

Methodist Homes

# Stanton Lodge

## Inspection report

Kingsdown Road  
Swindon  
Wiltshire  
SN3 4TD

Tel: 01793836422

Website: [www.mha.org.uk/hs58.aspx](http://www.mha.org.uk/hs58.aspx)

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Stanton Lodge provides personal care support to people living in flats that they either owned or rented. The service supported 19 older people at the time of the inspection.

People's experience of using this service:

- The registered manager understood people's needs very well and managed Stanton Lodge in an open and inclusive way. They were very passionate about providing excellent quality care to people which resulted in people's needs being met appropriately.
- People used a service that prided itself on being very caring and flexible to meet people's individual needs.
- Staff went over and above their usual care duties to form trusting and caring relationships with people and their relatives.
- Feedback from people and their relatives was all very positive. One person said, "You really feel you are under their [staff] wing. It's the caring that's so wonderful. You wouldn't get it for a million pounds."
- Detailed and effective audits and monitoring systems were in place to ensure records were up to date.
- People felt safe living at the service and were supported by staff who knew how to protect them from harm and abuse.
- Information in people's support plans was informative and person centred, giving staff details on how the person wanted to be supported.
- The staff had the skills and experience to provide effective care. Staff had received regular training to provide safe care.
- Systems were in place to ensure people received their prescribed medicines safely.
- 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.

The service met the characteristics of Good in Safe, Effective, Responsive and Well Led and Outstanding in Caring.

Rating at last inspection: At the last inspection the service was rated good (report published 23 September 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

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 exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### 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 ●

# Stanton Lodge

## 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 two inspectors.

#### Service and service type:

Stanton Lodge provides support to older people who live in individual flats which they owned or rented from Methodist Housing Association. The service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Stanton Lodge receives regulated activity; CQC only inspects the service being received by people provided with 'personal care' tasks, such as personal hygiene and eating. Where they do we also take into account any wider social care provided.

There were two purpose built buildings which the flats were located in. There was a restaurant which people could use, communal areas and a garden so people could spend time with others.

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:

We gave the service 48 hours' notice of the inspection visit because the service provided care to people in their own homes and we needed to be sure that the registered manager would be available to assist with

the inspection and inform people of the visit.

Inspection site visit activity started and ended on 13 March 2019. We visited the office location on 13 March 2019 to see the registered manager, staff and to review care records. The office was based in one of the buildings where some of the flats were located.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We requested and reviewed a Provider Information Return (PIR) prior to this inspection. This 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.

During the visit we looked at three people's support plans and the medicines and associated records for four people. We viewed a range of audits and checked recruitment records for two staff and a third staff member's file for general staff training and supervision records. During the inspection we spoke with six people using the service and one relative. We spoke with the registered manager, assistant manager and five support workers, (two of these were also well-being staff members which was a different role to the support worker role).

After our site visit we received feedback on the service, via email, from four relatives and a healthcare professional.

Following on from the visit the registered manager also sent us additional evidence.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "There's a good level of security, it is excellent" and "I never feel unsafe or not cared for."
- People were supported by staff that knew how to raise concerns relating to harm or abuse. Staff confirmed they had annual safeguarding training. Staff described the various types of abuse, were aware of the safeguarding and whistleblowing policies and knew how to make referrals direct to the Local Authority safeguarding team and the Care Quality Commission (CQC) if they needed to. However, they were confident that any concerns they reported to senior staff would be addressed.
- The registered manager confirmed there had been no safeguarding concerns raised and our records confirmed this. We saw there was information for people and staff to know who to report concerns to and the local authority's safeguarding policy in an easy to read version.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks to people's wellbeing, these were recorded and updated on a regular basis.
- People's risk assessments included areas such as risk of choking and risk of falls. Guidelines were available so staff would know how to support a person to manage risk. People had Personal Evacuation Emergency Plans in place (PEEPs) to inform staff how people responded when the fire alarm was set off or in the event of a fire and the level of support they needed.

Staffing and recruitment

- There were enough staff on duty with the right skill mix to meet people's needs. People and relatives confirmed there had been no missed visits and these were on time.
- The registered manager had introduced the role of a 'well-being' staff member. This role freed up the care staff to carry out their personal care duties whilst the well-being staff member spent time checking on people's welfare, going to appointments and arranging activities.
- The provider continued to have effective recruitment checks on all new staff.

