

Domain Care Limited

Staley House Care Home

Inspection report

Huddersfield Road
Stalybridge
Cheshire
SK15 2PT

Tel: 01613048939

Website: www.staleyhouse.co.uk

Date of inspection visit:
07 January 2020

Date of publication:
04 February 2020

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

Staley House Care Home is a residential care home providing accommodation and personal care for up to 27 older people. At the time of the inspection there were 23 people using the service.

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

People were protected from the risk of harm, abuse and discrimination. Safe systems of recruitment were in place and people told us they felt safe. Risks were well managed. Medicines were stored and administered safely. The home was clean and well maintained.

People's needs were assessed before they started to live at the home. There were enough staff to meet people's individual needs and staff received the induction, training and support they needed to carry out their roles. People's nutritional and health needs were met. 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.

Everyone spoke highly of the staff and the care and support they received. One person said, "We have a laugh, it's fun. It's a happy place to be." Staff were very pleasant, professional, friendly and caring. They knew people really well. People were treated with respect and dignity; their independence was encouraged.

Plans of care were person centred and identified what was important to and for the person. There was a range of activities for people to join in. Complaints were well managed, but people told us they were very happy with the service.

There were good systems of quality assurance checks and audits. Everyone was positive about the registered manager and the way the service was managed and organised. The registered manager knew people very well and was committed to providing responsive, person centred care and support. People knew the registered manager and spoke highly of them. The provider had notified the Care Quality Commission (CQC) of significant events such as safeguarding concerns.

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

Rating at last inspection

The last rating for this service was good (published July 2017).

Why we inspected

This was a planned inspection based on our published methodology.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Staley House 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 undertaken by two inspectors 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

Staley House Care Home 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 CQC. 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 inspection

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 reviewed information we had received about the service. We sought feedback from the local authority involved with the service. We asked Healthwatch Tameside for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the cook, seniors and support workers.

We reviewed a range of records. This included two people's care records, medication records and records of care provided. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including training, policies and procedures were reviewed. We also spent time observing the support people received and how staff interacted with people who used 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People told us they felt safe. One person who used the service said, "I feel well looked after and very safe here" and "It's a safe clean place and you can trust the staff. No nonsense and I am well looked after." A relative said, "[Person] is in a safe place and is very well looked after. The family have no concerns about how [person] is being treated and [person] is happy here."
- Staff were aware of their responsibilities to protect people from abuse. Systems were in place to ensure safeguarding concerns were reported and dealt with appropriately. One staff member said, "It [abuse] wouldn't be tolerated here. If I raised it with [registered manager] it would be acted on."
- Senior staff had received additional training in safeguarding procedures and investigation.

Assessing risk, safety monitoring and management

- Risks to individuals and within the home were identified and well managed. Risk assessments were person centred and gave clear guidance to staff on what needed to happen to keep people safe. These were reviewed regularly and updated when people's needs changed.
- Health and safety checks in the home had been carried out.
- There was a plan to guide staff on what to do in the event of an emergency that could threaten delivery of the service.

Staffing and recruitment

- There were safe systems for staff recruitment in place. All required checks were completed prior to staff starting to work at the home.
- Staffing levels were appropriate to meet people's needs. One person told us, "If I use the call bell for anything I get an almost immediate response." A staff member said, "It is always busy, but you have time to do things. We do have time to sit and talk to people."

Using medicines safely

- Medicines were stored and administered safely.
- Staff had received training in the administration of medicines and had regular competency checks.

Preventing and controlling infection; Learning lessons when things go wrong

- There were systems in place to prevent the spread of infection or disease. The home had received a score of 96% when it was last inspected by the local infection prevention and control team. The home was clean and tidy.

- Staff had completed training in infection prevention. Personal protective equipment was available and used by staff when providing personal care.
- Records were kept of accidents and incidents that occurred to people who used the service and to staff. The registered manager monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

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

- People's needs were assessed by managers and their individual preferences identified before people started to live at the home. This helped to ensure people were suitably placed and staff could meet their needs.
- People and their relatives were encouraged to visit before agreeing to move into the home. A relative told us, "[Registered manager] is lovely and welcoming. When we made enquiries, she said there was no need to make an appointment just turn up and have a chat and she showed us round. She also visited [person who used the service] in their own house which helped and [person] has settled in really well."
- Where people had behaviours that at times challenged the service, managers and staff ensured people received the support they needed. Care records guided staff on how they could help de-escalate situations. We observed staff supporting people who had become upset or angry. Staff responded calmly, professionally and with compassion. A relative said, "[Person] has settled really well and they know how to manage [persons] behaviour. If [person] gets upset they know how to calm [person] down."

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. Staff completed an induction and a range of training the provider considered mandatory. A relative told us, "The staff know how to do their job and you can tell they care in how they treat people."
- Staff received regular supervision and were very positive about the training and support they received.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed. Where appropriate, people's representatives had been involved in decisions about their care.
- The correct procedures for applying for DoLS had been followed. Conditions on authorisations were being met.

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

- People's nutritional needs were met. People were positive about the food. People said, "The food is excellent. Plenty of choice and freshly cooked and always hot. Look the cook is here now to take my order right on cue" and "Food is okay actually. Well-cooked and I get plenty to eat and drink."
- Where people had specific dietary requirements, or needed their food modifying, records gave guidance to staff on how the food should be prepared and how to support the person safely.
- During lunch time we observed that staff were attentive in helping those who needed assistance and encouraged people to eat and drink where necessary.

