised they were awaiting a plumber to review this. Whilst walking around the home we saw two bedrooms had paper peeling off the walls. Additionally two vanity units, one extractor fan in a bathroom and one set of drawers were in poor condition and needed replacing. We spoke about the lack of suitable living standards within bedrooms to the registered manager. The registered manager acknowledged improvements were required throughout the home.

We spoke with the maintenance man about procedures at the home for ensuring the home was appropriately maintained. They told us there was sometimes a delay in reporting concerns to the registered provider and the registered provider responding so jobs could be completed.

As part of the inspection process we fed back concerns to the registered manager in relation to the poorly maintained environment. The registered manager said they did not hold responsibility for the maintenance and upkeep of the premises. They said all required works were communicated to the registered provider for actioning.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure the living environment of the home was suitably maintained.

We looked at staff training. We did this to ensure people who lived at the home were supported by a staff team with the appropriate skills and knowledge. People who lived at the home and relatives considered staff to be appropriately trained. Feedback included, "I think the staff are appropriately trained."

We received mixed feedback from staff upon the availability of training provided. One staff said they hadn't received any safeguarding training or fire safety training for some time. Another member of staff spoke negatively about training opportunities made available. The staff member said they funded their own training to ensure their skills were up to date and said they felt some staff who worked at the home lacked training.

The registered provider maintained a training matrix to document the training needs of staff. The registered manager said this was to be updated on a regular basis to ensure it reflected the training requirements of staff. They advised however this was not up to date. We reviewed the training matrix and noted there were significant gaps in training. We saw staff had not received any fire safety awareness training since 2016. Additionally, only two of the eleven staff had an up to health and safety qualification and only three of the eleven staff had an up to date first aid certificate.

We spoke with the registered manager about staff training. They told us it was difficult ensuring staff completed training in a timely manner.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure staff received, training necessary to enable them to carry out the duties they were employed to perform.

We spoke with staff about supervision and appraisal. The deputy manager and registered manager told us they provided staff with supervision on a quarterly basis. Appraisals took place annually. Supervision is a one to one meeting between the staff member and a senior member of the staff team to discuss any concerns and training needs. Staff told us they could approach the registered provider at any time if they had any concerns in between supervisions.

We looked at induction processes for new staff; we saw there was a structured induction programme for new starters. This included a period of shadowing so they could get to know the people who lived at the home and safely learn the required skills.

We looked at how peoples' healthcare needs were met by the registered provider. All people we spoke with told us they had access to their doctor, (GP) when they needed it. We received consistent positive feedback about the way people's health care needs were met. Two relatives told us they had seen a marked improvement in their family members' physical health since their family members had moved into Stanley Lodge Residential Home. One relative said, "The care given has taken years off [my relative.] They are in much better health now." Another relative said, "[Relatives] health has improved tremendously."

Health professionals spoken with told us they had no concerns about the support provided to maintain people's health. They praised the staff for their skills and abilities in meeting people's needs and said care and treatment was good as staff had a good understanding of individual needs.

We saw changes had been implemented since the last inspection visit to ensure people's healthcare needs were monitored and addressed. The home now had an iPad which had all people's health information upon. The iPad was also used for booking all health care appointments on. In addition, the home had an appointed health professional who carried out visits at the home. This promoted continuity of care

We looked at individual care records to look for evidence of partnership working with health professionals. We saw good practice guidance was referred to and used when providing people with care and support. We saw evidence of referrals being made to health professionals including the Speech and Language Team when people's health needs had changed. Care records seen confirmed visits to and from healthcare professionals had been recorded. Relatives told us they were kept up to date and were informed if their family member's health care needs changed.

We looked to ensure the registered provider was meeting people's dietary needs. People and relatives told us food was good. Feedback included, "It's very good here. The food is very good." And, "The food is very nice." Also, "[Relative] is happy. They say the food's good and they get plenty."

As part of the inspection visit we reviewed residents meetings and saw people were routinely offered the opportunity to give feedback upon the quality of the food. We saw no information of concern.

