

Stanmore Care Homes Limited

Stanmore House

Inspection report

12 Binyon Crescent
Stanmore
Middlesex
HA7 3NF

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Date of inspection visit:
27 September 2023

Date of publication:
24 October 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Stanmore House is a residential care home providing accommodation and personal care for up to 3 people. The service provides support to people with learning disabilities who may have additional mental health needs. At the time of our inspection there were 3 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People were safe and protected from the risk of abuse. Staff were recruited safely. Risks to people's health, safety and wellbeing had been assessed. Care plans contained detail and guidance for staff on ways to reduce risks to people. Staff had received training which enabled them to support people in the most appropriate way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received information in a way that was accessible to them. Staff understood how to communicate effectively with people, so they were empowered to make choices. Staff treated people well and with dignity and respect. Relatives were positive about the service and felt their family members were safe and well cared for.

Right Culture

The management team had developed a positive culture, which placed people at the centre of their care. People's needs were prioritised and there was good communication with relatives and professionals. The registered manager was committed to on-going improvement to ensure people led fulfilling lives. People understood how to complain if they were unhappy with the care they received.

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

Rating at last inspection

The last rating for this service was good (published 7 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stanmore House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Stanmore House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stanmore House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to

speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people using the service, 2 relatives, the registered manager, deputy manager and 2 support workers. We reviewed a range of records. This included 3 peoples support plans, 3 staff files, training records, environmental checks and quality assurance processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Safeguarding was discussed on a regular basis at meetings with the people who lived at the service and staff. One family member told us, "[Relative] is safe at the service and I have no concerns about their safety." There was information around the service to remind people how and who to report abuse to.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "I would check the person was safe and alright then report to the managers or the safeguarding team if the managers were not around."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. One staff member told us, "It's about knowing the person and sharing the information and making sure it's written in their plan so that everyone knows how to support them in a safe way."
- Safety checks in the service were carried out on a regular basis. This included fire safety, water checks and health and safety.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. People were included in the recruitment process and met potential applicants in an informal setting to get to know them and ask them questions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- One staff member told us, "We are aware of STOMP and would always ensure we used the other alternatives for that person, which is documented in their support plan," another said, "There are risks as in the side effects of long-term medication and using PRN medication, it could cause physical problems for people further down the line."
- Protocols were in place for 'as required' (PRN) medicines, for example medicines for pain relief. Staff had up to date training in medicines and had their competencies checked. During the inspection we saw that medicine administration records (MAR) were completed appropriately and regularly audited.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The provider prevented visitors from catching and spreading infections.
- The provider supported people living at the service to minimise the spread of infection.
- The provider admitted people safely to the service.
- The provider used PPE effectively and safely.
- The provider responded effectively to risks and signs of infection.
- The provider made sure infection outbreaks were effectively prevented and managed.
- The provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service followed government guidelines so people could receive visitors safely.
- There were no restrictions on visiting times in the service. Family members could visit at all times.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care, and support needs were assessed before they moved into the service. Assessments covered aspects of people's physical, emotional and mental well-being.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations.
- Staff took time to understand people's behaviour. A family member told us, "The managers and staff know [relative] as an individual and this helps when they need support with their behaviours, they [staff] put things in place to help calm them down, the things they like to do, and it works."
- People, those important to them and staff reviewed plans regularly together.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in oral health, safeguarding, medication, first aid, mental health and fire safety.
 - Updated training and refresher courses helped staff continuously apply best practice
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Records showed people received health checks and had access to a range of healthcare professionals including GP's, dentists and opticians. One family member told us, "[Relative] has all his health care needed taken care of."
- Staff supported people to get involved in exercise classes and walks in the local park.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person told us, "I like my room, it's nice and big and I have posters on the wall."
- Decoration and repairs were regularly discussed at meetings for the people who lived at the service and staff. The registered manager had a maintenance schedule in place to assess areas of the house for example communal areas, individuals rooms and the garden.

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 MCA 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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions and this was well documented.
- Peoples support plans included information about their capacity to make decisions. One staff member told us, " Best interest meetings are put in place when someone cannot make a decision about something in their life. Family members and professionals would be at this meeting."
- Staff had up to date training in mental capacity and there was a policy in place.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People felt valued by staff, who showed genuine interest in their well-being. One person told us, "Staff talking to me and reminding me what I need to do in certain situations helps and calms me down."
- A key element of people's support and care was the focus on quality of life. For example, being able to access hobbies and interests that people valued.

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

- People felt listened to and valued by staff. People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to maintain links with those that were important to them for example their families and friends.
- People made decisions about their day to day routines and preferences. This included how people wished to spend their time. The registered manager was keen to ensure people always had a range of choices and opportunities available to them, even if they decided they wanted to stay at home that day.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this. For some people this was very important.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's support plans were developed from the initial assessment. They included areas such as communication, working and socialising, eating and drinking, personal care and emotional support.
- People's support plans included a summary of life histories and interests. This helped staff to know and understand the person more fully and helped them to provide personalised care and support.
- Staff told us they were immediately informed about any changes in people's needs. People's care plans were regularly reviewed to ensure they were always up to date.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Information around the service was in accessible formats with pictures, symbols and easy read versions.

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 were supported to participate in their chosen social and leisure interests on a regular basis.
- During the inspection people told us about the classes and places they went to for example meals out, holidays, zumba and yoga classes. One person enjoyed being supported to their place of worship another liked to visit his family.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. For example, ensuring there were adequate staff on duty to support people to activities even at short notice so they would not miss out.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff explained to people when and how their complaints would be addressed/ resolved. One family member told us, "[Registered manager] is always there for any concerns I have but I have never had a

complaint about the service."

- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.

End of life care and support

- The service did not provide end of life care however people were encouraged to start thinking about this.
- People had end of life plans in place and there was also a policy for guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- There was a positive culture at the service, which was inclusive, and person centred, promoting positive outcomes for people. One relative told us, "[Relative] is well looked after the service is brilliant."
- Staff felt respected, supported and valued by managers and told us they felt able to raise concerns with managers without fear of what might happen as a result.

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 provider understood their obligations to be open and honest with relevant persons when things went wrong.
- There were systems in place to identify and address shortfalls. Accidents and incidents were reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their duties were completed by the registered manager. This helped to monitor the performance and competency of staff and the quality of the service people received.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to the CQC as required.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff engaged with people regularly to discuss their support needs and had meetings to discuss the running of the service.

- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.

Continuous learning and improving care

- The registered manager had systems in place to audit care being provided and to maintain oversight of the service.
- Staff were supported with training and development of the skills they needed to support people. One staff member told us, "We have regular supervision meetings, and we reflect on our work to see where we might need to improve or where we did a really good job."
- The registered manager described how they would use the outcomes of incidents, accidents and concerns to develop improved practice. This approach was reflected the policies and procedures we reviewed.

Working in partnership with others

- The service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included local authorities, community mental health teams and GP's.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.