

Age Concern Wirral

# Stanhope Court Residential Care Home

## Inspection report

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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

This inspection was carried out on 11 July 2018 and was unannounced. Stanhope Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate up to 13 people in a single storey unit that is part of larger premises known as Meadowcroft, where a range of daytime activities is provided by Age UK Wirral.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had recently been registered with CQC.

We last inspected Stanhope Court on 27 June 2017 when we found that the service over all required improvement and there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because consent to care and treatment had not always been gained lawfully in accordance with the Mental Capacity Act 2005. During this inspection we found that improvements had been made in this area and good records were in place.

At the time of this inspection there were 11 people living at the home and one person was having a short stay there. There were enough qualified and experienced staff to meet people's care needs. Robust recruitment processes were in place to check staff were suitable to work with people who may be vulnerable.

The environment was safe, clean and well-maintained.

People's medication was stored and handled safely.

People had plenty to eat and drink and alternative meals were always available. People received the support they needed to maintain nutrition and hydration.

Everyone we spoke with was very happy with the staff team and with the way that support was provided. The care files contained plenty of detailed information about the people who lived at the home and work was in progress to improve the presentation of the care files.

People had opportunities to join in social activities both within the home and in the adjoining day centre.

A programme of quality audits was in place and people were given the opportunity to express their views

about the service at meetings of the resident and relative forum.

The standard of record keeping across the service had improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's support needs and robust recruitment processes were in place to check that new staff were suitable to work with people who may be vulnerable.

Medication was stored and handled safely.

The environment was clean and well-maintained.

### Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act 2005.

Staff received training relevant to their work.

People were happy with their meals. They received plenty to eat and drink and alternative meals were always available.

### Is the service caring?

Good ●

The service was caring.

Everyone we spoke with was very happy with the staff team.

People's personal care needs were attended to promptly and this protected their dignity.

People's personal information was kept securely.

### Is the service responsive?

Good ●

The service was responsive.

Care files contained plenty of information about the people who lived at the home and their support needs.

Staff provided social stimulation for people throughout the day.

## Is the service well-led?

Good 

The service was well led.

The home manager was registered with CQC.

A programme of quality audits was in place and people were given the opportunity to express their views about the service at meetings of the resident and relative forum.

The standard of record keeping across the service had improved.

# Stanhope Court Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 July 2018 and was unannounced. The inspection was carried out by an adult social care inspector. Before the inspection we looked at information CQC had received since our last visit and we contacted the local authority's quality monitoring department to ask if they had any concerns about the service.

During our visits we spoke with five people who used the service, two relatives, and six members of staff who held different roles within the service. The majority of people accommodated at the home were living with dementia and were unable to communicate their views verbally, so we observed the support provided to them, and interaction with staff, in the lounge and the dining room.

We looked at care notes for three people who used the service, medication storage and records, staff training and supervision records, accident and incident report forms, health and safety records, complaints records, and other management records.

# Is the service safe?

## Our findings

The home had seven senior care staff who had all completed a national vocational qualification (NVQ) level 3 in care. Staff rotas showed that there was always a senior care assistant on duty, with three care staff during the day and two at night. The manager told us that they had not used any Agency staff for a long time. We saw that the staff had plenty of time to spend with people and respond promptly to their needs and requests.

We looked at recruitment records for two new members of staff who had been employed since our last inspection. Their files contained a job application, interview record, two valid references, a record of the Disclosure and Baring Service disclosure number, and other relevant information to check that they were suitable to work with people who may be vulnerable.

A relative told us "I'm sure my Mum is absolutely safe here." The service had safeguarding policies and procedures and a leaflet gave clear details about recognising and reporting abuse. Training records showed that staff had received training about safeguarding and staff we spoke with had good knowledge of safeguarding. Records showed that a recent safeguarding incident had been dealt with appropriately.

We saw risk assessments in the care files and plans in place to mitigate risk. We looked at the accidents and incidents file containing forms that had been fully completed and were numbered. There were also copies in people's care notes. These showed that appropriate action had been taken following incidents, for example the use of assistive technology.

We looked at health and safety records. They showed that regular checks of the premises and equipment were carried out. Up to date certificates were on file for the fire alarm system and extinguishers, moving and handling equipment, electrical installations, and the staff call system. A fire risk assessment had been commissioned in 2016 and kept under review. Records showed that actions had been taken to improve fire safety. A personal emergency evacuation plan was in place for each of the people living at the home.

