

Stanmore Care Homes Limited

Stanmore House

Inspection report

12 Binyon Crescent
Stanmore
Middlesex
HA7 3NF

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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

Stanmore House is a care home registered to provide accommodation and personal care for three people with learning disabilities who may have additional mental health needs. During this inspection there were three people living in the home. The service is also registered to carry on the regulated activity personal care to people not living at Stanmore house. At the time of this inspection one person who was living in other accommodation sometimes needed support with their personal care.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There were policies and procedures for safeguarding people. People told us that they felt safe living in the home. Staff were knowledgeable about what action they should take if abuse was suspected. They knew how to raise any concerns about people's safety so people were protected.

Accidents and incidents had been appropriately recorded and risk assessments were in place to minimise the risk of people and staff from being harmed. Checks and tests had been carried out to make sure that the premises were safe.

People's medicines were managed and stored safely. People chose what they wanted to eat and drink and their dietary needs and preferences were supported. People's healthcare needs were understood and met by the service.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff. Staff received the support they needed to carry out their roles and responsibilities in providing people with the care and support that they needed.

Person centred care records ensured that the service met people's individual needs and preferences.

People were supported to follow their own daily routines and to make day to day decisions about their lives. People decided on a daily basis what they wanted to do and staff supported them to carry out their chosen activities.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. 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.

People who used the service and family members were aware of how to make a complaint.

There was a management structure in the service which provided clear lines of responsibility and accountability. Checks were carried out to monitor and improve the quality and safety of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Stanmore House

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 checked 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.

This was a comprehensive inspection: It took place on the 26 and 28 September 2017. The first day was unannounced and the second day was announced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager and deputy manager during the inspection.

During the inspection we spoke with the three people living in the home and with one person who received support with their personal care but did not live in the home.

We also spoke with the registered manager/nominated individual [the nominated individual supervises the management of the regulated activities], deputy manager, two care workers and with the driver of the vehicle people used to access community facilities. Following the inspection we received feedback from three people's relatives and two care workers.

We reviewed a variety of records which related to people's individual care and the running of the home. These included; care files of the three people living in the home, and the care records of one person who sometimes received help from staff with their personal care at the supported living service where they lived, two staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. They told us they would speak with staff and/or family members if they had a concern about their safety. A person's relative told us that they were sure that a person was very safe living in the home.

There were systems in place to protect people from harm and to keep them safe. These included procedures to monitor people's finances and protect them from the risk of financial abuse. Care workers had received training about safeguarding people. They were aware of their responsibility in protecting people and had a good understanding of different types of abuse. They knew how to contact the host local authority safeguarding team and told us that they would immediately report any concerns or suspicions of abuse to management staff who they were confident would address them appropriately.

Risks to people were identified. Records we reviewed showed that there were comprehensive risk assessments in place that included clear personalised measures to reduce the risk of people being harmed, whilst promoting their independence. The four care plans we looked at incorporated risk assessments that were person centred and covered areas such as the risks around finances, behaviour, malnutrition, gardening, seizures, fire and risks associated with using equipment in the home. People's risk assessments had been reviewed and updated regularly. The deputy manager told us that she would ensure that a risk assessment was in place regarding the risks of a person with epilepsy having a bath with minimal staff supervision.

Accidents and incidents were recorded. Behaviour monitoring records showed that staff were aware of the strategies and guidance to follow to lessen the risk of people's behaviour challenging the service. Records showed that in September 2017 there had been several occasions when people had been particularly challenging to the service. People had been verbally and physically abusive to staff and on one occasion verbally abusive to a member of the public. The registered manager told us that management were responsive in reviewing each incident and providing staff with the support they needed, [which was confirmed by care workers]. But records were not in place to demonstrate this and to show the action taken by management to minimise similar incidents occurring. An analysis of incidents for trends and learning had been carried out by management in 2016. But the numbers and frequency of unsociable behaviour by people indicated that similar more frequent reviews of incidents should take place to show the service was responsive in taking action to keep people and staff safe. Management staff told us they would review their incident monitoring systems.

