

Unlimitedcare Limited

Stanley Lodge Residential 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stanley Lodge Residential Home is a care home which is registered to provide personal care for up to 23 people. At the time of the inspection the home was providing care and support to 15 people. The home is a detached property which has been adapted. It has a stair lift for access to the first floor and several communal living areas and bathrooms.

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

People told us they received care to meet their needs. Improvements had been made to ensure person-centred care was always delivered. People confirmed they were able to make choices about their care and support. Although improvements had been made we noted person-centred care was not fully embedded within staff practice. We have made a recommendation about this.

we spoke with agreed the service was well-led. The registered manager had worked hard to make the required improvements identified at the last inspection. Auditing systems had been reviewed and embedded to ensure the service was safe and of a high quality. The registered manager had reviewed paperwork to ensure documentation was up to date, accurate and reflective of people's needs. Although improvements had been made, we noted this was not consistently embedded. We have made a recommendation about this.

The registered manager had reviewed activities at the home and had developed community networks to combat isolation. People were positive about their experiences of living at Stanley Lodge Residential Home.

People told us they felt safe living at the home. Improvements had been made to ensure promote safety. Recommendations made at the last inspection had been acted upon. This included reviewing systems for managing medicines and addressing risk.

People told us care provided was effective. A comprehensive training plan had been developed and staff training was on-going. Staff told us they were happy with the training offered. Concerns identified at the last inspection regarding the living environment had been acted upon. For example, bathrooms had been repaired, carpets had been replaced and new windows had been fitted throughout the home.

People told us staff were kind and caring. There was a relaxed and happy atmosphere within the home. Staff treated people sensitively and compassionately with dignity and respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 August 2018) and we identified multiple breaches to regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Stanley Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On the first day of the inspection visit the inspection team was made up of one inspector and one assistant inspector. The inspector returned on the second day to complete the inspection process.

Service and service type

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

The service had a manager registered with the 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

The inspection was unannounced.

What we did before inspection

Before the inspection we reviewed data we had received about the service since the last inspection. This included looking at information held upon our database about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought

feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people, two relatives and two health and social care professionals who had input into the home. We spoke with two care staff, the cook, the maintenance person, the registered manager and a care consultant who was supporting the registered provider.

To gather information, we looked at a variety of records. This included care records related to three people who lived at the home and multiple medicines records. We also looked at other information related to the management of the service. This included two staff files in relation to recruitment and a variety of audits. We did this to ensure the management team had oversight of the home and to ensure the service could be appropriately managed. In addition, we carried out a visual inspection of the home and carried out observations of how people and staff interacted.

After the inspection

We continued to communicate with the provider to corroborate our findings. We looked at training data and further information emailed to us in response to the feedback provided during the inspection visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed systems and processes to ensure risk was consistently identified and documented. At this inspection we found the provider had made the required improvements.

- The provider had systems for assessing, monitoring and managing risk. From records viewed, we saw risk assessments had been reviewed and developed to ensure individual risk was assessed and managed to keep people safe. Risk assessments had been updated and actions identified following people experiencing falls.
- Staff were aware of potential risk and how to effectively manage this. For example, we noted one person was encouraged to sit in an area within the lounge, so staff could be effectively deployed to support them if they chose to stand up and walk around.
- Although individual risk had been considered we found good practice guidance relating to the usage of paraffin-based emollients had not been consistently considered and implemented. We discussed this with the registered manager, who agreed to take immediate action to ensure good practice was consistently implemented throughout the service. Following the inspection, we received written confirmation this had been addressed.

Using medicines safely

At our last inspection we recommended the provider reviewed systems and processes to ensure medicines were consistently safely managed. At this inspection we found the provider had made the required improvements.

- Medicines were managed safely, and people received their medicines in line with good practice. Staff received training and had regular competency checks to ensure they were managing medicines safely.
- Improvements had been made to ensure medicines were safely stored. The registered manager had appointed a room specifically for medicines to be stored in and administered from.
- People told us they were happy with the support they received with their medicines. One person said, "I am happy they give me my medicines. I would forget to do them."

