

# Standon Gardens Limited

# Standon House

## Inspection report

12 Ashby Road  
Tamworth  
Staffordshire  
B79 8AG

Tel: 01827310600

Website: [www.standonhouse.co.uk](http://www.standonhouse.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Standon House is a residential care home that accommodates up to 31 people. At the time of this inspection they were providing personal care and accommodation to 28 people, some of whom were living with dementia.

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

People were not always safe as the infection prevention and control procedures were not effectively implemented.

The provider did not have effective systems in place to identify environmental issues which could put people at the risk of harm. The physical environment did not consistently support the needs of people living with dementia or those with sensory needs.

The provider had not consistently assessed the risks associated with people's care and support. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible or in their best interests; the policies and systems in the service did not support best practice.

Staff members, although knowledgeable about those they supported, had significant gaps in their training putting people at risk of receiving inconsistent care and support. People were not consistently protected from the risks of ill-treatment and abuse as a significant proportion of staff had not been trained to recognise potential signs of abuse.

The provider and management team did not have effective systems in place to identify improvements and drive good care. The provider had systems in place to encourage feedback from people or those close to them. However, when this feedback was received there was no process to formally respond with any identified actions.

People received safe support with their medicines by staff members who had been trained and assessed as competent. The provider had systems in place to complete an investigation, should a medicine error occur, to ensure the person was safe and lessons were learnt to minimise the risk of reoccurrence.

The provider, and management team, had good links with the local communities within which people lived. People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them.

The provider had kept the CQC informed about significant events at Standon House.

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

#### Rating at last inspection

This service was registered with us on 31/03/2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our published inspection methodology. In addition, the inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury. This incident is subject to a formal investigation. As a result, this inspection did not examine the circumstances of the incident.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the physical environment, assessment of risk, supporting people's rights and quality management of Standon House.

Please see the action we have told the provider to take at the end of this report.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Standon House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Standon House 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during this inspection. However, we were supported by the care manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. 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 three people and spent time in the communal areas to better understand people's experiences of support. Additionally, we spoke with nine staff members including the care manager, assist care manager, COVID-19 lead, maintenance manager, kitchen assistant, assistant kitchen manager, senior carer, support worker and the finance manager. We also spoke with one domestic support staff member on the phone. We looked at the care and support plans for four people and looked at several documents relating to the monitoring of the location, training, health and safety checks. We confirmed the safe recruitment of two staff members.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not consistently supported to identify and mitigate risks associated with their care and support. The provider had not assessed risks associated with people's individual care needs. For example, when someone had been identified as a medium risk of falls there was no formal risk assessment to support the providers assessment of this conclusion. The provider did not complete other risk assessments including the risk of malnutrition, dehydration, skin breakdown or assessments of risk associated with people's mobility.
- Staff members were not provided with clear guidance on how to support people in the safest way possible based on clear assessments of risk.
- The provider did not ensure the physical environment was safe for people. For example, we saw child stair gates had been used to prevent people from entering certain parts of the building. These were pieces of equipment which were not designed for the purpose they were being used for. The provider had failed to assess the risk of toppling and had failed to update their fire risk assessment. People had open access to electrical and hot water systems. This put people at the risk of electrocution and scalding. We saw hot water pipes in communal areas had not been lagged putting people at the risk of burns. Items hazardous to health had not been stored securely. For example, we saw toiletries were left in communal bathrooms and cleaning products had been left in corridors. This put people at risk of accidental ingestion.
- The provider did not have a current and updated fire risk assessment completed by a competent or appropriately qualified person. None of the staff members we spoke with, including the care manager, could tell us about the horizontal evacuation processes in the case of a fire. The current fire risk assessment had not been reviewed to account for physical barriers which had been used to prevent people accessing parts of the building. We saw holes in fire doors where the door furniture had been removed. This created a risk of fire or smoke spreading to parts of the building putting people at the risk of injury. We saw bathroom extractor fans were heavily soiled with unknown debris creating a potential risk of fire. Following our inspection site visit we passed our findings to Staffordshire Fire Rescue for their information and the care manager arranged a specialist fire risk assessment to be completed.
- The provider had completed a legionella risk assessment. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella. However, this was completed in 2015 and the assessment identified it should be reviewed in 2017. The provider had not made arrangements to review their risk assessment to ensure people were still protected from illness. Following our inspection site visit the care manager arranged for a review of their legionella risk assessment. However, the provider did complete yearly water testing and regular flushing of hot and cold water systems.