On the first day of the inspection visit we observed lunch being served. Tables were pleasantly set to make the experience more pleasing. For example, flowers were in vases on tables and people had access to condiments for their meals. People were offered a choice as to where they would like to eat. We observed people eating meals in both the lounge and dining areas. We noted staff were suitably deployed to support people if they required help over mealtimes. In addition, equipment was used to promote independence for people who required it.

A cooked lunch was provided at lunch time with a lighter meal being provided in the evening. Whilst only one meal was shown upon the noticeboard we observed people being offered other choices if they did not like what was on offer. In the evening a buffet was provided and people ate their meal in the lounge. The staff member said this was called, "Teas on their knees." We saw evidence of this being discussed and agreed as a good idea within a residents meeting.

We saw people were supported to have adequate amounts of fluid during the day. In addition, we observed people being offered snacks throughout the day. One relative told us the home had recently implemented healthy eating guidelines and had started introducing fresh fruit alongside cakes and sugary snacks.

People's weights were monitored. People were weighed at least monthly or more frequently if people were assessed as at risk of malnourishment. When people were defined at risk of being underweight we saw evidence of advice and guidance being sought from health care professionals. We viewed one person's records and found professional advice was sought when the person had experienced prolonged weight loss. We saw staff were proactive in addressing concerns in relation to people struggling to eat and drink.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions, documentation was suitably completed to highlight this.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. One person who lived at the home was sometimes known to make unwise decisions about their own care. One staff member said, "They have capacity. They have a right to make these decisions and we have to respect them." This showed us the registered provider had a good understanding of the MCA processes.

We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLs.) The registered manager demonstrated a good understanding of DoLs and this was reflected in the organisations documentation processes. We saw an application had been made to deprive a person of their liberty when restrictions were required within the person's life to keep them safe.

Is the service caring?

Our findings

People who lived at Stanley Lodge Residential Home told us that care provided at the home was very good. Feedback included, "The staff here are very good." And, "The staff are marvellous." Also, "I am very happy here. The care is very good."

All relatives we spoke with told us they were happy with the care provided to their family members. They consistently praised staff for their positive attitude, patience and caring manner. Feedback included, "The staff are incredible, they have great patience and know exactly how to handle [relative.]" Also, "I am relieved, thankful and blessed they have made a massive difference. Now I've got my [relative] back down to the wonderful girls here." And, "Staff are so gentle with [family member]. I can't praise them enough."

We observed care and support being provided to people. We noted people were able to get up when they want. Additionally staff were aware of people's individual preferences. One individual had preferences to where they liked to sit; staff supported the person to ensure they sat in a particular chair so they could communicate with their friends.

We observed staff promoting independence. One person who lived at the home enjoyed taking part in household activities. We observed the person setting the tables ready for lunch. The registered manager joked with the person saying, "We will have to get you on the pay sheet, we will get you a job." The person responded jokingly, "Not permanent I hope!"

During the inspection visit we observed positive interactions between people who lived at the home and staff. Staff routinely enquired about people's welfare and took time out to spend time chatting with people. When people required emotional assurance we observed staff effectively communicating with people to reduce anxieties. One relative told us their family member liked to listen to music. They said if their relative was having a bad day staff would put music on to lift their family member's spirits. This showed us staff were committed to ensuring people were happy and content living at the home.

Relatives told us staff took pride in ensuring people were suitably presented. Feedback included, "Whenever we come in and visit they always look nice. Their clothes are colour coordinated. They have taken years off [relative.]" And, "Staff are always caring and attentive." Also, [Relative] is always immaculately turned out, always clean."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual whilst promoting dignity and respect. The registered manager said, "Everyone here is treated an individual. Nobody wants to be a copy. Care is person centred." In addition, the registered provider had a policy to promote equality and diversity.