Using medicines safely

- People confirmed if they needed support with their medicines staff helped them with this. One person commented, "They [staff] deal with my medication. I get what I should."
- Each person had a medicines assessment. This included a self-administration assessment which identified whether a person could safely manage their own medicines and if not, the reason for this. For example, one person said their eyesight was poor and another person told us they had poor short-term memory which meant they needed support to take their medicines. Both people confirmed that they had been involved in the medicines assessment process.

- Staff said they did not give people their medicines unless they had received training and been assessed as competent to carry out this role safely.

#### Preventing and controlling infection

- Housekeeping surveys were carried out so that any comments on how the cleaning of the communal areas could be addressed by the registered manager.
- Staff wore personal protective equipment (PPE) when required, this include disposable aprons and gloves. Staff received infection control training to give them current information on this subject.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported and staff confirmed they knew what to record should a reportable event occur. Records included action taken to reduce the risk of reoccurrence.
- The registered manager had an overview each month of what events had occurred, along with action taken, so they could look for and act on any trends.
- The registered manager ensured they reflected on where areas could have been improved and used this as an opportunity to improve the service for people and staff. For example, if people's needs changed and they require more support, this was discussed and implemented to ensure the person was safe.

# 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

Good: 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 and records showed that people's needs were met in line with good practice guidance. People's confirmed they were involved in the assessment process and deciding the level of support they needed.
- New people were visited daily during the initial period of them settling into their homes. This was to give them support, assess if they needed extra support and to ensure they had all the information they needed.
- Relatives told us they were always informed of any changes to a person's needs and were a part of the development and review of people's support plans.

Staff support: induction, training, skills and experience

- New staff completed an induction and were well supported. The induction workbook varied for new staff depending on their previous experience working in a social care services. New staff would spend time shadowing experienced staff and given time to reflect on what they had learnt and areas they still needed to be familiar with. One staff member told us, "I had the support I needed."
- Staff completed training in a range of topics including, fire safety, hydration and nutrition and dementia care. Staff also completed training on equality, diversity and inclusion and were given detailed information on this subject along with links to organisations that promoted people's human rights.
- Staff were encouraged to consider their career opportunities. The registered manager had supported and encouraged a staff member to move into a caring role as they had expressed an interest in this. They had initially lacked confidence and so over time and through meetings with the registered manager, they gained the skills to successfully change jobs which they now thrived in.
- Staff were supported well with regular one to one and group supervision meetings. They were also observed in their day to day work to ensure they continued to meet people's needs effectively. Staff received an annual appraisal of their work where they could recognise their achievements and set future objectives to work towards.

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

- People required different levels of support with their meals. Some people needed support from staff to eat a meal, whilst other people used the restaurant which was based in one of the two buildings where all the flats were located.
- Where people had expressed their dissatisfaction with the meal provision the registered manager had taken action to address this and people were now happier with the meals available to them.
- Nutritional assessments identified people's specific dietary needs and catering staff were informed of any allergies and specific dietary requirements.



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

- The staff team worked closely with health and social care professionals to ensure people were supported in a way that maximised their well-being.
- A healthcare professional was very positive about the support people receive whilst receiving care from staff. They told us, "In my experience, the staff recognise all issues very quickly and report them to relevant services. They also recognise when a person's care needs are greater than the service they can provide and are quick to rectify that."

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

- People were supported to access a range of health professionals and staff could support people, if this was planned for, to attend hospital appointments.
- A healthcare professional confirmed there was always a member of staff available to be with them when they visited people in their own flats. This helped meeting the person's health needs, as this enabled the sharing of information, supporting the person to answer questions and follow any guidance given by the professional.

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 with appropriate legal authority.

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

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. The registered manager understood their responsibilities to carry out a mental capacity assessments in line with the principles of the act to ensure people were being supported in their best interests.

