

Fidelia Care Limited

# Staverton House

## Inspection report

51a  
Staverton  
Trowbridge  
BA14 6NX

Tel: 01225782019

Date of inspection visit:  
11 October 2022  
19 October 2022

Date of publication:  
01 December 2022

### 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

Staverton House is a residential care home providing accommodation and personal care for up to 20 people who live with dementia. People live over two floors in one purpose-built building. At the time of our inspection there were 18 people using the service.

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

People felt safe and cared for at Staverton House. The provider had good systems to manage any risks people faced and help keep them safe. People were supported to take any medicines they had been prescribed.

There were enough staff available. Staff had a good understanding of people's needs and how to meet them. New staff were thoroughly checked before starting work in the home and given a good induction. Staff completed regular training to ensure they maintained their knowledge and skills.

There were good infection prevention and control procedures. Procedures had been reviewed and updated to reflect the COVID-19 pandemic. Systems were in place to prevent visitors catching and spreading infections.

People were treated with kindness and relatives were positive about the caring attitude of staff. We observed staff interacting with people in a kind and respectful way, responding promptly to requests for support.

Staff demonstrated a good understanding of people's individual needs and a commitment to provide person-centred care. Staff worked with health and social care specialists where needed to develop plans to support people. People were supported to see their doctor and other health professionals when needed.

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 were able to take part in a wide range of social and cultural activities and supported to maintain contact with friends and family.

People had been supported to develop care plans that were specific to them. Staff demonstrated a good understanding of these plans and how to meet people's needs.

The registered manager had developed good relationships with health and social care professionals.

There were effective management systems in place to monitor how the service was operating and plan any

improvements that were needed.

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 11 February 2021 and this is the first inspection under the new provider.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Staverton 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 Health and Social Care Act 2008.

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

The inspection was completed 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

Staverton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Staverton House is a care home without nursing care. 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and six relatives to gather their views about the care they received. We looked at five people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, deputy manager and five care and ancillary staff. We received feedback from three health professionals who had contact with the service.

# 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 of this newly registered service. 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 and their relatives told us they felt safe at Staverton House. Comments included, "I do [feel safe] because everyone is just so lovely and you can talk to them" and "We feel confident that [name] is being well looked after and is in a safe place."
- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from abuse.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to manage risks to people and had been implemented effectively.
- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risk of falls, the risk of incidents when people were distressed, and risks related to health conditions such as diabetes.
- The provider produced and reviewed a weekly falls report. This meant they could identify themes, trends and act to prevent a recurrence. Information from the report was used to review and update care plans, so staff had access to the most recent support guidance. People and their relatives were involved in the reviews.
- Relatives told us the service did all they could to manage risks for people. Comments included, "[Name] has had a number of falls. I feel they're doing everything they can, they have a pressure mat alarm, they've put buffers on the corners of all the furniture. They try to supervise [name] as much as possible, yet not to restrict him so much that he doesn't have any independence."
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. People's care plans were very detailed and included comprehensive guidance for staff. Staff we spoke with demonstrated a good understanding of people's medical conditions and any support they required.

Using medicines safely

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.

- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated staff had followed these protocols.
- The supplying pharmacist said staff worked well with them to meet people's needs, commenting, "The staff are always helpful in answering any queries we may have, and don't let residents run low on medication. They seem to have a good working relationship with the local surgery, and regularly welcome visits from clinical pharmacists to review medication."

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- Relatives told us staff were available to provide support when people needed it. Comments included, "I don't get the impression that [staff], are rushed. We're never left waiting for ages at the door, to come in or go out. They're attentive to everyone and there are always people around if you need to talk to someone" and "There seem to be enough staff. I'm sure that they could always have more but I've never had a problem getting a member of staff to help [name] or to talk to me."
- Staff told us they were able to meet people's needs safely. Comments included, "The team works well together. There are enough staff to meet people's needs."
- We observed staff responding promptly to requests for assistance.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

#### Preventing and controlling infection

- 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 that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting people to have visitors in line with the most recent government guidance. Visitors were able to see people in various parts of the home, including in people's rooms. Visitors were able to visit at any time without appointments.



# 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 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

- People's needs were assessed before they moved into the home to ensure they could be met. Relatives told us staff understood people's needs and provided the right care.
- Staff demonstrated a good understanding of people's medical conditions and any support they required. This information was included in people's care plans.
- Staff had worked with specialists to develop care plans. Examples included the care home liaison team, who provide specialist mental health support, occupational therapists for people with mobility issues and community nurses.

Staff support: induction, training, skills and experience

- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- The provider had a strong focus on staff training and development. An internal training manager routinely observed staff working. This helped ensure staff put their training into practice, understood what they were doing well and highlighted any areas for development. Additionally, the provider was working with an external organisation to support staff with career progression.
- Staff had regular meetings with their line manager to receive support and guidance. Staff said they felt well supported.

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

- A dedicated manager worked to identify people's food related needs and preferences. People said they enjoyed the food and had enough to eat and drink. Comments included, "The food is very good, I get plenty to eat and drink" and "I enjoyed my lunch, it was very nice. I don't go short of food."
- People were offered a choice of meals and support to eat their food where needed. Staff had a good understanding of people's needs, including people who needed food and drinks at a specific consistency.
- The service used coloured plates and cups to assist people with a visual impairment and dementia.
- People had access to drinks throughout the day and staff supported people if needed.