During the inspection visits we observed visitors at the home and noted they were able to access communal areas and family member's bedrooms. Visitors looked comfortable and at ease at the home. Relatives praised the atmosphere at the home, with each relative describing the home as "homely." One relative said,

"We are always welcomed. [Registered manager] says this is a home, we can come anytime." Another relative said, "We chose this home as the atmosphere felt the nicest. It was more homely."

We looked to see how people were supported to express their views. People told us they were encouraged to make decisions and express their views. When people did not have capacity and did not have family to support them in making significant decisions we saw reference to advocates within the care record. Advocates are independent people who provide support for those who may require some assistance to express their views.

Is the service responsive?

Our findings

People and relatives told us people received person centred care. Feedback included, "I get to make choices." And, "We have had previous experience of bad care. It's wonderful here. [Relative] gets person centred care."

We reviewed residents meeting minutes which took part on a regular basis. Residents meetings are internal meetings for people who live at the home to voice their opinion and have a say in which the home was organised. People were offered the opportunity to make suggestions as to how the care could improve. We noted a person had passed comment in a residents meeting that they would like to have additional showers. The registered manager had responded to this by informing staff to plan extra times for the person to have a shower. We asked staff if changes had now been made. Staff said they were unable to guarantee the person a shower at every request. They said staff did not always have time. We discussed this with the registered manager. They said it was not down to poor staffing levels but due to the fact there was only one bathroom which could be used. They said this limited the number of showers available upon each shift. The registered manager said once another bathroom had been refurbished there would be increased opportunities for people to have a bath or shower.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had not ensured the environment was suitably maintained to person centred care was provided at all times.

We looked at care records relating to four people who lived at the home. Care plans detailed people's own abilities as a means to promote independence. They addressed a number of topics including health, personal care, tissue viability, mobility, nutrition and social care needs.

Although the registered provider had care plans in place, we found these were sometimes disorganised and lacking in information. We fed this back to the registered manager on the first day of the inspection. They told us the deterioration in records was due to a new system being implemented which was not yet fully functional. On the second day of inspection we were informed by the registered manager that they had reviewed all care records and reverted back to the original care planning system to ensure clarity and consistency.

We recommend the registered manager reviews good practice guidance to ensure care records maintained are accurate and fit for purpose so that responsive care can be provided at all times.

At the time of the inspection visits people and relatives we spoke with said they had no complaints about the service provided. Feedback included, "I have never made any complaints. There are none to make." Also, "I couldn't find any faults here." And, "[Relative] has never made any complaints. They are always full of praise for staff."

A copy of the complaints process was on show, highlighting people's rights to complain. We spoke with the

registered manager. They confirmed they had not received any formal complaints. The registered manager said they spoke regularly with people and relatives to ensure people were satisfied with the care provided. This prevented informal concerns becoming complaints. We spoke with a relative they told us they were always asked for comments whenever they visited the home.

We asked people who lived at the home about the variety of activities on offer. Responses included, "We play bingo and dominoes." And, "We do quizzes and have singers." In addition relatives confirmed activities took place at the home. One relative said, "They keep [relative] entertained."

During the inspection visit we observed people playing dominoes. They told us they regularly had dominoes competitions at the home. We also observed people having a sing along to music. People were laughing and joking and it was evident from the sound there was a light hearted atmosphere within the home.

We asked the registered manager about the use of technology at the home. They told us that since the last inspection visit they had been involved in a clinical commissioning group initiative to use technology to improve care. This meant the home now had an iPad which was being used to log and plan people's health care. The iPad was used by staff to book hospital appointments and was used for visiting health professionals to access notes. This showed us the registered provider was committed to introducing technology to improve the outcomes of people who lived at the home.

We looked at how accessible information was used within the home. The registered manager was aware of the importance of ensuring people received communication in an appropriate style. One person who lived at the home sometimes had difficulty in hearing. The registered manager said they used pens and paper to write things down for the person when they were experiencing difficulties.

