

Standon House Limited

Standon House

Inspection report

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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

This inspection took place on 11 January 2016 and was unannounced. Our last inspection took place in November 2013 and at that time we found the provider was meeting the regulations we looked at.

Standon House provides residential care for up to 31 older people who may be living with dementia. At the time of our inspection 26 people were receiving a service.

There was a registered manager in post. 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.

Some people had complex needs and the support they received had not been reviewed to ensure they were supported to keep safe. Support plans did not include information about how staff should manage incidents where people may place themselves or others at harm.

People's medicines were not always managed in a safe way as some tablets needed to be halved. The systems in place meant this may not be done by the best method. Some tablets were not stored in a way to ensure they were safe to administer. Medicine audits did not accurately reflect the number of tablets that were stored to determine that people received their medicines as prescribed.

People chose how to spend their time and staff sought people's consent before they provided care and support. However, some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether people should make the decision for themselves. We saw some people may have had restrictions placed upon them as they were not able to go out alone and may not have the capacity to make a decision about their safety. Applications to ensure these restrictions were lawful had not been made for all these people.

Systems were in place to assess and monitor the quality of the service. However, the provider had not identified where improvements could be made to ensure people received care to support their complex needs; when people no longer had capacity, how they were supported to make decisions and how medicines were managed. We had not received all notifications about people's safety that were required of a registered person.

Staff had a good understanding and knowledge of safeguarding people and understood what constituted abuse or poor practice. Where harm or abuse was suspected, the staff knew how to respond to protect people.

People liked the food that was prepared and they had a choice about what they ate and drank. People were offered a variety of food and drink throughout the day. Specialist diets were catered for and alternative

meals could be provided upon request. People received support to remain independent at meal times and where they needed support, this was done in a caring and supportive way.

There were sufficient staff to meet people's needs and people were cared for and supported by staff who knew them. The staff were kind and treated people with dignity and respect. The staff understood the importance people placed on their possessions and enabled them to look after what was important to them. People were confident that staff supported them in the way they wanted. Staff knew people and their family well and family members were encouraged to remain part of people's lives.

People were supported to attend healthcare appointments and received care from other healthcare professionals as required to meet their needs.

People who used the service, their relatives and the staff were complimentary about the registered manager and provider of the service who was accessible and approachable. People were able to formally comment on the quality of the service and people had reported positively on the care and support they had received during this annual review.

People knew how to make complaints. They were confident that the staff and provider would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People were not always supported to manage their complex needs and agreed support plans had not been developed so people received care in a consistent way. Medicines were not always managed in a safe way. People were supported to be safe as staff understood how to recognise abuse and actions to take. There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Requires Improvement 

The service was not always effective.

Where people did not have capacity, it was not always evident how decisions had been made in their best interests. Some people may have restrictions placed on them and authorisations to legally restrict people had not been applied for. Staff understood the importance of gaining consent from people prior to providing care. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good 

The service was responsive.

People continued with their hobbies and interests and activities were provided in the home according to people's preferences. People knew how to complain and the provider responded

effectively to people's complaints about the service.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of the service although the provider had not identified where all improvements could be made to ensure decisions were made in people's best interests; medicines were managed appropriately and people had support to manage their complex needs. People were able to approach the manager who was supportive and promoted positive values.

Requires Improvement 

Standon House

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 is 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.

This inspection took place on 11 January 2016 and was unannounced. Our inspection team consisted of one inspector.

We spoke with five people who used the service, four relatives and visitors, one visiting health care professional and eight members of staff. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experiences.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home.

We looked at four care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Some people who used the service were living with dementia and we saw there had been incidents where they had caused harm to other people. There were no support plans to guide staff how to manage any complex behaviour and to provide consistent care. One member of staff told us, "What I do is different from what I've seen others do. The problem is that if one staff does something, they expect this next time and when it doesn't happen, they get upset." Staff told us they had received training to support people with dementia but were unclear how to support people with complex behaviour. One staff member told us, "We do our best but I'm not sure if what I do is right." Where any incident occurred, this was recorded and we saw that it had not been analysed and used to review the support people received. This meant these people were not receiving consistent care to support them to manage their behaviour and keep them and other people safe.