Preventing and controlling infection

- Improvements had been made at the home to ensure principles of infection prevention and control were effectively carried out. New flooring had been fitted in bathrooms and vanity units replaced to ensure they could be effectively cleaned.
- We observed cleaning staff undertaking cleaning duties during our visit. Staff wore personal protective equipment in line with good practice guidance. Good practice guidance was on display around the home to remind staff on good practice procedures. Information on good hand washing principles were displayed in bathrooms to prompt staff.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people . People, relatives and visiting health professionals told us they were satisfied with the staffing levels at the home. They told us there was always a good staff presence.
- Staff confirmed they were not rushed and had time to carry out their duties and spend time with people. They told us rotas were flexible and extra staff could be added to the rota if people's needs changed. Observations made during the inspection visit showed staff were not rushed. They had time to carry out their duties and sit and chat with people.
- We reviewed two staff files and found processes continued to be followed to ensure staff were safely recruited. This included carrying out pre-employment checks and a disclosure and barring check on each staff member..

Systems and processes to safeguard people from the risk of abuse

- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could relay the processes for reporting any concerns they had about people's safety.
- People told us they continued to feel safe. One person said, "I feel safe here. They lock the door."

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were recorded in line with the homes reporting system. Monthly checks were carried out to ensure accidents and incidents were reviewed to look for trends and themes, so action could be taken to reduce the risk of the same thing happening again.
- The registered manager understood the importance of reflecting and learning when things hadn't gone as expected.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

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

Staff support: induction, training, skills and experience

At our last inspection we identified a breach to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure staff had the required skills and training.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The registered manager had reviewed training for all staff members and had developed a training plan to map all staff training needs. Progress was being made to ensure all staff completed the necessary training. For example, staff had been expected to undertake first aid and health and safety training. Staff confirmed they were happy with the training provided.
- Records confirmed staff undertook an induction period at the start of their employment. This included completing training and shadowing more experienced members of staff.
- Staff told us they were supported in their roles through regular supervision. Supervision is a one to one meeting between a staff member and a more experienced member of staff. The registered manager undertook supervisions every three months. Staff told us they could approach senior members of staff for advice and guidance in between supervisions.

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

At our last inspection the provider 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.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- Since the last inspection, the provider had worked hard to improve the environment in which people were living. Consideration had been taken to ensure the service was suitably adapted and maintained to meet people's needs. Windows and carpets had been replaced throughout the home. Additionally, a shower room

had been renovated and made into a wet room.

- Action had been taken to promote people's safety. Evacuation chairs had been purchased and were available for use in the event of an emergency and maintenance had taken place to promote fire safety within the home.
- Signage to promote independence for people living with dementia had been introduced within the home. Although this had been introduced this was not always updated and accurate. For people living with dementia this may contribute to confusion and disorientation. We fed this back to the registered manager, so action could be taken. The registered manager assured us this would be addressed.

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

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated.

People told us they were happy with the availability and quality of food provided. Feedback included, "It's just plain food but you get choices." And, "The foods always good." Also, "We get snacks and drinks during the day. They come around with a tea trolley."

- There was a flexible approach to supporting people with their dietary needs. For example, there were no set times for breakfast and people's lunchtime meals were delayed when people had chosen to have a lie in and have a late breakfast.

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

- Pre-assessment checks took place before people moved to the home. The provider did this to ensure the service could meet the person's individual needs.
- Care plans detailed people's individual needs and reflected their wishes and preferences. Allocated staff members regularly reviewed and updated care plans monthly and when people's needs changed.
- We saw evidence of good practice guidance being considered when assessing and delivering care. When people were at risk of malnutrition, nutritional screening assessments were completed and referred to for guidance and direction.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent for care and treatment was achieved in line with the law and good practice. Mental capacity was assessed each time a decision needed to be made.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Systems were established to ensure people were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications

were monitored by the registered manager to ensure they were lawful.

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

- The service worked proactively with other agencies to ensure people received effective and timely care. The registered manager had consulted with dietitians and speech and language therapists for advice and guidance when they had identified concerns with people's health. We spoke with two health professionals, both agreed people received effective care which contributed to positive health and well-being
- People confirmed they had their health needs met. We spoke with one person who lived at the home for a short period. They said, "I would have been dead if it wasn't for them, [staff.]"

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by a caring staff who treated them with dignity and respect. , Feedback included "Staff do their best for you." And, "The carers are very good. All the staff are helpful." One person spoke fondly with a visiting ex-member of staff. They said, "I still think about you."
- We reviewed a letter of thanks. A family member had written, 'The CQC need to recognise the fantastic care and devotion you give to each and every one of your residents. A 'good' rating is inadequate- it should be 'amazing!'
- Staff had a good understanding of promoting, protecting and respecting people's human rights. For example, ensuring people's cultural and spiritual beliefs were supported. One person confirmed a representative from a local church visited the home monthly.