## Preventing and controlling infection

- The provider failed to ensure the physical environment was effective in preventing the spread of infectious and communicable illnesses. For example, we saw rusted equipment in communal bathrooms, rusted medicines trollies, torn furniture coverings exposing the foam, unvarnished doors, gaps in toilet flooring, exposed wood on handrails and door surrounds. These issues prevented effective infection prevention and control practice putting people at risk of contracting illnesses. The provider had identified they needed to replace some handrails, and these had been ordered.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules and tasks were not effective. For example, we saw over chair tables where the underside had not been cleaned and contained visible staining and debris. We saw equipment in bathroom showed evidence they had not been regularly cleared.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We found no evidence that people had been harmed however, systems were not robust enough to ensure safe care and treatment. This placed people at risk of harm. These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed they had started to address our concerns by engaging appropriately qualified individuals to complete environmental risk assessments, secured areas of the home which could potentially cause harm and clean equipment which people used.

- We were somewhat assured that the provider's infection prevention and control policy was up to date but the implementation of cleaning schedules and equipment checks needed to be reviewed in light of our finding.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider checked the vaccination status of visiting professionals and all staff members.

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

- Not all staff members had received training on safeguarding adults. However, the staff we spoke with knew what to do if they suspected ill-treatment or abuse.
- People told us they felt safe living at Standon House.
- Information was available to people, staff and visitors on how to report any concerns. When concerns were raised the provider understood what to do in order to keep people safe, including notifying the local authority.

## Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people

from working with others.

#### Using medicines safely

- People's medicines were managed safely. People received their medicines when they needed them. The provider had systems in place to effectively and safely respond should an error occur.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

#### Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the care manager analysed all incidents and if necessary, would refer individuals to other healthcare professionals to see if additional support was required.

# 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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 did not complete appropriate assessments of capacity for people. For example, we saw people were restricted from leaving their bed by the use of bed rails. This is a physical restriction limiting the individual's freedom of movement. The provider did not complete an assessment of the persons understanding or ability to make the decision for themselves. We saw an example where family members were making decisions about one person's personal care. The provider had not completed any assessment to identify whether the person could make the decision themselves. They had not identified whether or not the decisions made by family members were in the best interests of the individual but complied with the family members instructions.
- When asked, neither the care manager nor the assistant care manager, understood the need to complete appropriate assessments of capacity and decision making before making decisions on behalf of people or when taking instruction from others who were making decisions without the legal authority to do so.

We found no evidence that people had been harmed however, systems were not in place to assess and support people's decision making. This placed people at risk of having their personal rights neglected. These issues constitute a breach of Regulation 11: Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, we saw people were encouraged to make everyday decisions where they could. For example, what they wanted to eat or drink.
- We did see the provider had made applications in line with the MCA when people could not make

decisions regarding accommodation to receive care and treatment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical needs had not been holistically assessed in line with recognised best practice. Although people did have individual care plans these were not based on recognised best practice assessments. This put people at risk of receiving support which was not conducive with their actual needs.
- People were supported by staff who knew them well as individuals and how they wished to be assisted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

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

- Not all areas of the physical environment at Standon House supported the needs of people living there, specifically, those living with dementia or those with physical or visual impairment. For example, we saw inadequate signage for communal toilets and bathrooms and personal bedrooms were not easily identified by those living there. There was a significant slope in one corridor which did not differentiate between the changing height or gradient of the slope. This would be confusing to those with a visual impairment and put them at risk of trips or falls.

Staff support: induction, training, skills and experience

- People told us they were supported by staff members they believed were trained and skilled at assisting them. However, we had sight of the providers training records. This contained several missing training events for staff including (but not limited to) safeguarding adults, infection control, first aid and health and safety. The care manager told us they were aware of the gaps in training and were working with staff to ensure these modules were completed.
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- Newly appointed staff members were supported in their role by more experienced staff as part of an induction process. This included shadow shifts where they could work alongside other staff members as they got to know people and how best to support them.

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

- Despite no assessment of needs regarding dehydration or malnutrition people told us they were supported to have enough to eat and drink to maintain a healthy lifestyle. The provider and staff worked alongside other healthcare professionals to ensure people's dietary needs were met. This included regular monitoring of what people ate and weights.
- People were referred for specialist assessment, regarding their eating and swallowing, when it was needed. Staff members were knowledgeable about any recommendations and consistently supported people in a way which met their needs.

