

Country Court Care Homes 2 Limited

Stanton Court

Inspection report

Stanton Drew
Bristol
BS39 4ER

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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

Stanton Court is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

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 received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

There were enough staff to look after people safely and take time to sit and chat or join in an activity. Risk assessments were in place with guidance for staff about how to keep people safe.

People received effective care and support that was focused on the person. Staff demonstrated a very good understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. People told us they felt respected and valued. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their wishes. People's end of life wishes was recorded, and the home worked with other healthcare professionals to ensure people were comfortable and pain free.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open and approachable. All staff said they felt valued and respected. Systems in place meant the registered manager was able to retain staff so they could develop relationships with people living in the home.

There were effective systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and learnt from issues raised.

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 28 August 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

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 ●

Stanton Court

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

Stanton Court 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

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used this information to plan our inspection.

During the inspection

We spoke with ten people and four relatives/friends about their experience of the care provided. We spoke with seven members of staff as well as the registered manager, and two deputy managers. We observed how staff interacted with people in the home.

We reviewed a range of records. This included four people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We also looked at the storage of medicines, reviewed medicines administration records (MARs) of people within the service. We reviewed a sample of recent medicines related audits and incidents reported.

Is the service safe?

Our findings

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

This was the first inspection for this service under its new legal entity. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff in the home. One person said, "As safe as I can be, I love living here the staff are all very nice and cheerful." One relative said, "I am really happy with the care [the person] gets. I feel happy when I go home he is safe."
- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner. One staff member said, "I would report anything immediately. I know [the registered manager] would sort it straight away, but we can always go to head office or talk to CQC if we need to."
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse. One staff member told us they felt happy that they could speak to any senior member of staff if they had concerns. Another member of staff said, "I have just completed my yearly safeguarding training. They go into what to do and who to talk to."

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks assessments related to nutrition and hydration and preventing pressure ulcers.
- Where a risk was identified, action was taken to mitigate the risk. For example, people had pressure relieving mattresses and cushions in place when they had been identified as at risk of developing pressure ulcers. We observed staff ensuring one person was sat on a pressure relieving cushion when they entered the lounge. They asked the person if they were comfortable and made sure they were sat on the cushion correctly.
- To ensure the environment for people remained safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks.
- There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.
- There were enough staff to meet the needs of people. Everybody spoken with said there were plenty of staff. During the inspection bells were answered promptly and staff had time to sit and talk with people and join in activities. One person told us, "I think there are enough staff, they answer my bell when I ring it, they are lovely."
- We observed staff were not rushed and there were enough staff to support people at mealtimes.
- The registered manager confirmed they only admitted new people if they had enough staff to meet their

needs.

Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- One person told us, "They [staff] do my medicine for me, they are always on time and always with a smile." Another person said, "I can ask for tablets if I am in pain. They [staff] are really good."
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used.
- The deputy manager was exceptionally clear about how they managed medicines and the audits they carried out to ensure medicines were managed safely. For example, they had identified the storage room was over the optimal temperature during the summer, so a cooling unit had been purchased. The registered manager explained how following the refurbishment they would have a new clinical room that would be airconditioned.

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean one person said, "Very tidy, they mop my room every day." A relative said, "The building work is creating some dust, but they have it all under control."
- When people were being assisted to the table for lunch they were asked if they would like to wash their hands.
- The registered manager told us how they had put together an, "Outbreak box" which contained all the items they would need in a sudden outbreak of an infection in the home.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

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.

This was the first inspection for this service under its new legal entity. This key question has been rated Good. 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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "I sat down with [staff member] and we talked about what I wanted, and they wrote it down." A relative said, "They keep me informed about everything and we have talked about the care plan."
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. Staff were able to tell us about people's specific needs and how they supported them to remain as independent as possible. One staff member said, "I find the care plans very good. We don't get time to sit and read them all, all the way through. [The registered manager] has made some one sheet bullet points, they are really good. Communication is brilliant so when we have been off a few days we are told everything that has happened so there are no surprises."
- People's protected characteristics under the Equality Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. Staff told us they were in the process of updating their annual training.
- New staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- One staff member said, "There was plenty of training and support. I did an orientation, then a week working with someone and observing. Can ask anybody if you don't understand they [other staff] are brilliant."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One person told us, "They [staff] all know me very well. They look after my every little whim."