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

- People were involved in making decisions about their care and said they were supported to express their views about their care. They told us staff often made time to ensure they were happy with the service. Additionally, people were encouraged to complete annual questionnaires.
- When people were unable to express their own views and make decisions, the registered manager was aware of the importance of involving other people to help in the decision-making process. Relatives confirmed they were included in decision making when their family member lacked capacity to make choices for themselves.
- The provider was aware of the importance of referring to advocacy services to support people who had no family and could not make their own decisions. An advocate is an independent person who has received training to support people make decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider we identified a breach to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure person-centred care was delivered at all times.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People confirmed care was individualised to meet their needs. Improvements had been made to ensure care delivered was person-centred in line with people's preferences and wishes.
- People told us they had some choice and control within their lives. For example, they could make choices about what they wanted to eat and when they wanted to go to bed.
- Although some improvements had been made, we saw improvements were not consistently embedded. For example, one person required a hearing aid to promote communication. We noted staff had supported the person to wear this but had not checked it was fully working. We fed this back to the registered manager who agreed to carry out a group supervision with staff to remind them of the importance of checking hearing aids and other equipment used to promote people's independence.

We recommend the registered manager continues to consult and implement good practice guidelines to ensure person-centred care is consistently implemented.

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

- People confirmed activities were available and said they could take part if they wished to do so.
- The provider had kept a record of all activities people had undertaken. There had been a variety of activities carried out which people looked to be enjoying. The provider had developed links with a nearby school and once a month people from the home met up in a hall with the school children.
- People were encouraged to be involved in light household tasks. For example, we observed one person setting a table and another person sewing clothes for people. Although we received positive feedback about the activities on offer, one person told us had been restricted from carrying out a task they found therapeutic. We fed this back to the registered manager, so they could look at ways of developing positive-

risk taking for the person.

End of life care and support

- The service provided end of life care when necessary, in response to people's preferences and changing needs. People's preferences and wishes for end of life care were discussed and documented within the care record whenever appropriate.
- The service worked with other agencies as appropriate, to support people at the end of their life.
- We noted the home had been commended for their skills and care provided to people at the end of life. One family member had thanked staff for all the extra care and attention given to their relative and to the family at the end of the person's life. The family member said their positive memories of the care provided at the end of their family members life would stay with them forever.

Meeting people's communication needs

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

- The registered provider was aware of the importance of meeting people's communication needs. The registered manager had adapted some documents and made them into an easy read format for people, if required. Additionally, the registered manager was aware of resources for people with sensory impairments such as talking books.

Improving care quality in response to complaints or concerns

- The provider had a system for reporting and responding to complaints. The home had received no complaints since the last inspection.
- At the time of our inspection visit no one voiced any concerns which they wanted raising as a complaint. Relatives told us they were assured the registered manager would listen and act upon any concerns raised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

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

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

At our last inspection the provider had failed to ensure systems were implemented 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.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- The registered manager had reviewed auditing schedules within the home and had developed a comprehensive auditing system. This allowed the registered manager to have appropriate oversight of the service, so they could be assured the service was running smoothly, in line with regulations. They told us, "I audit my audits now."
- The registered manager and staff were clear about their roles and responsibilities. Since the last inspection, the registered manager had looked at staff's key skills and had developed champions within the home. Champions are staff with specific interests, training and skills in specific areas. A member of staff had been appointed as a care planning champion and had redeveloped care plan records to ensure they captured people's individual risk and care needs. We saw minutes from meetings, where champions have shared areas of best practice and identified areas for improvement with other staff.
- Although improvements had been made to the care plan records and the documenting of people's care needs, we saw paperwork completed to show what care had been provided was not always filled in in a timely manner. We found documents which evidenced the usage of creams and ointments were not always fully completed. We highlighted this to the registered manager who agreed to look at recording systems and to speak with staff about this.

We recommend the registered manager consults with good practice guidance to ensure care records are consistently completed in a timely manner.

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

- People, relatives, staff and professionals all agreed Stanley Lodge Residential Home was well-managed. One person said, "If I had to score them, I would score them eleven out of ten."
- The registered manager was committed to developing a high-quality person-centred service where both people experienced positive outcomes. Relatives and professionals praised the attitude of staff and their commitment to the service.

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood and was committed to continuous learning and improving care. This was achieved through consulting with people, relatives and staff to understand their experiences of living at Stanley Lodge Residential Home.
- Since the last inspection the registered manager had consulted with health and social care professionals to look at how improvements could be made. Additionally, they had strengthened networks by attending champion meetings.
- The registered manager understood their roles and responsibilities in relation to the duty of candour.