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

- People were supported with their health needs and had access to a range of health care professionals and regular health checks. Staff were proactive in ensuring people's dental health needs were met.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and routines. This would help ensure important information staff might need was transferred with the person if they went into hospital.
- The home used an electronic system, 'Digital Health' which allowed them to make immediate contact with health care professionals at the local hospital. This allowed the service to relay people's symptoms via a hand-held electron tablet and improve treatment response times.

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

- The home was clean, tidy and clear from clutter and obstructions.
- There was an ongoing programme of redecoration and improvements.
- Adaptations, including signage and different coloured bedroom doors, had been made to help those living with dementia find their way around the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service.

- Our observations during the inspection showed that staff were very pleasant, professional, friendly and caring. Staff knew people really well. People who used the service told us, "I love it here the staff can't do enough for you" and "The staff are very professional, but very friendly and they will try to do what you want. I cannot fault them" and "I can talk to any of them and have a laugh and a joke, if I want anything they just do it for me no problem."
- Relatives said, "The staff are very friendly and helpful" and "The staff are brilliant and are lovely with [person.] [Person] has a very good relationship with them and is happy here. They go the extra mile. If [person] needs anything they will go out and get it."
- Staff told us they enjoyed working at the home. They said, "Its good I like it, there is always a good atmosphere" and "It's not like you are coming to work. It's a nice environment to be in." Staff spoke proudly of the work they did They said, "I am proud to work here and I like my job, you make a difference and you are helping people. It's nice to make a difference and see people happy" and "We have a laugh, it's fun. It's a happy place to be."

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

- People and where appropriate those who were important to them were involved in decisions about their care.
- People's preferences and routines were respected. During the inspection we saw that people were listened to and their choices were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff treated with respect and dignity, their independence was encouraged. Care records gave good detail of what people could do for themselves and how staff could promote people's independence. People who used the service said, "When I first came here I could hardly move and I was wearing those pads. With the help of the staff I can get around now on this frame and I no longer wear the pads. The staff are fantastic and due to them and my own efforts I am getting better. They are like Angels. I have no complaints whatsoever. I am much better since I have been here. I'm like a spring chicken on the frame."

- Staff provided people with personal care support discreetly, they ensured people knew what was happening and why. One person said of staff, "They are very courteous they always knock on the door before they come in."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

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

- Plans of care were detailed and person centred. They gave staff information about what was important to and for the person, their likes, dislikes, routines and preferences.
- Care records were reviewed regularly and updated when people's needs changed.
- A relative told us, "Staff are really friendly and helpful and I would say they know what people need and how to help them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in alternative formats including pictorial and easy read formats.
- We saw that where people did not use words to communicate care records included guidance to staff on observing people's body language.

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's interests and hobbies were identified. Following residents survey in July 2019, people highlighted the need to improve activities. The registered manager created an activities coordinator role to improve the range of activities on offer. People noted activities had improved since the activity coordinator had started. Staff had started to support people to identify one special activity they wanted to do. One person had wanted to visit the science museum. Staff told us the person had really enjoyed their visit.
- Where people's needs meant they were being supported in bed, we saw that staff spent time with them in their rooms. One person's care record included guidance to staff on spending time with them and reading to them.
- Peoples religious beliefs and practises were identified and respected.
- People were encouraged to maintain contact with friends and family. Relatives told us they were made to feel very welcome. One person said, "My [relatives] come to visit me whenever they want." A relative said, "I come every day but if there is anything the matter they get on the phone and let me know."

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. People said, "The staff are good. I've no complaints and if I did they would know about it" and "I have never complained because I have nothing to

complain about."

- The registered manager ensured action was taken if lessons could be learned to improve the service.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records we saw included detailed funeral plans and wishes.
- Staff had received end of life training and worked with health care professionals to ensure people's wishes were respected, such as being able to spend their last days at the home.

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.

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

- Robust systems of daily, weekly and monthly quality assurance checks and audits were in place. Where issues were found they were dealt with promptly.
- People were positive about the service and the way it was managed and organised. People said, "It's great here there's no pinching money or doing things they're not supposed to, no ill treatment. Just the opposite. I would recommend this place to anyone" and "This place is absolutely excellent. I didn't think a place like this could be this good. It meets all my expectations. I am well looked after and cared for and the place is clean and the food is excellent." Staff said, "Everything is run really well. We never have any issues" and "We are like a big family, we all get on. There is no friction."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people very well and was committed to providing responsive, person-centred care and support. People knew the registered manager and spoke highly of them. People said, "You see the manager knocking around. She knows everybody and we all know who she is." Staff told us, "She doesn't stop, she has taken a lot on. You can go to her with anything" and "She is lovely, she puts her heart in this place."
- Staff felt valued and listened to. "[Registered manager] is always open to new ideas. If you have a concern or problem she always asks what we can do about it" and "If we have any ideas, we can make life easier by suggesting it."
- People and their relatives had opportunities to give feedback about the service. A relative said, "I feel as though I can speak to the staff at any time and [registered manager] never fobs you off. She always tries to help", "I know that I can speak to [registered manager] anytime and she will try to help and she never refuses a request" and "I know I can speak to the staff anytime, about anything. They are like family."
- There was a statement of purpose. This gave people details of the facilities provided at the home. They explained the service's aims, values, objectives and services provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw the rating was

displayed on the provider website and in the reception area along with other information about the provider's registration with CQC.

- The registered manager had notified CQC of significant events such as safeguarding concerns.

Continuous learning and improving care; Working in partnership with others

- The home worked closely with the local authority who commissioned the service. We received positive feedback about how the registered manager and staff worked with other agencies to ensure people's needs were met.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made. Systems were in place to ensure information about improvements was given to staff.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.