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

- People were all positive about meals provided, one person told us how they loved their toast and a particular spread, in the morning and we saw it being taken in by a member of staff.
- Another person said, "The food is brilliant all home baked, just like mother used to make."
- People told us they had plenty of choice if they did not like something. A relative told us, "[The person wanted beans on toast for lunch today and that is what they have bought up."

- People who required assistance with eating were supported in a very polite and respectful manner.
- The mealtime experience for people was happy and sociable with staff and people discussing the food and plans for the fireworks display the following evening.
- Relatives were supported to join people for a meal if they wanted to. One relative told us, "I come at lunchtime and they give me lunch, so we can eat together. They told us they appreciated the fact that the service had also met their personal dietary needs.
- One person told us about the packed lunch they had been provided with to go to a hospital appointment. They pointed to the package and said, "That looks lovely, being spoilt as usual."

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed, staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.
- The home provided "fracture pathway beds." This is providing a service for people leaving hospital following a fracture who need support before they go home. One person told us how they had decided to stay following their fracture pathway session. They told us, "It was just so nice to have things done. I realised that I had company and I did not want to end up in hospital again so decided to stay."

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments, some people had bought in their own furniture.
- The building was undergoing extensive refurbishments with plans for a coffee area and a new managers office. People told us they were looking forward to the new communal area. The registered manager explained the plans included making existing bedrooms larger with en-suite facilities and enhancing the conservatory area.
- People had access to extensive garden areas where they could enjoy walks and outdoor activities.

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. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had

involved family and professional representatives to ensure decisions made were in people's best interests.

- Consent forms were signed, or best interest decisions recorded for the use of bed rails.
- People only received care with their consent. One person said, "They [staff] ask permission for everything even if they can come in my room."

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.

This is the first inspection for this service under its new legal entity. This key question has been rated Good. 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 observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good understanding of what people liked to talk about.
- People were relaxed and cheerful in the presence of staff. One relative said, "The staff overall do a fantastic job, they are all very kind, lovely with them, never hasty."
- As we arrived on the first day of the inspection we observed a member of staff singing with a person as they wheeled them out of the lift to go for breakfast. The general atmosphere throughout both days of the inspection was cheerful with staff interacting with people, laughing and joking. One person told us, "The staff are always singing, it is a happy place to be."
- We observed staff taking the time to talk with people. One staff member sat down and talked about the planned firework display and the children who might come to enjoy them. Another staff member sat and talked about an article in a magazine.
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed. One relative told us, ""They [the service] have regular meetings where, we and the residents can express our views. They have been really good they explained about the building plans and kept us informed with progress."
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised. The activities co-ordinator spoke regularly with people about what they would like to do and when.
- A record of compliments was kept and any received were shared with staff.
- Compliments were also received through an online care home review site. Some comments received included, "The team from top to bottom are a credit and I personally could not wish for a kinder group of people looking after mum." And, "The care mum received was compassionate and caring and it's clear that many of the staff enjoy their work and this was reflected in the attention mum received."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private

time, listening to people, and upholding people's dignity when providing personal care. One person told us how they felt respected, retained their independence and had decided to stay at the home when their loved one had passed away. They said they could do as they wished and staff respected their space.

- One staff member told us, "Dignity first is the mantra we all work to here. We asked residents what they thought dignity meant and we have tried to make that the way we work. It doesn't matter if things take longer to do."
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

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

This is the first inspection for this service under its new legal entity. This key question has been rated Good. 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 received care which was personalised to meet their needs and wishes. The care plans gave plenty of personalised information, such as people's preferred way to receive care and support.
- One staff member told us, "I think the care plans are good, but they are only part of what you know. We all know the residents very well. It is knowing when a person needs that extra time or a hug."
- Another member of staff told us, "The care plans give us the basics, but that doesn't stop us talking to people and asking them what they want. We all change our minds."
- One person told us, "before I came here I was used to showering every day. I thought that would stop but they help me keep that up. It is my choice and I can decide each day, there is no rush."

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 shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- Staff explored different ways of ensuring people could understand the information they were sharing with them. For example, some people were shown a choice of meals when they were being served so they could decide at the time. Pictures of meals could be used if they were needed.
- The activities co-ordinator told us how they had been supporting someone who had little speech, they said, "We are using pictures with them and gradually they are using more words again."