Medicines were stored securely and administered as prescribed. The medicine administration records for three people were checked and found to be accurate. Records showed that staff administering medicines had received medicines training. Staff received an 'in-house' medicines competency assessment before they were permitted to administer medicines to people. Their medicines competency was checked annually or more often if needed to ensure staff administered medicines safely.

There were protocols in place for medicines that were to be given 'when required' [PRN]. One person did not

have in stock their prescribed PRN medicine. The deputy manager told us that this was because the person seldom required it and that it could be supplied promptly by a pharmacist if needed. The deputy manager informed us that they would make sure that the medicine was available within the service in the event that the person required it. A pharmacist had recently completed an annual check and found no concerns about the management of medicines by the service.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. The deputy manager told us that people using the service were involved with interviewing prospective staff. People's care plans included information from each person about their 'wish list' of the sort of staff that they wanted the service to employ to make sure they received the care and support they wanted and needed.

The registered manager told us that staffing was provided flexibly by the team as it was dependent upon activities that people wanted to do. Staffing was scheduled so that sufficient support and care was available at all times including key times to support people with activities in the evenings and at weekends. Staff and the registered manager told us that cover for staff absences and when extra staff were needed was provided by care staff who worked in the provider's nearby services. This promoted consistency of care for people using the service. Care staff confirmed that they worked shifts that accommodated people's needs and preferences.

There were a range of health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the hot water and checks of the fire safety, gas and electric installations.

The service had procedures in place to respond to any emergencies or untoward events and each person had a Personal Emergency Evacuation Plan [PEEP] to use in case of an emergency situation. Arrangements were in place to protect people from fire risks. Regular fire drills and fire safety checks took place and staff had completed training in fire safety.

The home was clean. Information about the appropriate hand washing protocol to minimise the risk of spreading infection was displayed. Checks of the cleanliness of the premises were carried out by management staff.

Is the service effective?

Our findings

People were positive about the care and support that they received from staff and told us they felt staff knew them well and provided them with the care and support that they needed. A person's relative was positive about the staff and told us that they were very knowledgeable about the person's needs and of how to support them.

Care workers told us that when they started working in the home they had received an induction which included; learning about the organisation and shadowing more experienced staff to gain an understanding of the service and people's individual needs. They informed us and records showed that care staff had completed the Care Certificate induction. This certificate sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

Care workers told us that they were provided with the training they needed to provide people with the care that they needed. Training records showed staff had completed training in a range of areas including; moving and handling, health and safety, safeguarding people, infection control, fire safety, diabetes, mental health, autism, diabetes and epilepsy. Staff were also supported in their professional development to achieve qualifications in health and social care, which were applicable to their roles.

Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that at the time of the inspection all the people using the service did not require DoLS.

People's care plans included information about their capacity to make a range of particular decisions such as how they spent their day and about their medicines and meals. The information included details about when it was a good time for the person to make one or more of these decisions. Staff knew that people's capacity to make decisions could change and then health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest.

People had signed that they consented to certain people looking at their care plans and helping them with their finances. Staff were aware of the importance of always asking people for consent before providing them with assistance. For example a person's care plan included guidance to ensure that staff ask for a person's agreement before administering medicines and ensuring that people were always given the time that they needed to make a decision.

People's dietary needs and preferences were met by the service. People spoke positively about the meals.

They told us they chose what they wanted to eat and sometimes helped with cooking meals. People's nutritional needs and weight were monitored closely and people told us that they were being supported by staff to eat healthily. A range of fresh fruits were accessible to people. A person told us they enjoyed eating fruit.

People were supported to maintain good health. People told us and records showed they received health checks and had access to a range of healthcare professionals including; GPs, chiropodists, dentists and opticians to make sure they received effective healthcare and treatment. A person spoke of regularly going on walks to "stay healthy."

The premises were suitable for people's needs. People told us they were happy with their bedrooms and had personalised them in the way that they wanted. The upstairs bathroom was 'tired' looking and grouting surrounding the bath was in need of repair. The registered manager told us that they would take action to address this.

Is the service caring?

Our findings

People told us that staff were approachable, kind and treated them with respect. A person told us that they were happy living in the home. Another person commented "I like it here. It is good here." A person's relative told us "I cannot find fault with anything. [Person] is well cared for and very happy."