We walked all around the premises and found that all areas were clean with no unpleasant smells. Disposable gloves and aprons and antibacterial hand gels were readily available. We visited the laundry which was clean, tidy and well-organised. Relatives of people who lived at the home told us "The bedrooms are always spotless." and "There's never a smell." A housekeeper was on duty each day. The kitchen had a four star food hygiene rating.

We looked at the arrangements for the management of people's medication. Adequate storage facilities were provided and an electronic system was used to record medication administration. Senior care staff had received training about how to use the system and support was always available if they had any problems with it. The room was clean, tidy and well-organised and records we looked at showed that people received their medications as prescribed. Senior care staff carried out regular medication checks and audits.

# Is the service effective?

## Our findings

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 decisions made on their behalf must be in their best interests and the least restrictive possible option.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met, and found that they were.

The manager had clear information about DoLS that had been applied for and those that had been authorised by the local authority. Capacity assessments across specific areas, for example personal care, medication, finance were included in people's care files that we looked at. The manager also held information about Power of Attorney arrangements that were in place to make decisions regarding people's health and welfare when the person was unable to do this themselves. One person sometimes required their medication to be administered covertly ie disguised in food or drink. This was well documented to show that the correct procedures had been followed.

The manager told us that new staff now had a full week induction period. The deputy manager was the trainer for the home. Training records for the provider's programme of training were not 100% up to date, however we saw that all of the care staff team had a national vocational qualification and six had completed the Care Certificate. A system of regular supervision and annual performance review was in place, which involved the senior care staff in conducting supervision meetings for the care staff.

The manager told us that most people had their breakfast in the dining room but could also choose to have it in their bedroom. Lunch was served at 1pm and was the main meal of the day. The menu was shown on a white board in the dining room. Care staff told us that during the morning they asked people if they wished to have the main meal or an alternative.

People were sitting at tables of four. Some people needed support to eat their meal and they were sitting together at a table. Staff were also aware that other people may need some prompting with their meal. There were enough staff to provide the support people needed and equipment was provided to help people to eat independently. The manager told us there were currently no concerns about anyone's weight or ability to swallow.

We saw that people were supplied with drinks and snacks regularly throughout the day. One person's care plan advised staff to "push fluids". We discussed with the manager that this did not give staff clear instructions about how often the person should be offered a drink and how much they were aiming for the



person to drink over 24 hours.

The manager told us they had plans to redecorate the dining room, which people thought was rather dark. There was a meeting arranged for the day after our inspection to discuss with the cook suggestions people had made for additions to the menu.

Since our last inspection, a patio and garden had been developed at the back of the home and was directly accessible from the lounge. The manager told us that a member of staff had provided the attractive pots of flowers on the patio.

Future plans included adding an orangery to the lounge to provide additional space and a choice of sitting areas. Aids and adaptations were fitted through the home including accessible showers and baths. Call bells were available in all bedrooms and grab rails had been fitted in bathrooms. Bedrooms were light and bright and the lounge was comfortable and homely.

Care records showed that people were supported to access health professionals including GPs, chiropody, audiology and optician. The manager told us that they had a weekly GP visit and used the tele-triage system to request additional medical advice or attendance. The manager told us that district nurses were not currently involved in anyone's care apart from skin checks and Vitamin B12 injections.

## Is the service caring?

### Our findings

The relatives we spoke with both had previous experience of Age UK Wirral services and told us this had influenced their decision to choose Stanhope Court as a home for their loved one. One relative told us "They are more like friends than staff." and the other said "My Mum loves all the staff." They also considered that the size of the home made it possible for their relative to receive personalised care.

We saw thank you letters that had been sent by families of people who had lived at the home and they contained the following statements "There could not have been a more caring and loving environment in which to entrust somebody precious to us. To say the staff and volunteers gave above and beyond the call of duty is an understatement; their love and attention was just wonderful." and "The staff at Stanhope Court are the epitome of outstanding dedication, expertise, and total understanding. You gave her such a wonderful quality of life enabling her to have lots of fun and laughter."

Relatives told us that people received good support with personal care and they always looked clean and well cared for. People were supported to have a shower or a bath whenever they wished. We observed that people were smartly dressed and their clothing was laundered with care by the housekeeping staff. Bedrooms had been individualised with pictures, ornaments, and other personal belongings.

Throughout the day we observed that interactions between staff and people who lived at the home were positive and respectful. Staff offered people choices, for example one person who was not eating their lunch was asked "Would you like a sandwich?" Relatives felt that their family members were encouraged to be as independent as possible and one of the people who lived at the home told us they enjoyed going out every day after lunch and the staff supported them to do this safely.