We reviewed systems in place for provision of end of life care for people who lived at the home. We noted end of life care was an optional section within the care record. The registered manager said conversations with people regarding their end of life wishes was dependent on how comfortable people were in discussing their preferences. The registered manager said they did not admit people who required end of life care but would provide end of life care to people who had lived at the home and wished to remain there at the end of their life. They said in these circumstances they would liaise with health professionals to ensure people had a dignified and comfortable death. This showed us the registered provider understood the importance of ensuring people had appropriate care and support at the end of life.

Is the service well-led?

Our findings

People who lived at the home and relatives told us they considered the home to be well-led. Feedback included, "The home is definitely well-led." And, "The home is well managed by [registered manager]. There is nothing they could do better."

Although people and relatives considered the home well-led, during our inspection visit carried out in May 2018, we found some shortfalls in the way the home was managed. We looked at auditing systems in place at the home. Auditing systems are an important aspect of good governance as they allow services to monitor their effectiveness. We saw there was an auditing system in place which included auditing accidents and incidents, falls and care plans. Although auditing systems were in place, systems and processes were not consistently implemented to ensure compliance with the Regulations. For example, whilst maintenance concerns had been identified, there was no clear process to follow to ensure repairs were made in a timely manner.

We found paperwork was sometimes unclear and incomplete. For example, on the first day of the inspection visit we found an assessment to measure the risk of malnutrition had not been completed for one person. Another person's care plan did not have all the identified risks documented within it. The registered manager told us the deterioration in paperwork was due to a new care planning system being introduced which had not been fully implemented.

The registered manager said feedback was sought from people through questionnaires. We reviewed questionnaires returned and noted information was mainly positive. When comments had been made as to how the service could be improved we saw the registered manager had looked for ways to ensure improvements were met. We noted however this was not always consistent as the registered manager had no autonomy to ensure improvements within the environment were made in a timely manner.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure robust processes were implemented to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

We found improvements within the home tended to be reactive rather than proactive. For example, the fire risk assessment was not reviewed and updated for two years until we pointed this out.

We spoke with staff who worked at the home. We received mixed feedback about the morale at the home. Whilst staff said team work was good, staff members said they were concerned about staff turnover and the pressures placed upon them to cover shifts. One staff member said, "We need more staff." We fed this back to the Registered Manager. They told us they were having a meeting with the registered provider to review staff recruitment and retention at the home. Following the inspection we received verbal feedback from the registered manager that staffing had been reviewed and had improved.

Staff spoke positively about the skills of the registered manager. They described them as caring and approachable. All staff said they had confidence in the registered manager and said they were committed to providing a high quality service.

Staff were communicated with on a regular basis. Daily handovers took place each day so that individual needs and concerns could be addressed and discussed in a timely manner. Team meetings also took place on a monthly basis. We reviewed minutes from two team meetings and saw staff were consulted with for their views and opinions on how the service could improve.

We saw evidence of partnership working. A visiting health professional told us the registered manager had made links with a local nursing home which provided advice and guidance to the registered manager in order for the staff at the home to develop new skills and improve the quality of care. This showed us the registered manager was committed to improving service delivery at the home. The registered manager said they also networked with other providers and within forums to ensure good practice was considered and implemented at the home.

The registered manager was committed to ensuring good practice was spread throughout all aspects of care delivery. To do this the registered manager had identified 'champions' throughout the home to develop key areas. The registered manager said they had identified staff with interests in specific areas and had developed champion roles within the home to cover care planning, safeguarding and medication. Champions are key members of staff with specific interests and skills within designated areas. Champions work to ensure good practice is implemented within their areas of interest. Although champions were appointed, there was no evidence however to suggest these staff were supported to develop and maintain the required skills to become a champion.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had failed to ensure that care and treatment for people who lived at the home was appropriate, meet their needs and reflected their preferences 9 1 (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had failed to ensure the premises and equipment used by the service provider was properly maintained. 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure systems and processes were fully established to ensure compliance with the Regulations. 17 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure staff were provided with the necessary training and skills required to carry out their role. 18 (1) (2) (a)