We saw positive interactions between staff and people. Staff had a positive rapport with people and engaged with them in a friendly and caring manner. They gave people time to say what they wanted, listened to them and responded in a considerate, respectful way. Care workers told us "I enjoy working with clients", and "We make sure we care for them [people] very well."

People's care plans included detailed personal profiles that contained information about their likes and dislikes as well as background. It was clear from speaking with staff and from observation of their interaction with people that they knew people well and cared about their well-being. Care workers encouraged and supported people to make choices about the activities they wanted to do and respected the decisions people made.

The service recognised good practice by staff through an 'Employee of the Month' scheme. The registered manager provided us with examples of occasions of particularly positive engagement between a member of staff and a person using the service that had resulted in them achieving that award.

From speaking with management and care workers and looking at people's records we found that each person received care and support based upon their individual needs. People's care plans included information about their personal preferences, needs and wishes. The care plans showed that people had contributed to their care plan and been fully involved in decisions made about their care and other aspects of their lives. A person told us they made a range of decisions about their life including choosing when to go to bed and what they wanted to do.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us about the contact they had with family and friends. A person told us that they regularly visited a relative and phoned them. One person told us that they used their electronic tablet to keep in touch with family members.

People's care plans included information about how they wanted to be treated by staff. Care workers knew that they must always treat people in a respectful manner. People told us that their privacy was respected. A person told us that they had their own bedroom door key so they could lock their door whenever they wished to do so. People's records and other documentation were kept secure to maintain confidentiality and meet legislation. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

People's religious, cultural and sexuality needs were detailed in their care plans and respected by staff. Staff and people using the service confirmed that religious festivals, birthdays and other commemorative days

were celebrated in the home. A person sometimes chose to attend a place of worship. A person told us that they had access to television channels that showed films and other programmes from the country of their birth, which they enjoyed watching. Another person told us about having chosen a particular restaurant as part of their birthday celebrations.

Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs, differences and needs. A care worker told us "Respecting [people's] rights is important."

People's end of life wishes had been discussed with them and documented in their plan of care. Staff were very aware of people's individual circumstances and provided them with the support they needed during difficult times in their lives such as changes in family relationships and during bereavement. A person had been supported by the service to attend the funeral of a relative.

Is the service responsive?

Our findings

People received care and support that met their individual needs and preferences. People's needs were identified and assessed before they were admitted to the service and regularly, following their admission. People had visited the home before moving in which had provided them with the opportunity to meet people and staff as well as have a look at the home.

Staff were responsive as they regularly carried out reviews of people's needs with the full involvement of people and when applicable their family. This ensured people's needs were monitored closely and that staff had up to date information about people's individual needs, which enabled them to provide people with the support they required.

The service focused on providing effective person centred care which was flexible and responsive to people's individual needs and preferences. Care plans showed people's involvement in their care. They included detailed information about people's needs including what constituted a "good day" and "bad day" for each person and guidance about how staff needed to support people to only experience good days. People aims and goals were discussed with them regularly and documented in their care plan. Information and photographs demonstrated that people had been provided with the support and encouragement they needed to achieve their aspirations and goals, before setting themselves new objectives.

Staff 'handover's took place during each shift and there was on-going communication between staff throughout the day about people's needs. Care staff told us that they were responsive and would promptly report any changes in people's needs or concerns about people's welfare to management staff. The registered manager and deputy manager confirmed that there was good communication between them and care staff.

People's care plans included detailed guidance for staff to follow to meet people's specific behaviour needs, including how to reduce potential triggers to behaviour that challenged the service. During the inspection staff engaged in a competent consistent manner with a person who showed signs of being agitated. The person calmed down after staff spoke with them about a particular hobby the person enjoyed, which diverted them from the source of their anxiety. Staff told us that following situations when people had challenged the service they received the support they needed from management staff.

People were supported to maintain, develop and pursue their interests. The service had their own vehicle which could be used to access activities, appointments and community facilities. The service recognised the importance of supporting people to take part in activities of their choice to promote people's well-being and to minimise the risk of social isolation. Staff were responsive to people's choices about what they wanted to do. A care worker told us "If a person wants to go to the gym we go."

