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Stamford House Care Home

Inspection report

3 Stamford Street
Rochdale
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Stamford House is registered to provide accommodation and personal care for up to 23 older people. The home is situated in Rochdale close to shops and other amenities. This was an unannounced inspection which took place on 14 April 2015. There were 20 people living in the service at the time of our inspection.

We last inspected this service on 29 September 2014 and found the regulation we assessed was being met.

The home had a registered manager in post. 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. The registered manager was not on duty at the time of our inspection and the deputy manager was in charge of the home.

People who used the service told us that Stamford House was a safe place to live. Staffing levels were sufficient to meet the needs of people who used the service.

Summary of findings

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

We saw that people were supported to take their medicines as prescribed.

Appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service.

The registered manager and deputy manager had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application should be made and how to submit one.

All the people we asked told us the meals were good. Snacks and drinks were available between meals. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner.

We saw that care plans included information about people's personal preferences which enabled staff to provide care which was person centred and promoted people's dignity and independence.

Leisure activities were routinely organised within the home. These included various games, arts and crafts and reading and discussing newspaper articles.

A copy of the service user guide which included the procedure for making a complaint was provided in each bedroom. There had not been any complaints made to the CQC or local authority since the last inspection.

Members of staff told us they liked working at the home and found the manager and deputy manager approachable and supportive.

We saw that systems were in place for the registered manager and deputy manager to monitor the quality and safety of the care provided.

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?

The service was safe. Members of staff knew the action they must take if they witnessed or suspected any abuse.

Staffing levels were appropriate to meet the needs of people who used the service.

Arrangements were in place to ensure that medicines were managed safely

Requires Improvement



Is the service effective?

The service was effective. Members of staff were supported to access training appropriate to their role including nationally recognised vocational qualifications.

People who used the service told us the meals were good. At meal times members of staff chatted to people and offered appropriate help and encouragement.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring. We saw that members of staff treated people with dignity and respect.

People who used the service told us they received all the care and support they needed.

Good



Is the service responsive?

The service was responsive. People who used the service were given the opportunity to take part in activities organised at the home.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

No complaints had been made to CQC or the local authority since the last inspection

Good



Is the service well-led?

The service was well led. Members of staff told us the registered manager and deputy manager were approachable and supportive and they enjoyed working at the home.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



Stamford House Care 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 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.

Our unannounced inspection at Stamford House took place on 14 April 2015. During the inspection we spoke with eleven people who used the service, one visitor, two care workers, one volunteer, the deputy manager, the provider and two visiting healthcare professionals.

The inspection team consisted of two inspectors.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We did not request any further information from the provider prior to this inspection. We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and the medicines administration records for seven people. We also looked at the training and supervision records of three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People who used the service told us that Stamford House was a nice place to live. One person said, “I feel more secure here than I did at home.” Another person said, “I feel safe here.”

Discussion with the deputy manager and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm. The policies and procedures we saw provided information for staff about the types of abuse, how to report abuse and what to do to keep people safe. We discussed safeguarding with two care workers and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed. These two care workers also said they would not hesitate to report any concerns about the practise of their colleagues. They were confident that any concerns would be acted on immediately.

We looked at records of financial transactions involving people’s money. The records we saw confirmed that procedures were robust and should help to protect people from financial abuse. One person who used the service said, “I’ve never had a problem with my money being made available.”

Information we received from the local authority safeguarding team and Rochdale Healthwatch prior to this inspection stated they had no concerns about this service.

We looked at the care plans of three people who used the service. These plans identified the risks associated with older people such as the formation of pressure sores, falls and nutrition. However, clear directions for staff to follow in order to safely manage these risks had not been recorded in the care plans. Lack of appropriate guidance for staff to follow puts the health and wellbeing of people who used the service at risk. Accident records confirmed there had been 21 incidents where people had fallen since January 2015.

Members of staff responsible for the management of medicines had received appropriate training. During our inspection we saw that members of staff were being enrolled for further medicines training to ensure their knowledge and practice was up to date.