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

- Relatives told us people were able to see their doctor and other health professionals when needed.

- Staff had recorded the outcome of appointments in people's records, including any advice or guidance that had been given. Records demonstrated people received ongoing support from healthcare professionals.
- Health professionals told us the service worked well with them to meet people's needs. Comments included, "I feel all aspects of the residents' health and social needs appear to be assessed and any issues or concerns raised are addressed without delay" and "Staff work well with us. There is good communication and they always give us the information and observations we need."

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

- Specialist equipment was available when needed to deliver better care and support. This included specialist beds for those that needed them, pressure relieving mattresses and equipment to help with mobility.
- The home had been decorated to help those with visual impairment or who are living with dementia to find their way. This included high contrast coloured skirting and door architraves, bright yellow toilet and bathroom doors with pictorial signage, and red toilet seats. Additionally, staff created artistic displays reflecting times or themes of the year. For example, for armed forces day the provider displayed pictures, information and a service uniform.
- The provider told us they 'embraced technology' to ensure people and staff experienced good outcomes. For example, the call bell system was designed to reduce the frequency of audible call bells. This meant people who needed support were attended, while others were not disturbed.

#### 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 MCA 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.

- Applications to authorise restrictions for people had been made by the service. People's needs were kept under review and if their capacity to make decisions changed then decisions were amended.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- The registered manager had a record of all DoLS applications that had been made, the outcome of the application where that was known and a record of any conditions on the authorisations.

# 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 were treated with kindness and were positive about the staff's caring attitude. Comments included, "They are really lovely, they're good fun too, and I'm very happy." Comments from relatives included, "The staff are always respectful and kind to [name]. You can talk to them easily, they're friendly and approachable" and "The staff are caring, the ones I've met, I like them. They've got time for you, they're friendly and [name] seems to love them. She seems settled."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- People's cultural and religious needs were reflected in their care plans. Staff supported people to meet these needs.

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

- Staff supported people and their representatives to make decisions about their care. People's views were recorded in their care plans.
- Staff had recorded important information about people, including preferences regarding their daily support.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care. A relative told us "They keep [name] spotlessly clean, her hair is washed, her nails are done and her clothes are always clean. That means a lot, her friend who visits has commented on it too and how it keeps her dignity."
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where possible, to maintain their independence.

# 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 had been supported to develop care plans specific to them. Plans included information about people's life history and what was important to them. The care plans had been regularly reviewed with people and their relatives and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.
- Relatives told us people received care in ways that were specific to them. Comments included, "I have been given a form to complete all about [name's] likes and dislikes. I'm happy that they're looking after her well and they seem to understand what she needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had assessed everyone's communication needs with them and included information about any support required in their care plans.
- Examples included support to use written information on a white board and use of pictures to help with communication. We observed staff using these different methods of communication during the inspection.
- Signs made more accessible with pictures had been used throughout the home to help people find their way. These included personalised signs outside people's bedroom to help them identify it.

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 supported to take part in a range of group and individual activities. For example, the provider arranged for a group of bikers to visit with one person and held a jubilee tea party for all to attend. Comments from people included, "I like singing. People come here and sing. I like arts and crafts."
- Comments from relatives included, "There are lots of activities going on, they do try to encourage and involve [name]" and "In good weather [name] goes in the garden. He joins in balloon games and musical activities. The activity staff do things with him, like jigsaws or building games."
- The activities co-ordinator developed a programme of events and activities, based on people's feedback and their observations of what people appeared to enjoy. Examples included, crafts, gardening projects,

animal visits and singing sessions They also spent individual time with people who preferred not to participate in group events.

- People had been supported to keep in contact with family and friends and to maintain their social contacts.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "I would raise things, if needed. I can always talk to someone if I have any queries, and the manager is very accessible" and "I have raised minor issues with [the registered manager] and it was sorted. I'm confident she would address any concerns."
- Records demonstrated complaints had been investigated and action taken in response. The registered manager had responded to the complainant to let them know the outcome of their investigations and the actions that had been taken.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and received training and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff records and quality satisfaction surveys.
- Incidents were reviewed by the registered manager and were discussed as part of staff meetings. This helped to ensure lessons were learnt and practice changed where necessary.
- The results of the various quality assurance checks were used to plan improvements to the service. The plan was regularly reviewed and updated as actions were completed.
- The registered manager was aware of the need to notify CQC of certain important events. Records demonstrated these notifications had been submitted when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had promoted a person-centred approach in the service. This was evidenced through the feedback from people who use the service, relatives and staff, and the way records were completed.
- Staff told us the management team worked in a supportive way, that helped to ensure there was a focus on improving outcomes for people. Comments from staff included, "The support from [the registered manager] has been excellent. We are able to provide the care people need" and "[The registered manager] is approachable and always listens. She explains why decisions have been made."
- The registered manager understood their responsibilities under the duty of candour. There were systems in place to ensure the provider worked in an open and transparent way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had regular opportunities for relatives to provide feedback about the service, both in person, using review cards and through anonymous surveys. Actions from this feedback were included in the provider's improvement plans.
- Relatives spoke highly of the home, how well it was run, and the atmosphere. They said they would recommend it to others. They said the registered manager was approachable, and accessible. Comments included, "It seems well run, it always feels calm and under control. The atmosphere is welcoming and friendly."

- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.