

Age Concern Wirral

Stanhope Court Residential Care Home

Inspection report

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Date of inspection visit:
09 June 2016

Date of publication:
21 July 2016

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 9 June 2016 and was unannounced. We carried out the inspection at this time because the home had been rated inadequate and was in special measures. We needed to check that improvements had been made to the quality and safety of the service.

Stanhope Court is registered to provide accommodation and personal care for up to 13 people. People who used the service were all over 50 years of age and were predominantly people living with dementia. At the time of this inspection there were eight people living at the home and two people having a short stay there.

The service is also registered to provide personal care to people living in their own homes. A small number of people were receiving home support and during this inspection the Chief Executive told us that this part of the service was going to be discontinued in the near future.

Stanhope Court is situated within the Meadowcroft building where a range of daytime activities is provided for older people and for people living with dementia. Since our last inspection, the residential service had been given its own name which distinguished it from the daytime services.

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. The person who was managing the home at the time of this inspection had applied for registration with CQC.

At our last comprehensive inspection of the home in December 2015, we found a number of breaches of regulations. We served warning notices on the home for failing to provide safe care and treatment and safeguard people from abuse, and failing to provide good governance for the service. We found that improvements had been made in all of these areas but further improvements were needed to meet all parts of the regulations. However, in response to the improvements that had been made we took the home out of special measures.

In December 2015 we found that people were not getting the care they needed in a safe way. People's health and welfare risks had not been properly assessed or mitigated against in the planning and delivery of care. Medicines were not always managed in a proper or safe way. There were no established systems in place to effectively record, investigate and act upon allegations of abuse in order to protect people from potential harm. The provider did not have effective systems in place to assess and monitor their service against Health and Social Care Act Regulations or to assess, monitor and mitigate risks to the health, safety and welfare of people who used the service.

During this inspection we found that improvements had been made to the investigation and reporting of untoward incidents and prevention of further incidents. However, we found that further improvements were

needed to the documentation of this in people's care files. We found that action had been taken to improve the safe management of people's medication, however this had resulted in over-complication of medicines records which was onerous for senior care staff and made it difficult to check whether quantities of prescribed items were correct. Effective quality audits had been carried out and recorded and a relatives and carers forum had been established.

Building work was underway to improve communal facilities for people living at the home and to provide an office for the manager within the residential unit.

There were sufficient staff working at the home 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. Further training and supervision had been provided for staff. People were happy with their meals and enjoyed the range of social activities that was available.

People we spoke with found the home manager and the senior managers to be approachable and responsive.

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.

Staff were recruited safely and there were sufficient staff working at the home to support the people living there.

The building provided a safe place for people to live.

Medicines management had improved but required further improvement as records were not clear.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training and formal supervision for staff had improved, however further improvement was needed to provide specialist training for staff.

Building work was in progress to improve the environment and make it more homely.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

Is the service caring?

Good ●

The service was caring.

Staff supporting people were warm, patient and caring in all interactions we observed.

People who used the service and their families were provided with a good range of information.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were treated as individuals but their records needed to reflect a more person centred approach. There were no written

plans for care staff to follow.

Systems were in place for dealing with complaints.

People enjoyed a wide range of age-appropriate activities.

Is the service well-led?

The service was not always well led.

The home had a new manager and staff felt supported by the new management team.

Systems and processes for assessing the quality of the service had been put in place and had led to improvements within the service. They had also identified that further improvements to the quality of the service were needed.

The management team were obtaining the views of people living at the home and their relatives.

Requires Improvement 

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 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.

The inspection took place on 9 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. Before the inspection we looked at information CQC had received since our last visit. CQC had received one concern about the service since our last inspection.

During our visits we spoke with three people who used the service, one relative, one visiting professional and five members of staff. We observed activities in the day service lounge and lunchtime in 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.

At the time of the inspection there were eight people living at the home and two people having a short stay there.

Is the service safe?

Our findings

We spoke with a senior member of staff who was aware of their role in identifying and reporting any safeguarding issues that may arise. The service had safeguarding policies and procedures and a leaflet gave clear details about recognising and reporting abuse. Training records showed that 13 staff had received training about safeguarding during 2015, and four others in May 2016.