We saw that medicines were stored securely which reduced the risk of mishandling. We looked at the medicines administration records of seven people who used the service and found they included details of the receipt and administration of medicines. A record of unwanted medicines returned to the pharmacy was also available.

There was a system in place for regularly auditing medicines in order to ensure people had been given their medicines as prescribed. However, these audits had not included staff competence in order to ensure that correct procedures were being followed.

We looked at the file of one member of staff appointed within the last year. This file included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. One person said, “There’s enough staff.” Another person told us that staff responded quickly when they needed to call them. A visiting healthcare professional said, “I have never noticed any staff shortages.”

Suitable arrangements were in place for the prevention and control of infection. We saw that gloves and aprons were used appropriately by members of staff in order to protect themselves and people who used the service from infection.

We looked round the premises and found the home was clean and free from unpleasant odour. However, we saw that in five of the bedrooms the call bell was not fitted with a ‘wander lead’ which meant that it could not be reached by the person when they were in bed. This meant that people in bed could have difficulty alerting staff if they felt unwell or required urgent assistance.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting.

A personal evacuation plan (PEEP) was in place for each person who used the service. This meant that members of staff had written directions to follow about the support

Is the service safe?

each person required in the event of an emergency which required evacuation of the premises. However, a business

continuity plan was not in place. This meant that members of staff did not have written information about the action they should take in the event of an emergency which seriously affected the operation of the service.

Is the service effective?

Our findings

People who used the service told us they received the care and support they needed from the staff team. One person said, “I’m looked after very well.” Another person said, “I love it here.”

All the people we asked told us the meals were good. One person said, “There’s enough to eat and we have a choice.” The meal served at lunch time looked wholesome and appetising. We saw that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people’s needs and offered appropriate encouragement and assistance when necessary. We also saw that hot and cold drinks and snacks were also available throughout the day. Discussion with the cook confirmed that she was aware of people’s individual preferences and any special diets such as diabetic. People were offered a choice of meal and their individual preferences were catered for. The cook said that alternatives to the menus were always available if people wanted something else. Fresh fruit was also available to ensure that people received a varied and balanced diet.

We found that people’s care records included an assessment of people’s nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person’s condition could be treated promptly. People’s weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician.

The deputy manager told us that she received training in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The deputy manager explained that although the care workers had not been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) there were plans to provide training for some staff members. At the time of our inspection authorisations for DoLS were not in place for anyone who used the service.

Two members of staff told us about the training they had received. This included moving and handling, fire prevention, safeguarding adults, first aid, food safety, infection control, privacy and dignity and nationally recognised vocational qualifications in health and social care.

New members of staff were required to complete a structured induction programme and work with an experienced care worker until they were confident in their role.

The deputy manager showed us records which confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

There was a system in place to ensure that all members of staff were supported through regular supervision meetings and an annual appraisal of their work with the registered manager, deputy manager or provider. The members of staff we asked said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the home.

It was clear from the information contained in three care plans we saw that people who used the service and their representatives had been involved in the care planning process. The care plans we looked at included a care plan agreement form which had been signed by people who used the service or their representatives to indicate their approval with the care provided.

During the inspection we observed care workers gaining people’s consent before any care or support was given. One care worker explained that she asked people’s permission before carrying out any care tasks and always gave them a choice for example whether they wanted to have a bath or a shower.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as dietitians, speech therapists, district nurses, physiotherapists, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people’s changing needs and any recurring problems.

We saw that recent improvements to the premises included new floor covering in the main lounge. Several bedrooms

Is the service effective?

had been redecorated and new carpets fitted. We saw that people had personalised their own room with photographs, ornaments and pictures for the walls to make them look more homely.

Is the service caring?

Our findings

Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner and addressed people by their preferred name. One person said, "The staff are fantastic." Another person said, "The staff are very good." The relative of one person said, "The staff are always polite." We found members of staff to be compassionate and caring. We also saw that staff knew people who used the service well and knew how to care for each individual. A visiting healthcare professional said, "Staff are very caring and attentive."