This evidence demonstrated the provider had not assessed all the risks to the health and safety of people receiving care and provided care and treatment in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people's medicines were not always managed in a safe way. Some people who used the service only needed half a tablet. The medicines had been dispensed as whole tablets and requests had not been made for medicines to be prescribed in a smaller dose. The staff did not wear any protective gloves when handling and halving the tablets and they did not dispose of the other half tablet. The staff confirmed that the remaining half would be administered to people when they next needed this medicine and was placed back in the opened foil packet. This meant there was a risk to staff because they directly handled the medicine and the integrity of the medicine could be compromised. Where people had refused tablets there was no record that these tablets had been destroyed and medicine audits were completed but did not accurately record the number of all the medicines. This meant it was not possible to determine that these people received their medicines as prescribed.

This evidence demonstrates that there was not proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with had a good understanding and knowledge of safeguarding people. Staff knew people well and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and the staff were confident these would be dealt with appropriately. One member of staff told us, "We care a lot about people here so we report everything. We are their eyes. I am very clear about what I'd do if anything was wrong." We found that the provider had not informed us of incidents that had taken place where there were concerns that people may have been harmed. However they had reported incidents to the local authority to ensure people were not placed at further risk of harm.

Where people were at risk of falling, the care records included how to minimise any risk and were recorded. Accidents had been reviewed to identify any trends. One person told us, "It was strange when I first came here as it's different from home, but I feel safer here now. I had some terrible falls before I came here. The

staff help me to get around and look after me." We saw one member of staff sat with one person and discussed their injuries and recorded them on a body map. They explained why they were making the record and the person was able to make comments on any bruising and give explanations. We saw where people had a number of falls that referrals were made to the falls team to review the support and reduce the risks of future harm.

The staff worked in a safe manner when using equipment to transfer people and help them to walk. There was a range of equipment to support people to move and the care records included details of how to support people safely. When moving equipment was used, two staff supported people and spoke with them and informed them of what was happening to reduce any anxiety. Some people had power assisted chairs and the seat of the chair could be raised to enable the person to stand. Where people had difficulty standing, we saw people used these to stand before receiving assistance to walk. The staff told us, "These chairs are great; it means some people can stand without using the slings and this is so much better." We saw staff supporting people who were able to walk with assistance to get safely from one area to another. This was done in an enabling way and the staff reassured the person. One member of staff said, "Its fine. We don't have to rush and take all the time you need."

People were supported to take their medicines at the right time and we saw that people were told what their medicines were for. Staff spent time with people to ensure they took their medicines. People were offered a drink with any tablets and one member of staff saw a person was having difficulty and said, "Would it be better if I put them on a spoon for you." The person was then able to take their tablets. One person told us, "I used to do my tablets myself but it's so much better now I don't have to worry about them. I still get them in the morning as usual."

There were sufficient staff numbers to keep people safe and meet their needs. People who used the service told us they were happy that there were enough staff to provide support and keep them safe. We saw staff had time to support people and to spend time talking with them and engaging in activities. Where people needed to call for support, we saw staff responded quickly. One person told us, "I wear a pendant so if I need help at any time I can call them. The staff come pretty quickly."

There was an established staff team and they told us there had been few changes within the staff recently. One member of staff told us, "Most of us have been here a while now and work well together." We checked the record for one new member of staff and saw the provider had taken out appropriate references and had confirmed their identity. Police checks had also been carried out to ensure they were suitable to work with people.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that four people may lack the capacity to make decisions about their care. Assessments to demonstrate whether people lacked capacity had not been completed and there was no evidence to show how decisions about their care had been made. One person received support from a health care professional who recommended that a capacity assessment should be completed, but this had not been done. We spoke with four members of staff about their understanding of MCA and one member of staff told us, "It's about helping people to make decisions and when they can't do this anymore." However, other staff were not aware that people's capacity should be assessed and one member of staff told us, "If we think people can't make decisions we just ask their family to do this instead."

Where people no longer had capacity to make decisions about their safety and had restrictions placed upon them, applications to lawfully restrict their movements had not been applied for all those people. One person had a DoLS in place; the staff knew this was because they requested to go home and could not leave as they would not be safe. The staff had not seen a copy of the authorisation to ensure they were acting in accordance to any conditions. For other people who staff identified may lack capacity, applications to lawfully restrict their movement had not been considered.

