Mrs Jill Margueretta Meller

Stafford House Residential Care Home

Inspection report

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Thornton Cleveleys
Lancashire
FY5 1DB

Tel: 01253853073

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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

Summary of findings

Overall summary

The inspection visit took place on the 15 March 2016 and was unannounced

Stafford House provides accommodation for persons who require nursing or personal care for up to 12 people. The home is situated on Cleveleys promenade close to the town centre. It comprises of three floors with lift access. There is a lounge and separate dining area. Bathroom and toilet facilities are situated on all floors. At the time of our inspection visit there were eight people who lived at the home.

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

At the last inspection on 08 April 2014 we found the provider was meeting the requirements of the regulations inspected.

We found recruitment procedures the service had in place were unsafe. This was because the registered manager/owner had employed people before appropriate checks had been completed. These checks were required to ensure staff working at the home were safe to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

Care records of people who lived at the home were person centred, organised and identified support people required. Risk assessments had been developed to minimise the potential risk of harm to people during delivery of their care. These had been kept under review and were relevant to the care provided

We observed people's medicines administered at breakfast time and at lunch time. They were dispensed in a safe manner and people received their medicines on time. Staff had received related training to ensure medicines were administered correctly by trained personnel.

We found people had access to healthcare professionals and their healthcare needs were met. On the day of our inspection visit we saw one person was supported by a staff member to attend a medical appointment.

Staff had received training and were knowledgeable about their roles and responsibilities. They had skills, knowledge and experience required to support people with their care and social needs.

We found sufficient staffing levels were in place to provide support people required. We observed staff could undertake tasks supporting people without feeling rushed. On the day of our visit one to one support was offered to a person who required to attend a medical appointment. This did not have an impact of staffing availability to support the remaining people at the home.

The registered manager/owner understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People who lived at the home told us they were happy with the quality and choice of meals available to them. Comments included, "The food is very nice and if you don't like it you can choose what you want instead."

Staff we spoke with had a good understanding of how people should be treated in terms of respect and supporting people with dignity. We witnessed examples of this during our inspection. For example staff knocked on doors before entering a person's bedroom.

Stafford House had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or the registered manager.

The registered manager/owner used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that were undertaken by the registered manager. This ensured the service continued to be monitored and improvements made when they were identified. People were supported to feed back about the quality of their care through surveys and meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures were not always followed to ensure suitable staff were employed.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow.

Is the service caring?

Good

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff

who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Stafford House Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 15 March 2016 we reviewed the information we held about Stafford House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. There had been no incidents or safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the owner/registered manager, four staff members, five people who lived at the home and one visitor. We also contacted the Lancashire Commissioning Department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We spent time observing staff interactions with people who lived at the home and looked at records relating to the running of Stafford House. We checked care records of three people who lived at the home. We also reviewed records about staff training, recruitment of staff. In addition we looked at records related to the management and safety of the home.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "Yes the staff are always around and people popping in and out. That makes me feel safe." Another person said, "The staff are always in and out so you don't feel uneasy, you feel safe."

We had a walk around the building and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. One person who lived at the home said, "They come within minutes when I call for someone." We tested the system during the day and found staff answered call bells in a timely manner.

We spoke with staff about their knowledge and understanding of safeguarding procedures to protect people from abuse. The registered manager had ensured related training was provided for all staff. This was confirmed by looking at training records for staff. Staff had a good awareness of safeguarding, whistleblowing, poor practice and reporting processes.

Three care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments provided instructions for staff members when delivering their support. Risk assessments had been completed for example, of the environment and falls. Where potential risks had been identified the action taken by the service had been recorded.

We had a walk around the building and as we arrived staff were in the process of cleaning duties. One staff member said, "We keep on top of the cleaning. It is important to have a clean and hygienic home for people." We found the premises clean, tidy and maintained. No offensive odours were observed as we arrived or throughout the day. We observed staff making appropriate use of personal protective equipment such as disposable hand gels. This meant staff were protected from potential infection when delivering care for people. One person who lived at the home said, "It is an old building but they keep it nice and clean."

We found equipment had been serviced and maintained as required. Records seen confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. We checked water was delivered at safe temperatures. However one outlet was very hot and could put people at risk of burning or scalding themselves. The registered manager acted immediately and a registered heating engineer was requested. They found the cause and ordered a part required to address the problem.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. This was confirmed by talking with staff members and a staffing rota we looked at. We observed care practices during the day and found staff responded to people in a timely manner. For example one person required one to one support to attend a medical appointment and a staff member was allocated to support the person. The registered manager informed us that one to one support was available as sufficient staff was available to support people who were left at the home.

We looked at the recruitment procedures followed by the registered manager for two staff members. One had just recently started employment. We found documentation required by regulation wasn't in place before the two staff members commenced working at the home. This is to ensure suitable people were employed and are fit and appropriately qualified for their role at the home.