The care workers we spoke with understood the importance of promoting people's privacy and dignity. One care worker told us that she always knocked on the door before going into someone's room. We saw that people who used the service were nicely dressed and looked smart.

We saw that people had their own bedrooms which meant they had the privacy they needed. One person said, "The staff knock on the door and ask permission before entering my room." People could also choose whether to spend time in their own room or communal areas of the home. Communal rooms were spacious and suitable for a variety of leisure and cultural activities.

The care plans we looked at contained information about people's individual likes and dislikes and their life history. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Where possible information about each person's wishes regarding end of life care and resuscitation had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life.

Arrangements were in place for the deputy manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. This process helped to ensure that people's individual needs could be met at the home.

The relative of one person told us they could visit anytime and said, "I'm always offered refreshments." People who used the service could receive their visitors in communal areas or their own room.

Is the service responsive?

Our findings

Discussion with members of staff and the information in the three care plans we looked at confirmed that people were encouraged to remain independent for as long as possible. One person said, "I'm left to my own devices, there are no rules. I go out to the shops." Another person said, "I'm looked after very well." Care plans also included information about people's personal preferences and preferred daily routine. People who used the service told us the daily routine was flexible and they could get up and go to bed when they wanted. One person told us that staff always asked her to choose the clothes she wanted to wear when they helped her to get dressed each day. Another person told us that staff always listened to him and took action when necessary. A visiting healthcare professional said, "Staff understand the needs of the people they care for."

The care plans we looked at included information about people's interests and hobbies. One care worker explained that the staff on duty were responsible for organising leisure activities. These included arts and crafts, various games, helping people to look at their family tree on the internet, manicures and reading and discussing newspaper articles with people. One person told us they enjoyed participating in quizzes, arts and crafts and playing skittles. Another person told us they enjoyed the weekly sing alongs when a lady came to play the organ. People were also

encouraged to pursue their own interests and hobbies such as watching football matches on the television. A volunteer who regularly visited the home told us they spent time chatting to people who used the service.

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Although two people told us they had not seen their care plans they said that care workers had asked them about the care and support they needed.

A copy of the service user guide which included the complaint's procedure was available in each bedroom. No complaints had been made to CQC or the local authority since the last inspection. However, people who used the service told us that they would make a complaint if necessary. One person told us they knew how to make a complaint and said, "I would complain if I had to do."

The deputy manager explained that people who used the service and their representatives were given the opportunity to complete satisfaction questionnaires annually in July. We were shown the results of the survey completed in July 2014 which indicated that people were generally satisfied with the care and facilities provided at the home.

Meetings for people who used the service were held twice a year. The deputy manager told us that at these meetings menus and activities were discussed. People were also encouraged to express any concerns they might have about the care and facilities provided at the home.

Is the service well-led?

Our findings

The home had a registered manager in post. 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. The registered manager and deputy manager were supported by the provider who usually visited the home on alternate weekends. The provider could also be contacted by telephone when necessary.

Information received from the local authority commissioning team and Rochdale Healthwatch prior to this inspection confirmed that there were no concerns about how the home was being managed.

One person said, "The deputy manager is a nice lady and listens to me, the manager is also a lovely lady."

The relative of one person told us that Stamford House was a nice home and said, "It's run very well and they do take care of the people living here."

Members of staff told us they liked working at the home. One care worker said, "The manager and deputy manager are easy to talk to and supportive."

The deputy manager told us that staff meetings were held every few months. Minutes of these meetings confirmed that issues relating to the home and the care of people who used the service were discussed.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that policies and procedures for the effective management of the home were in place. These included, infection control, medicines management, health and safety, fire safety, complaints, disciplinary and grievance procedures, management of accidents and incidents and safeguarding. The policies were reviewed on a regular basis.

We saw that audits completed regularly by the registered manager and the deputy manager included medicines, infection control, health and safety, care planning, mattresses, hand hygiene and accidents.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon.