

Mrs Audrey Robinson

# Stanbeck Residential Care Home

## Inspection report

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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

Stanbeck Residential Care Home is a care home providing accommodation and personal care to 12 older people at the time of the inspection. The service can support up to 13 people in one purpose-built building.

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

At the last inspection we made a recommendation about improving the way some medicines were handled. The provider had made these improvements. People were now supported to manage their medicines safely by trained staff.

People were safe and protected from abuse and avoidable harm. Risks to people's safety had been identified and managed. There were enough staff to support people. The provider carried out checks on new staff to ensure they were suitable to work in the home. Infection control was well managed and the home was clean and free from hazards.

The staff were trained and skilled to provide people's care. People enjoyed the meals and drinks provided. Health care professionals were positive about how the home worked in partnership with them to promote people's well-being. The staff asked for people's consent and respected the decisions people made. 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.

People and relatives spoke of the homely feel created and liked that the home was a family run business. A number of people told us that they felt part of "one big family." The staff treated people with kindness and respect. They gave people their time and understood this was important in supporting people's well-being. Staff knew the importance of encouraging people to maintain their independence.

The staff knew people well. They planned and provided care to meet people's needs and to take account of their preferences. People could see their visitors as they wished and maintain relationships that were important to them. The provider had a procedure for receiving and responding to complaints about the service.

People told us this was a good home and said they were well cared for and happy living there. The focus of the service was on providing people with a service that placed them at the centre of their care. The provider took action promptly when concerns were shared with them. They had systems to share learning from incidents with the staff team to improve the service further.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 June 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?

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.

# Stanbeck Residential 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

Stanbeck is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed the information we held about the home, including significant events the registered manager had informed us about. We asked the local authority commissioners for their views of the service. 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 all of this information to plan our inspection.

#### During the inspection

We spoke with twelve people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care staff, cook and domestic staff. We looked around the home to check it was clean, free from odours and a safe place for people to live.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service, including how the registered manager and provider monitored the quality and safety of the service.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we made a recommendation about improving how the service recorded information for medicines which were prescribed to be given "when required" or as a "variable dose" (PRN). The provider had made improvements.

- The registered manager had set up a new system for recording and checking medicines which were to be given "when required" or as a "variable dose" (PRN). These now had separate care plans and staff had clear instructions on how to administer them and what to do if they were not effective.
- The staff handled people's medicines safely and people received their medicines as their doctors had prescribed. Staff who handled medicines had been trained to do so safely.
- Medicines were stored securely to prevent their misuse. The staff kept accurate records of the medicines they had given to people.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. The staff in the home were trained in how to identify and report abuse. All the staff we spoke with said they were confident people were safe in the home.
- People told us they felt safe in the home. One person said, "I am very safe here" and a relative told us, "For the first time in ages I am free from worry, I know (relative) is safe now he is here."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks, such as the risk of falls and risks arising from moving and handling, for skin integrity and nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Where they identified any areas of concern these were shared with the staff team to ensure lessons were learnt to improve the service.

### Staffing and recruitment

- People received effective and timely care and support. People told us the staff responded promptly if they

used the call system to request staff assistance. One person told us, "Staff come straight away when I ring the buzzer." The registered manager lived on site and was available for on-call and emergencies.

- Staff had been recruited safely. The provider had carried out appropriate checks on staff to ensure they were safe to work with vulnerable people.

#### Preventing and controlling infection

- The provider had effective infection control procedures. People were protected from potential cross infection during the delivery of personal care. Staff received training and were provided with appropriate protective clothing, such as gloves and aprons.

- The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.

- The home was clean and free from unpleasant odours. People and their relatives commented on the home being kept "very clean."

# 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

- The registered manager ensured people's needs were assessed before they were offered accommodation in the home. This helped to ensure the facilities and service were suitable to meet individuals' needs.
- Staff applied their learning in line with expert professional guidance, such as the management of nutrition, skin integrity and falls. The registered manager had implemented CQC recent guidance on oral care for people and added this into people's care plans.

Staff support: induction, training, skills and experience

- The staff were trained and skilled to provide people's care. They told us they had completed a range of training to give them the skills and knowledge to support people. They said this included completing qualifications in health and social care.
- The registered manager provided staff with induction training and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role.
- People spoke highly of the staff. One person told us, "The staff are well trained, they know what they are doing. They take good care of me."

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

- People enjoyed the meals and drinks provided. They said the meals were of a good quality and they were always given a choice of meals. One person said, "The food is really good, it's lovely to have home cooked food." Another person told us, "I can ask for what I want. We have some lovely roast dinners."
- Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed. Staff were aware of the specific dietary needs of older people and were aware of people's food allergies and dietary preferences. They were knowledgeable about fortifying foods and foods for special diets.

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

- People received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were well documented. This helped staff to recognise any signs of deteriorating health and take action.
- The staff in the home worked with local and specialist health services to ensure people received effective, timely care. The staff knew the health services which supported people and contacted them as required for advice. The advice given by the healthcare services which supported people was included in people's care plans.