One person had not completed an application form and no references had been requested by the registered manager/owner. Also a Disclosure and Barring Service (DBS) check had been requested but not yet received. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. This meant the registered manager did not have a full employment history for the person or satisfactory evidence about their conduct in previous employment. The registered manager removed this person from the duty rota during the inspection visit until the DBS and other checks were received. Another member of staff had references in place however no application form could be found. We could not verify a previous employment history to ensure the person was suitable to work with vulnerable people.

We noted the application form used by the service only requested a three year employment history. However regulations state a full employment history should be obtained prior to staff commencing their employment. This was to ensure thorough checks had been completed so that suitable staff were employed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered manager had not ensured that persons employed by the home were safe to work with vulnerable people.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for one person following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

The registered manager had audits of medicines to ensure they were correctly monitored and procedures were safe. The registered manager informed us the pharmacist visits the home to check their system and audit medication. One staff member said, "We have a good relationship with the pharmacist who gives us advice and checks medication for us. "We were informed only staff trained in medication procedures were allowed to administer them. We confirmed this by talking with staff.

Good

Is the service effective?

Our findings

We arrived in the morning and people were getting up in their own time and relaxed in various rooms having breakfast. We observed staff helped people with breakfast and personal care support. People told us they felt staff were aware of their needs and support they required. One person who lived at the home said, "I get up when I like and usually have breakfast in the dining room. However sometimes in the lounge if I feel like it." Another said, "The staff know what I need and are very good."

We spoke with the staff members on duty and looked at individual staff training records. Records seen confirmed staff training covered a range of courses relevant to staff roles at the home. For example the registered manager had a programme of mandatory training for staff. This training included, safeguarding adults, fire safety, and moving and handling. Comments from staff about availability of training and access to courses were positive. Comments included, "No issue with training, lots of courses on offer." Also, "We are all encouraged to do training courses."

Some staff members had achieved national care qualifications at different levels. For example staff had completed National Vocational Qualifications (NVQ) at level 2, and 3. One staff member we spoke with said, "We are encouraged to complete NVQ training at all levels." Staff told us the registered manager would support people to complete professional qualifications. This meant people were cared for by staff that received regular training to support them to provide quality care.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis. Supervision was a one-to-one support meeting between individual staff and the registered manager/owner to review their role and responsibilities.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager/owner understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. Care staff were responsible for preparation of food. We confirmed by looking at staff training

records and talking with staff, any person preparing food had completed 'food and hygiene training'.

On the day of the inspection visit lunch consisted of a meat pasty, potatoes, fresh vegetables with a choice of hot or cold drinks. We saw portion sizes were different to suit individual choices. All the people we spoke with about the meal told us they enjoyed it.

We observed the lunch time meal being served in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We found by talking with staff and people who lived at the home, they had a choice. For example if it was not to their liking other options would be provided.

We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. Stafford House had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Nutritional risk assessments were completed and monitoring of people's weight. This was to ensure any issues or concerns would be highlighted and action taken to ensure peoples health was maintained.

People's healthcare needs were monitored and discussed with the person as part of the care planning procedures. Care records documented visits to and from healthcare professionals. The records were informative and had documented the reason for the visit and what the outcome had been.

Good

Is the service caring?

Our findings

People who lived at the home spoke well about staff and their attitude towards them. People told us staff were kind, considerate and respectful towards them. For example one person told us they prefer to stay in their room a lot and staff respected their choice to do that. People told us staff were caring and always had time to talk and listen to people. One person who lived at the home said, "The staff are very kind, always willing to sit and listen to me going on."

The people who lived at the home told us their dignity and privacy was respected. For example one person told us staff will always close the door when helping them go to the bathroom or get dressed. We observed this was the way staff supported people with personal care needs during the day of our visit. We observed during the day examples of staff respecting people's dignity and privacy. Such as staff knocked on bedroom doors prior to entering. We also witnessed staff addressed people in their preferred name. One person who lived at the home said, "The staff are so friendly and nice I feel relaxed around them."

When we arrived in the morning we observed one person sat with a member of staff outside the home. They were accompanying the person to the GP for an appointment. The staff member supported the person into transport and gently led the person by the arm and chatted with them whilst they got into the transport. This demonstrated staff caring attitude and one to one support for people who lived at the home.

Throughout the day we observed people moved around the premises from communal areas to their own bedroom and dining area with staff monitoring. One person who lived at the home said, "I like it here because people are not rushing around and you can please yourself what you want to do." Routines were relaxed and arranged around people's individual and collective needs.

We looked at care records of three people who lived at the home. We found evidence they had been involved with and were at the centre of developing their care plans. In addition people had signed care plans to indicate they agreed with the care and support provide to them. Four people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described the daily support people received and the activities they had undertaken.

Information was contained in people's care records we looked at of their preferences in terms of food, social interests and hobbies. We spoke with staff and it was evident they were aware of how to use a care approach that met with people's needs and wishes.

We found literature displayed in the reception area that welcomed visitors at any time unannounced. The notice also let people know what meal times were so they would be aware staff might be busy at that time of day. People who lived at the home told us there was never an issue what time relatives could visit them. One person said, "[Relative] comes often at different times due to work but the staff and manager don't mind."

