

Mr & Mrs S Blundell

Stanford House

Inspection report

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Tel: 01902880532

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Stanford House provides accommodation for up to 10 people who require personal care. On the day of our inspection there were nine people living at the home. People who lived at the home had varied needs associated with old age and frailty, some people had mental health needs or were living with dementia.

Accommodation was provided over two floors. Communal areas included several lounges and a dining space, an additional dining area and kitchen. People either had their own room or shared with another person. People had access to large gardens at the rear of the home.

People's experience of using this service:

People we spoke to were positive about the service. People told us they thought the service was well run and they enjoyed living there.

People were happy with the care they received and we observed friendly interactions between people and staff. A person told us, "This is a lovely place, they look after us well." Another person told us, "I've been here for ten years, it's lovely."

They said they felt safe and there were sufficient staff to care for them. A person told us, "Staff have been here for years, there's no turnover of staff, they get to know you and you get to know them. They're not staff, they're my friends."

We observed there were sufficient staff to meet people's needs, to give the support they needed and to spend quality time with them. Staff spent time with people as and when they wanted. We spoke to a relative who told us, "She's really happy and content here, it's small and nice, like a whole other family."

People were supported by staff whose suitability was checked through a robust recruitment process. People's medicines were managed safely.

Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. Staff told us they felt supported, received regular supervisions and an annual appraisal.

People continued to have access to a range of healthcare professionals and services. We received positive feedback from external professionals about the service, for example a community mental health nurse told us "Having worked in the community for 17 years, I can honestly say it is the only home I know that I would have no concerns about placing one of my own relatives in."

Staff respected people's choices and enabled people to be independent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the

policies and systems in the service supported this practice.

Care plans guided staff about people's needs and how to meet them. Staff supported people to be involved in decisions about their care and to live as independently as possible. No-one living at the home required end of life care at the time of the inspection.

People were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately. Staff knew how to keep people safe in an emergency, such as a fire. Arrangements continued to be in place to assess and monitor the quality of the service, so that improvements could be made.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 2 September 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

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.

Stanford 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Stanford House provides accommodation with personal care and support for up to ten adults. People who lived at the home had varied needs associated with old age and some people had mental health needs or were living with dementia. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we looked at:

- ☐ Two staff files

- ☐ Two people's care records and medicine records
- ☐ Audits and checks
- ☐ People and visitors survey outcomes
- ☐ Records of accidents and incidents
- ☐ Other documents relating to the management of the service.

During the inspection we spoke to:

- ☐ Four members of staff (one night carer, one carer, one senior carer and the Registered Manager)
- ☐ Five people
- ☐ One relative

After the inspection;

We received feedback by email from two community mental health nurses specialising in older people. They gave us permission to quote them in this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise the signs of abuse.
- Staff understood how to report concerns and were supported by a safeguarding policy.
- We observed a handover from night to day staff, staff updated each other on how people were. A health professional told us, "Having a small number of residents this allows staff more one to one time with every individual placed there maintaining a safe environment for all clients in their care."

Assessing risk, safety monitoring and management

- Risks for people were fully assessed and recorded. They informed people's care planning records and gave staff consistent guidance. Staff were supported by clear guidance on how to support people with specific long-term conditions. A health professional told us, "All residents have appropriate occupational health assessments and equipment is provided to maintain personal safety and always appears accessible to residents on my attendance at the home."
- Staff were observed supporting people to move safely. Staff completed mandatory training such as first aid, fire safety and health and safety.
- Staff knew how to keep people safe, including in an emergency. A fire service assessment had recently been carried out and the registered manager had completed a fire safety management training. Fire drills were carried out regularly and included people if they wanted to take part.
- Each person's room had a call bell and people told us they could use the call bell if they needed help at any time. A person told us, "They come to check on you in the night to make sure you're alright and there's an alarm bell next to my bed if I need help."
- A member of staff told us, "<Registered manager> lives very near and is always on call, when we're on night shift we always have the phone with us so we can call if we need any help."
- A health professional told us, "I am kept well informed as a care coordinator of any problems or potential issues and have trust in the home that any emergency situations are dealt with effectively. The GP visits alternate weeks to address any medical needs."

Staffing and recruitment

- Staff told us there were enough staff to meet people's needs. A staff member told us, "We have enough time to do all the things we need to do and spend time with people. Staff really get on, we all work as a team." A person told us, "Staff have been here for years, there's no turnover of staff, they get to know you and you get to know them. They're not staff, they're my friends."
- Robust recruitment systems continued to ensure that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

Using medicines safely

- Staff managed medicines safely. Staff told us they were trained, took it in turns to do medicines and ensured the staff member doing medicines had protected time to complete this task.
- We observed staff giving medicines to people. Staff were patient, sat with people and did things at the person's pace.
- Where people had as and when required medicines (PRN) staff were supported by guidance, we observed staff checking if people wanted their prescribed as and when medicine.
- Medicines were stored and managed safely, including medicines that require specific storage. Staff were trained in medicines and had their competency checked.
- Records showed that staff arranged a medicines review with the GP, or relevant health professional for each person, annually.