This evidence demonstrated the provider had not ensured that care and treatment of people had been provided with the consent of the relevant person and may restrict people's liberty of movement. This was a breach of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were confident that staff supported them in the way they wanted to be supported. One person told us, "The staff really look after you." The staff told us they received training they required to carry out their roles. One member of staff told us, "We had some really good training on preventing falls. We had to wear glasses which blurred our vision and wore equipment so we knew what it felt like to have water retention on our legs and had to move around. It made you think more about how to help people and why they may have accidents and fall." Another member of staff told us, "We looked at how to maintain the equipment and make sure frames are right for people and well maintained." We saw staff confidently supported people to mobilise safely and knew the risks people had with their mobility.

People were provided with a varied diet to cater for their specific needs and there was a choice of food and drink. In the dining rooms there were photographs of the meals that were being served and details of the time of the meal. One member of staff told us, "We have a photograph of all the meals we provide here. We use these cards to help people know and remember what's happening. At the moment we are about to serve drinks, so that's why we have the card with the cup of tea on it." People were offered a choice of hot and cold drinks and had a choice of having a mug or cup to drink from. Some people were provided with adapted cups to help them to remain independent. People told us they were happy with the quality of the food and one person told us, "The food is good here." Another person told us, "They make all my old favourites so I'm happy." At breakfast and lunch time, we saw people were supported to eat their meal and one staff member sat next to a person and explained how they were supporting them. They said, "I'm just putting the cup to your lips. Is this warm enough?" We saw the member of staff talking with people and sharing experiences and laughing.

People were supported to access health care services such as GPs, dentists and opticians. One person told us, "I wanted to see the doctor later and there was no hesitation and the staff have called them. They are coming out to see me today." One person was assisted to manage a chronic health condition. They told us, "The staff help me every day. I can't sort everything out by myself these days so it's lovely that they help me and I don't have to struggle." We spoke with one health care professional who told us, "The staff here are always helpful. If they have any concerns, they always contact us. Communication is very good and if we leave any instructions the staff follow these. The staff care about people here."

Is the service caring?

Our findings

People received respectful care from staff who were kind and caring. The staff were patient with people when they provided support and were seen speaking and engaging with people in a positive manner. We saw people had opportunities to speak with staff about things they were interested in. Staff sat with people talking and waiting for them to respond, providing touch and eye contact as a way of communicating with people who were unable to communicate verbally.

Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. Some people held soft toys and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part in some people's life. The staff understood the value of this therapy and one member of staff told us, "They love that soft toy and speak with it and care for it. They are very gentle and you can see how it makes them happy. Not everyone wants to care for something, but if they do then we help them find what is right for them."

We observed people being given choices throughout the day about where to sit, what to do and whether they would like a drink or snack. We saw where people had difficulty making a choice the staff waited patiently for a response. One person told us, "They are so good. They look after us well and they are so lovely with it." One relative told us, "We visited several homes before this one was chosen. We've been really pleased with it here. All the staff are very good."

People told us that they were treated with dignity and respect by staff and felt that their privacy was protected when staff provided support. Where people needed personal care or help with hygiene at meal times, staff sensitively discussed this with people. Each person dressed in their own style and one person told us, "I brought all my clothes with me and the staff always help me to dress nicely. I like to look good and to have my hair done too."

Relatives told us that they could visit whenever they wanted to and they were never restricted from seeing their relative. One person told us, "People visit all the time and the staff offer drinks and make them feel welcome." One relative told us, "It's not any different from visiting anybody else in the family. If I'm passing, I'll visit. I don't have to call first." Relatives continued to be involved with the care and support and could help them with their meals or with personal care. One relative told us, "I want to be involved as long as I can and I know [person who used the service] is happy about this and this means we can still be close."

People told us they were happy and were complimentary about the care and support they received. We saw there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other, and with staff. A visitor told us, "We used to visit here when another relative was here. I recommended it as we were so impressed. I'm pleased to say everything is still as good as it used to be. We have not been disappointed."

Is the service responsive?

Our findings

People told us they could choose how to spend their time and what to be involved with and there were a range of activities organised. During the morning, the newspaper was read to people and they were given opportunities to discuss the main headline news including politics, surveys and the weather. After this, people played a word game, and the answers were all based on the news articles they discussed. This encouraged further discussion including on a survey on how many people did not like their job. People spoke about how they had been employed and what they liked and disliked. People were able to choose what activities they wanted to be involved with. One person spoke enthusiastically about playing bingo. They told us, "I was lucky, I think I won all the games." One member of staff told us, "We organise activities but we always check this is what people still want to do."