- Healthcare professionals told us that staff were knowledgeable and skilled in making assessments of when to seek advice. One told us, "Staff are really good at communication, follow-up and know people really well. People make really good progress when they come here."

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

- Stanbeck was purpose built as a care home for older people. There was a passenger lift to assist people to access the accommodation on the first floor of the home. Each floor had an adapted bathroom.
- People could bring their own items into their rooms to personalise them as they wished.
- Some areas of the home were in need of refurbishment. The registered manager told us of their plans and how some bedrooms had been redecorated recently. She agreed to formalise these in an improvement plan for the home.

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 when this is in their best interests and legally authorised under the MCA. 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.

- The staff asked for people's consent before providing care and respected the decisions people made. People maintained control of their lives with support from staff as they required. Staff had received training and demonstrated a basic understanding of the principles of the MCA. Staff knew how to protect people's rights.
- Where the registered manager identified people required restrictions on their liberty, to ensure their safety, she had applied to the local authority for a DoLS authorisation. We checked the DoLS already in place and these were being correctly applied to ensure people were safe and that their rights were protected.

# 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.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People gave us positive feedback about the caring and supportive approach of staff. Relatives were also very positive about the support that they too received from the home. One told us, "I can't speak highly enough of this place. They have been marvellous. They have given me so much support, time and a listening ear. It's made all the difference to our family. We feel part of the team."
- Staff supported people to maintain their independence. People told us this was important to them. The staff team were knowledgeable about accessing services, so people could have equipment and adaptations to keep them both safe and promote their independence.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated by staff in a very kind and compassionate manner. A number of staff had worked in the home with the same people since the home opened over twenty years ago and had developed strong and meaningful relationships with people. There were warm interactions between people and staff. The staff gave people their time and understood the importance of this in supporting people's well-being.
- Staff noticed if people were anxious or distressed and gave them prompt support and reassurance. We saw the staff used caring and empathetic interactions which helped to calm and reassure people.
- Staff were aware of people's religious, cultural and social needs, one staff member said, "If anyone has anything we need to be aware about religion or preferences then this will have been put in the care plans so that we know and can support them if they want us to."

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

- The service cared about and valued the views of people who used the service. Staff recognised people's communication needs and what was important to people.
- People told us staff respected the choices they made. People chose where to spend their time and if they wanted to be on their own or with other people. One person told us they liked to spend time on their own. They said the staff regularly checked they had everything they needed and respected these wishes.
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

# 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's care and support was centred around their choices and preferences. The registered manager and staff understood people's needs well and recognised the importance of appropriately supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- People's care plans described their health, care and support needs and included their preferences and routines. Daily records were written in a respectful and meaningful way, with any changes being recorded so action could be taken, such as seeking a referral to a GP.

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.

- The staff knew how people communicated and gave people the support they needed to understand important information. People's communication needs and preferences were recorded in their care plans to guide the staff on how to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to maintain relationships that were important to them. They told us their friends and relatives could visit them as they wished and said there were no restrictions on when they could see their visitors. This was confirmed by the relatives we spoke with.
- People were provided with a range of activities and entertainments. They were supported to follow individual interests and hobbies. Entertainers and singers were booked on a regular basis.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they had no complaints or concerns and would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. The complaint procedure was available in the service information guide.

End of life care and support

- The staff gave people the support they needed to remain in the home, if this was their wish, as they

reached the end of their lives. The staff told us they had been trained in how to support people who were reaching the end of their lives. The home worked with local healthcare services to ensure people were able to remain comfortable and pain free at the end of their lives.

- The home had arranged a funeral for one person who had no relatives to do this. They were very respectful and chose a funeral service to reflect their life and interests.

# 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 and staff team demonstrated a commitment to providing person-centred care and to ensure people received good quality care. People's wishes were respected and care was arranged around people's preferences and requirements.
- People told us this was a good home and said they were well cared for and happy living here. One person told us, "I cannot fault the place."
- Staff told us they felt valued and listened to and the management team gave them support to do their jobs well. One staff member said, "It's very well run here, very supportive atmosphere and we're always encouraged to talk any issues through."

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

- The management team were aware of their responsibilities regarding duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- People, their relatives and staff told us the registered manager was visible, approachable and supportive. The registered manager held meetings with people in the home and the staff to gather their views.

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

- The registered manager and staff were clear about their roles and responsibilities. The registered manager regularly reviewed the quality of care people received. She carried out various audits which included care files and medicines records. We saw action had been taken where inconsistencies were identified.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths. The registered manager was aware of their obligation to display their previous inspection rating given by the CQC, this was displayed in the front entrance way. This is important as it allows the people, relatives and the public to know how the service is performing.
- The registered manager kept abreast of latest good practice and research. People had recently benefitted from the introduction of good practice in 'Oral Care in Care Homes' guidance and 'React to red' which aimed to reduce pressure sores developing in people who were deemed to be at high risk.

#### Working in partnership with others

- The staff worked with other services to ensure people continued to receive the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans. Staff attended training events put on by the local healthcare professionals.