Preventing and controlling infection

- People were protected from infection. Staff were observed washing their hands and using appropriate protective equipment such as aprons and gloves for example when serving meals or giving medicines.
- The home was well presented and clean. Staff carried out a cleaning schedule. Staff were trained in infection control, health and safety and food hygiene.

Learning lessons when things go wrong

- The registered manager arranged for, and learnt from, an annual audit carried out by an external pharmacist. Staff completed weekly checks of stocks and balances of medicines.
- Staff recorded accidents and incidents such as falls. Records showed that the registered manager had carefully analysed falls, so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again.
- For example, records showed that one person was at high risk of falls when they moved to Stanford House, a risk assessment was written in preparation for the person to move in, this was reviewed every month and no falls were recorded since the person moved in.

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

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

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). At the time of the inspection no one was subject to DoLS.

We checked whether the service was working within the principles of the MCA.

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

- People's needs continued to be assessed before they came to live at Stanford House. A relative told us they were consulted before their relative moved in and were then involved in an initial six-week review that involved their relative's social worker.
- Staff told us, and records showed, that staff reviewed each person's care plan with the person every month.

Ensuring consent to care and treatment in line with law and guidance

- Staff had supported a person that requested to have a Do Not Attempt Resuscitation (DNR) in place. Staff understood best interest decision making processes and involved appropriate stakeholders such as external health and social care professionals.
- A health professional told us, "Residents and family members are always involved in care planning and feedback from relatives identify that they are always made to feel welcome and greeted on first name terms."

Staff support: induction, training, skills and experience

- Staff were knowledgeable and well trained. Staff were supported by frequent supervision and annual appraisals.
- Staff told us they have access to a range of online and face to face training. Staff completed mandatory training such as moving and handling and mental capacity and were encouraged to do additional training and professional development.
- The registered manager told us staff completed their care certificate and level two qualification or above as standard. Many staff had completed a level three qualification in care and level two in dementia care. A senior carer had been supported by the provider to complete their level five in management in health and

social care.

- A health professional told us, "The staff have been there for many years and appear very competent and caring." Another community mental health nurse told us, "Staff at the home always appear bright and pleasant and courteous to all residents helping them achieve a high standard of personal care and personal wellbeing."
- A staff member told us, "I've worked here for 15 years, I feel well supported, if I have any problems I can just ask another team member, everyone's approachable, it's very relaxed and homely." Another staff member told us, "It's a good team to work with, when we work well together that helps to give people good quality care."

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

- People had sufficient to eat and drink. People told us they enjoyed the food and had choices. A person told us, "I can't grumble about the food, staff get used to what you like but there's always an alternative so you can choose something else."
- A health professional told us, "The meals, ambience and cleanliness of the home is very good."
- Staff completed training in nutrition, healthier food and special diets.
- We observed people being offered hot and cold drinks and snacks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- A relative told us, "<Staff member> does their nails and <relative's> own chiropodist visits." They also told us, "Staff have a good relationship with the Community Psychiatric Nurse that visits my relative regularly."
- Records showed that staff liaised with other agencies such as local authority and health professionals.

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

- The home was adapted to meet the needs of people, for example the home had a regularly serviced stair lift and a walk-in shower. The home had a large adapted garden.
- Rooms were personalised with people's photographs and items.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by having access to a wide range of health and social care professionals.
- A person told us, "If you're not well, they'll send for the doctor or they'll take you. A doctor visits every fortnight anyway, it's always been the same Doctor since I've been here and that's good because the Doctor gets to know you." A relative told us, "They call straight away if she's unwell for example when she moved in they noticed a blood clot, they spotted it really quickly, got the GP to visit and called me straightaway."
- A health professional told us, "<Registered Manager> is always available and willing to engage with mental health services delivering appropriate care and support when required. <Registered Manager> and staff at Stanford house always liaise with mental health care coordinators if concerns arise very promptly and never hesitate in requesting reviews via consultant psychiatrists."

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

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 were supported by a small well-established staff group that knew people well and treated people as individuals. A health professional told us, "I have placed clients there and have found their care to be of high standard and they are all very content with the placement."
- A person told us, "This is a lovely place, they look after us well." Another person told us, "I've been here for ten years, it's lovely." A staff member told us, "The people are lovely, I love it here, it's very homely."
- One person visited their church and another person visited another local church of a different denomination. A relative told us, "<Relative> goes to a club at her church, they (staff) keep her food warm when she's been away on a Sunday trip with her social club, she's continued to do everything she used to do."
- People were supported to maintain relationships that were important to them, for example on the day of our visit the registered manager was arranging a taxi and for flowers to be delivered for a person to visit their family member who lives in another care setting.