# 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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Feedback from people and relatives on the staff team was overwhelmingly positive. Comments included, "When we are visiting the staff are always friendly and nothing is too much trouble," "Staff are extremely caring and are willing to do all they can" and "The carers aren't just staff they care."
- A healthcare professional told us that the staff team often spent time socialising with people when they were not due a care visit so that they developed a positive culture when working with people that was person centred and not task focused.
- Another example given to us by the healthcare professional was that staff would often pick up medicines for people if there was no other way for this to be obtained, thus ensuring people received the treatment they needed in a timely way. They also confirmed that extra staff were arranged quickly when one person's needs changed. This meant the person could continue staying in their flat with the additional support provided to them until a suitable alternative place was found for them.
- Staff spoke with genuine affection when speaking with and about people and staff were highly motivated and offered care and support that was exceptionally compassionate and kind. When the personal care duties care were finished, staff sat with people in their flats, particularly those living alone, to have a cup of tea with them and chat, rather than sitting in the staff room. This built on relationships between people and staff, helped people feel valued and avoided people feeling lonely.
- There were many examples of staff wanting to ensure people were supported well and felt happy to use the service. Some staff carried out activities in their own time. It was noted on one staff member's supervision records that they had come in early for work to set up certain activities. Another staff member in their own time on an ongoing basis, helped a person clean and maintain their fish tank. They both shared a keen common interest in tropical fish and this helped the person continue following their passion.
- People's interests and previous hobbies were recognised by staff. They encouraged people to meet others and take part in activities. One staff member took a person, who used to dance, to a dance show in their own time. This trip out had generated much discussion about their love of dancing.
- The registered manager, often in their own time, arranged fundraising activities to pay for external entertainers to visit people to offer a wide range of activities. They told us they enjoyed doing this and wanted people to be stimulated and take part in events they enjoyed. This particularly helped those people who lived alone and rarely saw family or friends.
- The registered manager confirmed that often when it was a person's birthday, staff, even when they were not working, would come to celebrate the person's special day. This built on the positive relationships that people and staff developed over time.
- During the inspection, we saw people attending a religious service held by a local chaplain. The registered manager confirmed they assisted people to follow their religious practices and preferences. One person was

supported to find a person, from their religious background, to visit them so they could continue to follow their beliefs.

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

- People were fully involved in making decisions about the support they needed. Staff were exceptional at helping people to express their views and choices about the care they wanted and how they lived their lives. One person had mainly been spending time in their flat, after developing a trusting relationship with staff, they had started to have some of their meals in the communal dining room and socialised with other people. This helped them with their anxiety and reduced feelings of isolation.
- The registered manager involved people and acted quickly when people's needs changed. They gave an example of where a person needed to go to hospital and the emergency services informed them it would be a two hour wait. The registered manager decided to take the person to hospital and stayed with them until their family could be present. This enabled the person to be assessed swiftly and to be supported and reassured by a familiar person.
- The registered manager described how when people had little or no family or friends staff excelled at being there for the person. They confirmed when one person had been admitted into hospital, they had visited the person, spent time talking with them to support them through a challenging period in the person's life.
- The registered manager supported people to move to more suitable accommodation if living in their flats was no longer suitable. Time was spent ensuring the person had all the information they needed before making a decision about the care they needed.
- Staff welcomed the involvement of others so that people did not feel alone in making decisions about their lives. There was information on a range of useful subjects in the communal areas. This included advocacy services that people could contact if they felt they required extra support.
- There were various ways for people to be involved in their care. This included regular conversations held between the well-being staff members, registered manager and at the review meetings where people could give feedback on the support they received.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were seen to knock on people's doors to their flats and introduced themselves outside the door so people knew who wanted to talk with them.
- To combat loneliness and give people some independence people could access a befriending service. Staff from the befriending organisation had visited people to talk about the benefits of accessing this type of support. For one person who was lonely, the registered manager arranged taxi vouchers so that they could access places of interest.
- Staff were considerate and we observed a staff member helping a person look for a missing item in their bag. Throughout the interaction the staff member checked with the person if they were happy for them to check the contents of their bag. The person then would not feel this was any invasion of their privacy. The item was found and there were lots of smiles and warm conversations during this encounter.

# Is the service responsive?

## Our findings

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

Good: 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 in line with their support plans which were person centred and outlined their current needs and preferences. One person who needed support with personal care said, "I love my Saturday bath. I enjoy my showers but I really love my bath." They also said the staff made the bathing experience enjoyable and had been sensitive and discreet when they had required extra help with their personal care.
- As people's needs changed the support they required often increased. A relative told us, "Over the years my [relative's] care needs have increased and I have found that the care has been excellent and well organised to meet all his needs." Another relative said the service was flexible to the person's changing needs.
- Staff confirmed that support plans were regularly reviewed and that they fed back to the registered manager if information needed to be amended. Staff described how they supported people and went into detail about what the person could do for themselves and where they needed help.
- The good communication between staff and the registered manager ensured people's needs were at the forefront of the support being provided.
- We saw advertised various activities for people to engage in. We saw events both in the communal areas and trips out were also arranged. People had the chance to go for an afternoon cream tea and a music entertainer visited.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was given to people when they moved into their flats. Records showed that complaints were responded to effectively.
- There was a suggestion and compliments box in the main communal entrance so people could give feedback whenever they wanted to.
- Satisfaction surveys were also given to people and staff so that their views could be taken into account when assessing the quality of the service. These were due to be sent out in 2019.
- People and relatives were confident that any complaints would be listened to and acted on. Comments included, "Whatever happens here it will be dealt with. The manager would act straight away if I went to her. Would not matter what it was. She would sit me down and ask what the matter was" and "We've got no problems here."