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

- People had access to additional healthcare professionals including dentists, GP's and Physiotherapists. When people could not refer themselves for support the management team supported them to access additional healthcare services when they needed.
- Staff members had effective, and efficient, communication systems in place. Any changes in people's needs were relayed to the management team who sought appropriate advice and guidance from healthcare professionals. Guidance was written into people's individual care plans reviews for staff to follow.

- Staff members could tell us about the needs and medical advice of those they supported.

# 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 newly registered service. 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  
People told us they were supported by a kind and considerate staff team.

- Throughout this inspection we saw people were treated well and with respect by a staff team who understood and supported their dignity.
- People were supported at times of upset. We saw one person starting to show signs of upset and distress. A staff member supported them and sat with them as they expressed how they were feeling. This showed us people were supported to express their emotions in a safe and supportive way.

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

- Staff members supported people to make choices and decisions regarding the care and support they received. For example, we saw one person asked for a bath. Staff supported this person as they wished. Another person told us they like to choose what they wanted for breakfast each morning which was always provided.

Respecting and promoting people's privacy, dignity and independence

- Throughout this inspection we saw examples where staff members respected people's dignity, privacy and independence. We saw people were fully informed about what was happening around them and staff members spoke with them when in the same room or nearby. Any personal care was discrete and completed in private.
- We saw staff members kept people's information confidential and ensured only those with authority had access to it.

# 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 newly registered service. 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 and, when needed, relatives were involved in the development and review of their own care and support plans. These plans gave the staff information on how people wanted to be assisted. One person told us they completed their care plan when first moving in to Standon House. They knew they could read it anytime they wanted but chose not to.
- Staff members knew those they supported well. Staff could tell us about people's lives so far including likes and dislikes, interests, personal and family history, health needs and preferences.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. One person told us if they couldn't read anything or needed to know something staff will always read it out to them.

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

- People were encouraged and supported to develop and maintain relationships with those that matter to them, both within the service and the wider community, and to avoid social isolation. One person told us they engaged in several activities which they found interesting and stimulating. They said, "We play chess and draughts and do arts and crafts."

Improving care quality in response to complaints or concerns

- We saw information was available to people on how to raise a complaint or a concern.
- Everyone we spoke with told us they knew how to raise any issues. One person said, "I could just go to any one of the staff or the boss."
- The provider had systems in place to investigate and respond to any concerns raised with them. This included feeding back to the person raising the concern.

End of life care and support

- People and relatives were supported to identify any end of life wishes including advance decisions regarding treatment and preferred place of death. Where people had made arrangements, this was known by the staff members supporting them.

# 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 newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A registered manager was in post but was not present at this inspection. The care manager and finance manager told us the registered manager was slowly withdrawing their involvement as they supported the care manager to eventually take on the role of registered manager.
- The provider did not have effective quality monitoring systems in place to identify and drive improvements. For example, their internal systems did not identify rusted equipment, poor cleaning practices, exposed hot pipes, torn fabric on furniture, compromised fire doors, unsecured electrical systems, the lack of capacity assessments and the lack of specific risk assessments for people.
- People, and those close to them, were asked their views about the provision of care at Standon House. However, no one we spoke with could recall being asked for their opinion or tell us what had changed as a result. We asked the care manager who confirmed the outcomes and any subsequent actions had not been communicated to people and this would be considered with any future survey.

We found no evidence people had been harmed however, managerial oversight was not robust enough to demonstrate their quality monitoring was effective. These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection site visit the care manager confirmed a number of actions had now been undertaken. These included increased cleaning, removal of unsuitable furniture and the commission of a fire risk assessment and review of the legionella risk assessment.

- The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.
- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Everyone we spoke with said the management team was approachable and they felt supported by them. One person said, "I know who the manager is. They are very nice and they listen to me." One staff member told us if they ever needed anything or if they had any concerns at all they would go to the care manager who would sort it out straight away.

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 care manager who was acting for the registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People told us they were involved in day to day decisions about where they lived including what to do and what to eat. However, no one we spoke with could recall being asked about the overall quality of care or provision.
- Staff members found the management team approachable and supportive.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP and district nurse teams.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider was not completing individual assessments of capacity when making decision associated with people's care and support.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The physical environment did not support the safe provision of care. Assessments of risk were not completed consistently with people.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers quality monitoring systems did not identify or mitigate the issues we found at this inspection.