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

- People told us they were involved in writing their care plan and in making decisions about their care. A person told us, "When I first moved in we wrote the care plan together, staff get to know what you like, how you like things."
- A health professional told us, "Feedback from families is very positive, the home is very welcoming and staff know relatives on first name terms and involve them in all aspects of relative's care."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff encouraged independence.
- A health professional told us, "Clients that I have placed at Stanford house have always been treated with dignity and respect from first contact with the home."
- A staff member told us, "We encourage independence, people know we're there to assist when it's needed, we encourage and prompt." Another community mental health nurse told us, "Residents are encouraged to remain as independent as possible and are escorted to local shops and facilities when required."
- People's privacy was upheld. A staff member told us, "I ask the person how they prefer things to be done, how they want their privacy, for example one person prefers to keep a towel to maintain their privacy while bathing but for another person they feel comfortable without that, it's about being led by their preference and their choices of how they want things done."
- Another staff member told us, "One person prefers for her door to always be open but for most people when they need some help dressing I close their door and curtains. Where people share a room, we use a privacy screen. People can meet with an external professional or with family privately, if they want to do that

it's respected."

- People's confidential information was kept secure by staff. Staff had locked cabinets where they could keep information safe.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff that knew them well including their needs, preferences and interests.
- A relative told us, "I like that she doesn't have to get up at set times, it's like being in your own home and doing what you want, I feel lucky that's she's here."
- A person told us, "You please yourself, you can do what you want, you can join in with things but you don't have to. I go out on Mondays and Sundays, I can come and go as I please."
- A health professional told us, "Clients are supported to keep their independence and staff accommodate them to go to the local shops or church whenever possible."
- People told us they enjoyed watching sports together, such as horse racing on weekends and football. People enjoyed reading newspapers and magazines and doing crosswords or quizzes, the registered manager brought daily newspapers to the home.
- Some people enjoyed knitting and we observed people knitting together in one of the lounges.
- A person told us, "They do everything they can for us, they do laundry, they do our nails, a hairdresser comes every week and a chiropodist comes every six weeks. Everything's well organised." People told us they enjoyed when the hairdresser visits and spending time all together having their hair done.

Improving care quality in response to complaints or concerns

- The service's complaints policy was displayed at the front of the home and copied in people's care plans. No complaints had been received in the last year.
- A staff member told us, "People understand that if they have any concerns they can approach a member of staff to try to resolve the problem."
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were assessed and recorded in people's care plans.

End of life care and support

- At the time of the inspection no one required end of life care or support.
- Staff told us they were trained in end of life care and that they had supported people to die at home previously with support from district nurses and occupational therapists.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and all staff consistently demonstrated their value of running the home like a family. The registered manager told us, "This is their home, we're like a family, for example we don't wear uniforms, our aim is for them to feel like they're home."
- A staff member told us, "<Registered manager> is brilliant, like a family member, all the staff have been here for years, as long as the residents are happy and cared for that the most important thing."
- A health professional told us "<Registered manager> is very much part of the team and leads her care staff well."

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

- People's care records were regularly reviewed by the registered manager to check information reflected people's current needs and they carried out care plan audits to check for completeness.
- Staff told us they received supervision regularly and we observed a handover where night staff updated day staff before the start of their shift about how well people slept and any changes in their health or wellbeing.
- A staff member told us "I'm 100% confident that if we had any concerns, <registered manager> would listen, you can talk to her about anything."

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

- People and visitors all consistently knew who the manager was.
- Staff, people and visitors were engaged with the service and asked for feedback. The registered manager told us, "We sit and listen, they know they can tell us anything without judgement."
- Staff feedback was collected through questionnaires annually, comments were seen such as, "I am happy in my job and continually learn to care for people better" and "I feel I am very well supported with all training needs. All staff and residents are treated with respect."
- A relative told us, "I can come and go, there's no restrictions no matter what time I turn up, I'm made to feel welcome." A person told us, "Visitors come whenever they want." Another person told us, "It's a nice place, there's plenty of visitors, there's room for visitors to park and buses nearby."

Continuous learning and improving care

- The registered manager had collected feedback from people through a questionnaire. People fed back

that they did not like structured activities like board games and that they liked to do their own activities, due to this the registered manager ensured that people were supported to do what they wanted and to have less structured activities. The registered manager told us, "We listened to their feedback. People chose not to have structured activities and we respected that. They like to do their own thing and spend their day how they want."

- Feedback was collected annually from visitors, we saw positive comments about the service such as, "The residents are happy and well looked after" and "Staff are good with the residents, the standard of the home is good."

Working in partnership with others

- Records showed that staff worked in partnership with each other and with external professionals to meet people's needs.

- A health professional told us "When I personally have any female residents that require a residential care setting Stanford house is the first place that I consider or recommend for placement and I always advise relatives that I would place my own family members at this particular home. Working for 10 years in the community I have placed many clients at Stanford house and hope to place many more over the coming years."