

Laudcare Limited

Stanshawes Care Home

Inspection report

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Date of inspection visit:
14 August 2019
15 August 2019

Date of publication:
25 September 2019

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

Stanshawes is a care home that provides personal and nursing care for up to 48 older people. The service is provided in accommodation over two floors. At the time of the inspection, 40 people were living at the home.

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

People continued to receive a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures.

The service remained effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

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.

The service was caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. People appeared relaxed and comfortable in their home. The feedback we received from them and family was positive. One person told us, "The staff are all lovely, I couldn't wish for a better place to live". Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service.

The service was responsive to people's health and social needs. People received person centred care and support. Regular monitoring and reviews meant that referrals had been made to health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was very well led. The registered manager, deputy and staff team

maintained a clear focus on continually seeking to improve the service people received. Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

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 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our effective findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our effective findings below.

Good ●

Stanshawes Care 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stanshawes is a 'care home'. People in care homes receive accommodation and nursing and 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.

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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and four visitors. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. We spoke with eight members of staff, as well as the area manager and deputy.

We looked at five people's care records, together with other records relating to their care and the running of the service. This included six staff employment records, policies and procedures, complaints, audits and quality assurance reports.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed that 'generally' there were enough numbers of staff on duty. People told us they understood that sometimes they might have to wait for assistance, but 'on the whole this wasn't for very long'. Staff explained that some shifts were 'harder' if people became acutely unwell or a staff member was absent at short notice. We were told that both the registered manager and deputy led by example and assisted and helped care for people in such circumstances.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. Where required equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.
- Records showed all checks, servicing and maintenance were completed.
- Hot water temperature checks had been carried out and were within the 43 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Two administration errors had been found during the homes monthly audits and these had been addressed to prevent further re-occurrence.
- Medicines were administered by nurses who had completed their medication competency assessment and received regular updates based on best practice guidelines.

Preventing and controlling infection

- The home was clean, homely and free from any unpleasant odour. One unoccupied bedroom carpet had an odour which we brought to the attention of the deputy and this was deep cleaned immediately.
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.
- The registered manager ensured staff were adhering to the services uniform policy. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.

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 Good. At this inspection this key question has remained the same. 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

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people.
- The registered manager ensured staff were equipped with skills and knowledge to meet people's needs. Staff confirmed their induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- The service had a small, longstanding, steadfast group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision and told us they felt supported by the registered manager and deputy.
- Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

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

- People chose where they wished to receive their meals. The meals prepared and served to people had always been well received. Although there were menus, people were supported to choose whatever they wanted on the day. Drinks and snacks were readily available throughout the day.
- People were supported with any special dietary requirements that needed to be catered for. This included diets for people with diabetes, compromised swallow and fortified foods for those at risk of weight loss.
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required. Two people told us, "I am underweight. I'm weighed regularly and now have a cooked breakfast" and "I have extra fortified drinks to help me gain weight". Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored.
- People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

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

- Staff were working with other agencies to provide consistent, effective, timely care.
- They ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. One new initiative since the last inspection was a regular 'dental surgery day'.

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

- The home was purpose built and was suitable in design as a care home.
- A second clinic/treatment room was being created and work had commenced during our inspection. This will provide a private place for people to receive treatment and consultations with visiting health professionals.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

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

- People had good relationships with staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles.
- We received some lovely compliments from people and their relatives about the staff. This included, "The staff are caring and friendly, they pop in and chat and they know my family well", "They are extremely helpful and bring you what you want", "They are so helpful. I get on with all the girls", "They are very good at bathing, plenty of hot water and towels".

Staff were proud of how they supported people and felt they received care that was caring and respected individual wishes. Staff comments included, "I enjoy working here and the residents mean everything to us", "I leave my shift knowing I have done the very best for them" and "It's a great place to work, we all put the residents first and want them to be happy".

- During our visit we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining. People who required assistance with eating and drinking were supported at their own pace and respectfully.
- People's needs under the Equalities Act 2010 were considered and respected. These were reflected in people's care records.

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

- People were supported to choose how they wanted to spend their day. One person said, "I get up when I want to and go to bed when I want, staff are always popping in and asking if I want anything".
- Care plan review meetings supported people to ensure their care remained effective and meaningful.
- 'Residents' meetings enabled people to express their views and influence things such as food and menu choices, activities and future events.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained.
- Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms. Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given.
- People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to visits with the home's hair dresser.

- Independence and autonomy was always promoted and was at the centre of the care and support people received. It was never assumed that people who moved to the home would stay on a permanent basis.
- Re-enablement and support plans were developed with individuals and relevant professionals to support phased physical progression and health with the aim to live in an alternative independent community setting. The registered manager and staff recognised individual capabilities and worked on strengthening these. Three people at the time of the inspection had improved in health and were being supported to move.
- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

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 Good. At this inspection this key question has remained the same. 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 had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required.
- Staff were knowledgeable about people they cared for and supported them in accordance with their individual preferences. Staff told us, "This is their home and we respect that" and "The care is person-centred they tell us what they want us to do and how we can help them".
- Any change to people's needs were responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health. During our inspection staff had identified that a person was unwell, they requested a GP visit and the person was subsequently admitted to hospital.

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.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- The speech and language team worked alongside staff to help formulate care plans around effective communication.
- The registered manager shared with us methods they used. People with a hearing impairment found the homes IT tablet was useful as a visual aid. Those people who had some anxiety also benefited from this.
- Pictures/flash cards helped to improve communication so that people could express their wishes.
- One person was profoundly deaf and unable to speak. Staff were trained to use British sign language and simple Makaton language to communicate with the person effectively.
- Staff had received training to help understand non-verbal body language to help interpret how people might be feeling. Some people with dementia had difficulty expressing if they were in pain. Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

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

- The service protected people from social isolation and recognised the importance of social contact. The

service supported and promoted raising the profile of the home and being part of the local community. Local school children, brownies, boy scouts, beavers and church members visited the home either to perform or to spend time with people individually.

- People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- Trips were planned and enjoyed by people. Outside entertainers visited regularly, we saw some photographs where people joined in and enjoyed these events.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events throughout the year.

Improving care quality in response to complaints or concerns

- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views. One visitor raised a complaint with us during our inspection. This was referred to the area manager during the inspection who subsequently met with the complainant to commence an investigation.
- People and relatives felt listened to and that any problems were dealt with effectively. Two people told us, "The manager always listens and issues are usually resolved straight away" and "I feel they do listen to me".
- Formal complaints had been thoroughly investigated by the registered manager and these had been dealt with in an open transparent way. Where required lessons were learnt, improvements had been made.
- Informal concerns that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

End of life care and support

- People were cared for when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written comments from relatives when they had lost a loved one by way of thank you cards. Comments included, "Nothing was ever too much trouble and you all did your utmost to meet his needs and to keep him as comfortable as possible right to the very end" and "We really appreciate the obvious respect and dignity that he was afforded by all the staff".

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 Good. At this inspection this key question has remained the same. 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

- The registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. They were a good, cohesive group who worked well as a team.
- The registered manager and deputy led by example, they were caring, kind and respected. People and staff spoke well about them and the home. Comments from people and relatives included, "I would certainly recommend this place, it's friendly, nothing is too much trouble", "I feel safe and well looked after" and "The care is spot-on. They follow everything up and always update me".
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.

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 and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

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

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Two relatives we spoke with told us communication had improved and they felt they were kept informed about their loved ones and things happening in the home.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports and written daily records.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective and meaningful.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The registered manager attended local provider and care home forums and linked up with other local home managers.