People told us about the activities and hobbies they enjoyed and were supported to participate in. One person spoke of going out every day and told us that they enjoyed going out and listening to music. Another person told us about the pleasure they had from clothes and fashion. A person told us "I go out and about. I

like shopping." Another person spoke of the college courses they had completed. During the inspection, we noted that people chose the activities that they wished to take part in. These included, shopping eating out and going to the cinema. Staff respected and supported the decisions that people made about what they wanted to do. People also took part in a range of day trips. A person told us that currently the computer used by people using the service was not working. The registered manager told us they were aware of the issue and would resolve it.

The service had a complaints policy and procedure for responding to and managing complaints. This had been given to the people living in the home. It was in pictorial and written format and people could also use their telephone to scan a barcode to show the details of the complaints procedure. People told us that they would speak to staff and/or their relatives if they had a complaint. There had been no complaints recorded during the last twelve months. Management told us that day to day issues raised by people were always addressed quickly by them. They informed us that in future they would record the action they took to resolve these issues and to show any improvements to the service that had been made as a result of the concerns having been raised.

Is the service well-led?

Our findings

People told us that they were satisfied with the service they received and happy living in the home. They spoke in a positive manner about the registered manager and deputy manager and told us that they knew them well.

People's relatives were also happy about the way the service was run. They told us they would recommend the service, spoke highly of management staff who communicated well with them. A person's relative told us they could speak with the registered manager at any time and commented "I have not one problem with the home. They keep me informed, it is a friendly place." Another relative told us "I cannot fault [registered manager] or his staff. I feel very happy and confident with [Person] staying there [Person] is very happy, they look after him very well."

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. During the inspection we saw that there was a good rapport and positive engagement between people and the registered manager, people approached him without hesitation spoke with him in a relaxed and friendly manner.

There was a clear management structure with the registered manager/nominated individual running the service with support from the deputy manager. The registered manager understood their responsibilities in managing and the running of the service. He and the deputy manager led by example, promoted person-centred care and practiced a culture of inclusiveness and openness. The management staff knew people well and understood their particular needs and preferences. The deputy manager told us that she and the registered manager had recently received a 360 degree feedback [feedback about them provided by other staff], which they had found to be a positive and useful experience.

Management staff kept up to date with current best practices, learning and legislation. The deputy manager spoke of the learning and development that management staff completed. They told us they had found a level 5 management in health and social care course that they had completed to be a positive and useful experience. They also told us that they communicated regularly with management staff from other care services to share information and discuss practice issues.

Staff told us that they felt the service was well run and that the management staff supported them well. They told us they could contact them at any time for advice and support.

Staff meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Care workers told us they were kept updated about the service through on-going day to day communication and handovers with management and other staff. Care workers told us and records showed that areas of best practice, behaviour strategies, people and other matters were discussed during team meetings and supervision.

People had the opportunity to attend regular meetings with staff. During these meetings people were informed about issues to do with the service and discussed a range of issues, which included incidents, complaints, abuse, hot weather risks and emergency procedures.

Feedback cards about the service were available for people to complete at any time. They included questions about staff friendliness, management and cleanliness of the service. Relatives told us they had the opportunity to feedback any issues regarding the service at any time and always received an appropriate response from management staff.

The service works closely with the host local authority to develop and support care provision, service development and improve the service. In August 2017 the host local authority had carried out a check of the service and the other services run by the provider and had found no concerns in any of the areas they looked at. People's records and the visitor's book showed that the organisation liaised closely with community professionals about people's health and social care needs.

Policies and procedures to ensure safe day to day operation of the service were in place. Care workers informed us that they were kept informed of the policies which they read and management staff discussed with them. Care documentation was up to date and comprehensive. The CQC rating of the service was displayed in line with legal requirements.

There were systems and procedures in place to enable the quality of the service to be monitored and assessed. Checks were being carried out on a daily, weekly and monthly basis. These included a range of health and safety audits, checks of the environment, care plans, menu, staff records and staff training to make sure people received the service they needed and were safe. Improvements were made to the service when shortfalls were found and systems were in place to address maintenance issues without delay.