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 participate in a range of activities that met their individual needs and encouraged them to continue to follow interests.
- Records showed people enjoyed outings, craft events, visiting entertainers and visits from the local school children.
- A regular Friday film night was held when furniture was moved around to make a communal room look more like a theatre. People watched a film of their choice, whilst enjoying treats like popcorn. One person told us how they had enjoyed a recent film evening.
- The registered manager told us how the local school had a plot in the garden for children to grow things and they would come in and tell people what they had been growing.

- The service had also developed lasting relationships with local organisations. For example, one person had supported the local Trefoil guides group and could no longer attend meetings. The registered manager had invited them to use the home, this meant the person could continue to provide their support to the organisation and not become isolated. Other people living in the home who had belonged to the guides had enjoyed attending as well.
- A relative told us about a recent talk people had attended about Cadbury's and Fry's. They said many people had worked for the factory and they had been very interested in the talk.
- One person told us how earlier in the year they had watched chicks hatch and grow.
- The activities co-ordinator told us how people enjoyed craft events and they were fundraising to buy a "Tovertafel". This is an interactive table that encourages people to take part in activities. The activities co-ordinator told us they had had a demonstration, she said, "At the start nobody was interested then gradually people started to join in and they were all having fun." One person told they were helping to fundraise for activities.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- The registered manager told us how they rarely received a serious complaint. They spent a lot of time with people and worked shifts, so people got to know them and spoke with them about things before they became a concern or complaint.
- People and their relatives had access to the complaints policy and knew who they could talk to. One person said, "Don't need to complain I see [registered manager's name] every day if there is anything to be said I can do it then." One relative said, "I know I can talk to any of the staff, but I can have a chat with [the registered manager] at any time."

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as planning for illnesses or hospital admission and resuscitation decisions had been undertaken.
- The registered manager told us they were aware of the changing trends with more emphasis on end of life care in care homes. Staff had access to end of life and palliative care training.
- Staff spoke with people about their wishes should they become ill and not be able to discuss their preferences at the end of their life.
- The registered manager told us how they had introduced a comfort box for relatives who decided to stay at the home. This included toiletries and puzzle books, so they did not have to worry about the essentials they might need. The registered manager said they had received positive feedback and had added items to the comfort box that had been suggested by families.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

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.

This is the first inspection for this service under its new legal entity. This key question has been rated Good. 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 all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "You just aim to make their life complete, and help them to stay independent and in control as long as possible."
- All care plans looked at were person centred, and staff worked in a person-centred manner putting people and their preferences first.
- Comments from people and relatives/friends were positive about the culture of the home. One relative said, "It is like a family home you are always welcome, and staff are always happy and often singing."
- All people, staff and visitors called the registered manager by her first name.
- The registered manager was aware of the need to look at innovative ways of enhancing the experience for people living in the home. They told us how they were hoping to use the new café area as a focal point for the local community with a dementia café.

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

- People and staff told us the service was well managed. One person said, "[Registered manager's name] is brilliant, she leads by example and is often out working alongside her staff when I come in."
- More than one staff member told us it was like working with family and that they all worked as a team.
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advice or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Measures had been put in place to minimise the impact on people during the refurbishment programme. One person said, "You wouldn't know they [builders] were here most of the time. I am really looking forward to seeing the finished job."
- Staff felt supported and received regular supervisions and appraisals. Staff members told us they had, one to one supervisions and an annual appraisal. This provided opportunities to discuss their practice and any learning requirements.
- There were effective quality assurance systems to monitor care and plan for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.

- The registered manager and deputies worked hard to ensure that all areas were covered when carrying out internal audits. Clear actions plans were in place which included timescales and the person responsible for taking forward.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people regularly.
- Comments from the last survey were largely positive.
- When concerns had been raised in surveys action taken was fed back to people. For example, people and visitors had said the home needed to be refurbished. The registered manager had kept everybody informed of the progress and plans in place.
- Feedback was also sought from visiting professionals, comments received included, "The home is caring, the nurses and manager work hard and there is a good standard of care." And, "The nurses are knowledgeable and communicate well."

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- There were strong links with the local church, school and village organisations/clubs.

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 manager was aware of their responsibilities in relation to the duty of candour.