Staff did not wear uniforms which contributed to a friendly and informal atmosphere. One member of staff told us of her enthusiasm for social interaction with people, for example making a 'memory box' for each person and spending time engaging people in reminiscence and finding out about their life histories.

Family and friends were welcome to visit anytime and one visitor told us they were there every day. Some people had friends who attended the day centre and the staff supported them to spend time together.

The weather was hot and the doors leading to the garden were open, fans were in use, and people were offered plenty of drinks.

The service had adopted the 'Herbert Protocol' which is a form with important information about a vulnerable person that is readily available to be given to the police should the person go missing.

People's personal information was kept securely in the office. Age UK Wirral provided information leaflets which gave details of the services available in the Meadowcroft building, including prices. There was also advice about how to contact the 'Advocacy in Wirral' organisation. The brochure for specifically for Stanhope Court gave people detailed information about the residential service.

## Is the service responsive?

### Our findings

During the inspection we observed that the care staff spent time with people in the lounge and provided social stimulation, for example a 'Name that Tune' music quiz in the afternoon. People were also able to use the day centre facilities where a range of activities took place every day. Many of the people living at the home had previously used the day centre and were familiar with the building and the staff. Most of the people who had a short stay at Stanhope Court also used the day centre.

A relative told us "Communication is brilliant, I know all about my Mum's care." Individual care files were in place for all of the people living at the home. These contained assessments of the person's needs, which were carried out before they moved to the home. There was information about the person's life history, likes and dislikes and their medical history. The care plans were written in a person-centred style and contained detailed information about people's support needs and how their needs should be met. They were kept up to date with regular reviews.

We discussed with the manager that there remained room for improvement in the way that the care files were structured because it was difficult to follow through the assessments, risk assessments, plans and reviews to track how effective the support provided was in meeting people's care needs.

Everyone we spoke with said they would feel able to raise a complaint if there was anything they were unhappy about. A relative said "I would come in the office straight away if I had any problems."

The complaints procedure was included in the information provided for people living at the home and their families. It was easy to understand and gave people details about who they could contact if they wished to make a comment or a complaint. It was also posted in the entrance area. A complaints file had been put in place. The manager told us there had been one complaint regarding loss of someone's personal property. This had been addressed.

We checked whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We saw detailed information in people's care files regarding the support they needed with communication and use of aids such as glasses and hearing aids. Age UK provided a range of information leaflets which were written in an accessible style.

# Is the service well-led?

## Our findings

Since our last inspection, the previous manager had left the service and a new manager was registered with CQC in June 2018. A deputy manager had also been appointed. The registered manager had previously managed the day services housed in the same building so was familiar with the organisation and with people who used the services.

The manager and deputy worked closely with the provider's 'nominated individual', with active support provided by the organisation's Chief Executive Officer.

The manager told us she had reviewed staff rotas and made some changes in order to improve the support people received. Some staff had found this difficult but one member of staff we spoke with said "I love my new rota." Another member of staff said "I feel a lot more positive, there's more direction and leadership and I love the direction we're going in."

A relative commented "[Manager's name] is implementing lots of changes for the better."

A family and carers forum had been established in March 2016 and meetings were usually held quarterly with minutes to track the discussion and actions. The most recent meeting had been on 28 April 2018 and was attended by the CEO. This demonstrated his commitment to listening to people's views in order to take the service forward.

Records showed that people attending the meetings made suggestions that were acted on, for example a light had been fitted on the outside of the building where visitors entered and exited. The meetings were also an effective way to keep people updated on changes and improvements being made to the service.

Satisfaction surveys were planned for September 2018, however feedback forms and a suggestions box were available for people to use at any time.

We saw that there were also regular three monthly meetings for staff. A seniors meeting had been held on 4 July 2018, and a whole staff meeting was planned for 18 July 2018.

A senior manager, who was closely involved with the service, carried out regular quality monitoring audits. The most recent audits were dated 1 July 2018 and covered infection control; recruitment; health and safety; record keeping; involvement, information and consent; staff management; and nutrition and hydration. Areas for improvement were identified and action plans written. There were also medication audits carried out by the manager.

It was evident from all of our observations and discussions with people that the service had continued to improve in all areas since our last inspection and had now achieved a rating of 'Good'.

The registered provider is required by law to notify the CQC of specific events that occur within the service.

Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was available for people to look at and it was clearly shown on the organisation's website.