End of life care and support

- At the time of the inspection there was no-one being supported with end of life care.
- Staff received end of life training and the local hospice team had visited the staff in 2018 to give them information on end of life care.

# 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

Good: 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

- At the previous inspection in 2016 this domain was rated requires improvement, with no breach or recommendation made. There had previously been a lack of stability as there was no registered manager in post. This had meant that some of the audits and support that staff should have received had not always taken place.
- Since the last inspection people now benefitted from living in an exceedingly well -run service due to the good governance of the service. The manager had become the registered manager and had driven improvements by the introduction of excellent quality assurance systems to ensure people received a quality service and staff were well trained and supported in their roles.
- The registered manager was fully aware of the benefits in having regular and effective audits on different aspects of the service. We saw clear evidence of checks on areas such as staff training, health and safety, medicines and people's support plans. These were detailed and carried out on a regular basis. The provider also carried out their own checks on the service to ensure it was a well-run service.
- The registered manager recognised that reflecting on what works well and making improvements where necessary promoted a positive culture and well-run service. They continuously reviewed what checks were effective and what areas required alterations to manage a service that people enjoyed using.
- Staff were clear about their roles and responsibilities with many staff having worked in the service for several years providing familiarity and stability for people.

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

- People and relatives were very complimentary about the staff team. One person said, "They [staff] are very efficient. The manager is very good, it always seems to have been well run." A relative told us, "[Registered manager] shows diplomacy and an understanding of what is required by the residents and has excellent leadership skills."
- Staff spoke positively about the support they received and how they all worked well together. One staff member said, "We have a good culture, we get on well and work well together as a team." A relative had also identified that the staff team worked well together and commented, "The manager has a good carer team who seem to get on well together and enjoy their work."
- The vision and values of the service were to offer good quality care to people. The registered manager confirmed the provider was supportive and that, "Care is the focus". A staff member told us, "Ultimately, we want the best for the people living in the service."
- The well-being staff member showed a checklist they used each day to check on people and ensure they

were safe and happy. The registered manager had ensured this role benefitted people as this focused on the additional support a person might need. People could call on the well-being staff member whenever they required help and we saw they were attentive with people, making them cups of tea or checking people were ok.

- The registered manager was passionate about the service they managed and understood the needs of both the people using the service and staff. They could demonstrate the various systems they had implemented since joining the service in 2016, this included supporting staff to work across the two buildings so they got to know all the people requiring personal care support.

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

- There were systems in place to gain continuous feedback from people, relatives and staff. There were meetings that enabled people and relatives to be kept informed of any changes or issues arising. This included fundraising events taking place and updates on improvements being made. A relative confirmed that any issues raised at these meetings were dealt with "immediately" by the registered manager.
- Staff received a newsletter on a range of subjects. The March 2019 newsletter had an article from the provider recognising equality, diversity and inclusion. The provider encouraged staff to celebrate the Lesbian, Gay, Bi-Sexual and Transgender community through the sharing of information and discussions with people to meet people's diverse needs.

Continuous learning and improving care

- The registered manager was very proactive in sharing good practice and information. They had held workshops for people using the service, relatives and staff about important subjects relevant to people's lives. Topics included dementia awareness, end of life care and diabetes.
- The provider had effective systems in place to continuously learn and improve the quality of the care. They gathered people's views on many aspects of the service, such as meal provision, so that they could see what people needed and where changes needed to be made. Results of a recent survey found people enjoyed the meals since changes had been made and one person commented they were "Much improved."
- The registered manager also had access to a range of development opportunities through the provider which included meetings and training for staff in management roles.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to ensure people received support to meet their needs. Relatives confirmed that if people required assistance from a health or social care professional the registered manager was quick to make referrals to ensure people's needs continued to be met.
- One healthcare professional was very complimentary about the management and how staff were professional. They commented, "I regularly witness them [staff] go above and beyond their duty to ensure patients are safe and well looked after." They also confirmed that the registered and assistant manager were, "Excellent at assisting me with social care and occupational therapy referrals. Meaning patients were referred in a timely manner and received the best possible care."