Some people told us they liked to spend time in their room. One person told us, "I've always preferred spending time by myself. I can choose to stay in my room or chat with people in the living room." We saw some people talked with friends and watched the television or listened to music. Where the television was on, subtitles were turned on to support people who had a hearing impairment. One person told us, "It's better when the subtitles are on otherwise it's too loud. This way everybody is happy." One person told the staff their own television was not working properly. The staff promptly arranged for this to be investigated. The member of staff said, "I know this is important to you so we'll sort it out straight away." The person told us, "The staff are very good at sorting things out."

People told us the staff were interested in them and their history and we saw staff speaking with people about their family and personal events. One person spoke about how they liked gardening and had a green house. The staff member asked what they grew and the person spoke about how they were involved with gardening and growing food to eat. When visitors and relatives visited the home, we saw staff greeted them and knew their name. One visitor told us, "You always feel welcome here. You feel like part of a big family. It's one of the things we like about it here." Each person had a care record that included personal information about their family and history. One member of staff told us, "It's lovely being able to sit with people and find out about their life. We've also got a record so when people forget we can help them to remember."

People and their relatives knew how to make complaints and who to go to if they had concerns. One relative told us, "I'd speak to the staff if anything was wrong, but we've been very happy with everything." There was a complaint system in place and we saw the provider considered the circumstances of the complaint before providing a response.

People told us they were able to decide how they wanted to be supported and we heard staff ask them if they could assist before any support was provided. We spoke with one health care professional who told us that the staff were responsive to people's needs, that their health needs were met and they received additional support when needed. They told us, "I have every confidence in the staff here. Where people have been very ill, they have arranged for a staff member to be with them all the time so they can be supported and are not left alone. They kept us informed about their health and were very responsive." The staff told us they had access to care records and when care or support needs changed it was discussed at each handover

to ensure people continued to receive the correct care.

Is the service well-led?

Our findings

The provider has a duty to notify us of any incidents that had happened, which enables us to monitor the service. We had been notified of deaths and required incidents, but we saw there had been recent safeguarding incidents that we had not been informed of. One person who used the service had a DoLS application authorised by the local authority, but we had not been notified of these restrictions. This demonstrated that the provider had not informed us of all the necessary information as required.

The provider assessed and monitored the quality of the service in relation to the health and safety of people and their environment, accidents and incidents, and their care. However, we identified that where people had complex behaviours, these specific care needs had not been reviewed. Decisions may be made that were not in their best interests and restrictions may be placed on them. Medicines were not always managed safely. The provider had not identified where these improvements needed to be made through the quality assurance systems.

The staff were supported to develop their skills and knowledge, although care staff did not receive regular supervision to review how they worked. One member of staff told us, "The seniors speak to me and watch that I do things right but I've never had a discussion about what I do, it's just passing comments." Another member of staff told us, "I'm happy that I get support but we don't get our work formally reviewed; we just have a chat now and again." Where training had been delivered, competency checks had not been completed to evaluate the effectiveness of the training. One member of staff confirmed that senior staff received formal supervision; this had not been completed for care staff to ensure their performance and development could be formally evaluated and reviewed.

There was a registered manager who was also the provider. People felt they were approachable and staff were positive about the leadership of the home. There was a senior management team and one member of staff told us, "If we have any concerns, we can always speak with them. They are very supportive." Another member of staff told us, "Most of the staff have been here a while now. We work well together and are a good team. We know we can get support when we need it."

We saw that people and their relatives had been asked to complete satisfaction surveys. The results from the survey had been collated and there had been a positive response to the questions asked. We also saw compliments and thank you cards from relatives. These comments included; 'I have no doubt that [person who used the service] could not have received any better care anywhere else.' And '[Person who used the service] loves the food and we have no worries any more, they are entirely safe and secure in a very homely, comforting and homely environment.'

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 did not take formal enforcement action at this stage. 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 had not ensured that care and treatment of people had been provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured there was proper and safe management of medicines. The provider had not assessed all the risks to the health and safety of people receiving care and provided care and treatment in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that people were only deprived of their liberty with lawful authority.