Prior to our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority. We received no negative comments or concerns about the service.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details should people and their families need to contact the service. This ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

Good

Is the service responsive?

Our findings

People who lived at the home were happy with social events and activities and choices available to spend their days. For example One person who lived at the home said. "Not many of us like to join in with things going on. Staff don't push you it is up to the individual what you want to do." Another person said, "I like the games especially the jigsaws it keeps the mind going."

People who lived at the home were supported by staff who were experienced and responsive to their needs. Staff also had an understanding of their individual support they required. For example a care plan we looked at described a person health needs. A staff member responsible for looking after the person described the person's health needs as they were recorded. They also explained action taken to ensure their needs were being met. The staff member said, "I know the residents well as a small home it allows us to get to know people well."

Three people's care records we looked at identified how staff supported them with their daily routines and care needs. We found care records were regularly reviewed and issues such as weight loss and changing health needs were responded to. Referrals to dieticians and other health professionals were made if they were required. For example a person had lost weight over a period of time. The GP had been involved and their care plan reflected what action had been taken to respond to their weight loss. The care plan had been updated and highlighted what support the person required to help gain weight. A staff member said, "We always respond to changes in residents health and care records are updated to show that."

There was a document in care records of people who lived at the home on personal history and life experiences. These had been developed with the individual and families. Staff told us this enabled them to get to know the person better and help build relationships. A staff member said, "They are very good and provides us with information about their past that we can share with them."

Throughout the inspection we observed staff spent time with people. They made sure they received care and support that was centred on them and were responsive to people's needs and wishes. For example one person wanted to return to their room to listen to music. A staff member straight away supported the person to their room. They made sure the person was fine before returning to the lounge area.

On the day of the inspection visit there were no organised activities taking place. The registered manager confirmed they organised activities daily and had no structured time table for activities. They told us activities were organised on an informal basis. We spoke with four people who lived at the home about activities and they were all happy with the arrangements in place. One person who lived at the home said, "I like it nice and quiet and most of the people do. Another person said, "I do enjoy the puzzles and quizzes we do." Also one person told us they went to another room when games and entertainers were in the home.

We found the complaints policy the provider had in place was current and had been made available to people. This detailed what the various stages of a complaint were and what timescales were involved. This was to resolve the complaint and how people could expect their concerns to be addressed.

A complaints procedure was on display in the reception area so people would know how to raise a complaint. There had been no complaints recorded and people who lived at the home we spoke with had no concerns. Comments included, "No nothing to complain about I am fine here." Also, "I would just speak with [registered manager] if I wanted to complain. However so far not needed to."

Good

Is the service well-led?

Our findings

People who lived at the home and staff told us they felt Stafford House was managed well and supported by staff and a good management team. One person who lived at the home said, "[Registered manager] should be well organised and know how to run a care home. She has done so for years and does it very well." Another person said, "[Registered manager] lives here and is always available for a chat or just a little company. She is terrific."

We observed staff were not rushing around. We noticed the registered manager supported staff in caring for people who lived at the home. One staff member said, "We all work as a team, wear the same uniform and all muck in together."

The registered manager and staff on duty were knowledgeable about support people who lived at the home required. They were clear about their role and were committed to providing a standard of care that would give people a good quality of life. One staff member said, "We are a small home but everyone is committed to give the time they require to live a quality life here at Stafford House."

We observed interaction between the registered manager, staff and people who lived at the home. The registered manager lived on the premises and people told us the registered manager was always around supporting staff and spending time with them. Comments included, "[registered manager] is on call all the time which is comforting to know."

People who lived at the home and their relatives were encouraged to be involved in the continuous development of the service. For example relatives were encouraged to complete surveys sent out to pass their views on how they felt the service operated. They also were asked their views on areas the service could improve. For example the results of relative surveys for May 2015 were positive. Out of six returned surveys all ticked the box no, when asked. 'Was there anything the home could do to improve'. Other comments included, 'I would definitely recommend Stafford House to anybody.'

Regular staff meetings were held to discuss any issues or concerns within the home. Staff meetings discussed training, care reviews and the wellbeing of the people who lived at the home. We found evidence in previous staff meetings minutes the registered manager followed up identified issues. This showed the service was managed effectively.

No formal resident meetings took place. However a staff member showed us a completed document of conversations held with individual people. These individual discussions took place every few days. A senior staff member said, "We have introduced this system to ensure resident views are captured individually. If there were any problems we would address them straight away."

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were taking place and covered areas such as, medication, care records and the environment. We found examples of action taken following an audit of the building. An electrician had to be

called to repair faulty lighting in a person's bedroom. This was attended to straight away and recorded. This demonstrated the service continuously monitored their performance and made improvements where required. A staff member said, "Any identified problems from audits are attended too quickly. We always want to improve the home for residents."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures were unsafe potentially placing people who live at the home at risk. We found application forms were incomplete and Disclosure and Barring Service checks (DBS) had not been obtained prior to staff commenced their employment. Regulation 19 (1) (2)(a) (3)(a)