At our inspection in December 2015, we found that incidents that had occurred within the service had not been reported to the local authority as safeguarding concerns. This meant that people had been at risk from abuse and the home had not taken appropriate action to protect them. We were informed that, after our visit, these issues were discussed with a member of the local authority's quality assurance team and appropriate notifications were made.

We also found that accidents and incidents had not been investigated and the risks had not been assessed and steps taken to minimise future risks. This meant that people were at risk from harm and were not protected. During this inspection we saw an accidents and incidents file containing forms that had been fully completed and were numbered. There were also copies in people's care notes. Appropriate notifications had been made to CQC and to other statutory bodies. Assistive technology had been put in place to protect people who were at risk of falls.

The home had 13 regular staff supplemented by others who worked on a casual basis. These were staff whose main employment was in other parts of the Age UK Wirral organisation. In a morning there were three care staff on duty and a senior care worker. For the rest of the day and night there were two care staff and a senior. During our visit we saw that there were sufficient staff to support people both within the home and when they attended the day service. The care staff all had a national qualification (NVQ) level 2 or above. People told us that when they used their call bell staff responded quickly. In addition to the care staff, there was a full-time manager, a housekeeper five days a week, and administration support.

The rotas showed that senior care staff shifts were different from care staff shifts which meant that care staff were not party to the handovers that took place between the senior staff to ensure they were aware of any changes. The Chief Executive of the organisation told us that this was being addressed.

We looked at the recruitment records for two new members of staff who had been employed to work in the service since our inspection in December 2015. Their files contained a job application, interview record, two valid references, a record of the Disclosure and Barring Service (DBS) disclosure number, and other relevant information to check that they were suitable to work with vulnerable people.

We asked people about the help they received with their medication. One person told us "They do your creams, staff remember." During our inspection in December 2015 we looked at medicines storage and recording. We found that medication was not always stored safely. We also found that a significant number of medication errors had been identified and reported by staff but we did not find any records of these being investigated or any action taken.

Since our last inspection, the home's staff had received support and advice to improve the standard of medicines management and a pharmacist had visited in May 2016. There were no records of staff receiving additional training, but competency assessments had been started and a medication audit was carried out on 4 June 2016. There were plans to move medicines storage to a larger, better ventilated room.

Both of the inspectors looked at medicines records and found that there were so many documents contained in the medication file that it was very difficult to tell whether the quantities of items such as nutritional supplements were correct. We discussed this with a senior care worker who told us that staff felt very stressed about medicines and they hoped that a simpler form for recording medicines would be implemented in the near future. We saw no evidence to suggest that people had not received their medications as prescribed, and the senior care worker we spoke with had a good understanding of the medications people had been prescribed and what they were for.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This included checks on the fire system, moving and handling equipment and the main gas and electricity systems. A housekeeper was on duty every day and we found the premises to be clean. Disposable gloves and aprons and antibacterial hand gels were readily available in the home.

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 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).

During our inspection in December 2015, we found that people's rights to have legal safeguards put into place to ensure they were not being detained illegally had not been met. People's capacity to make decisions had not been assessed.

During this inspection 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. We found that they were. We discussed DoLS with the manager and looked at records the home maintained regarding DoLS applications. We found that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these decisions had been made on an individual basis depending on the person's needs. Ten senior staff had completed a one day training course with the local authority's lead officer for mental capacity.

A general capacity assessment was used by the home and this did not always clearly state the reason why the person's capacity to make decisions was being assessed. Some of the forms we looked at had not been completed fully or accurately. For example, one form recorded that the person lacked capacity when in fact they did have capacity to make decisions and this was known by staff and acknowledged with the support the person received. Generic forms were used to seek consent from relatives regarding photographing the person and giving them their medication. Relatives cannot always give legal consent to decisions on a person's behalf and therefore the wording on these forms was misleading. We discussed this with the home's management team who were aware that improvement was needed in this area.

A member of staff told us that they had received the training they needed to carry out their role effectively. They also told us that further training was planned for all staff to undertake the nationally recognised Care Certificate. Nine members of staff had attended a one day moving and handling course on 31 March 2016 and we saw evidence that members of staff were booked onto training about care planning, communication and end of life care.

A member of staff confirmed that they received regular one to one supervision from the manager and we saw that a system of regular supervision and annual performance review had been put in place which involved the senior care staff in conducting supervision meetings.

Building work was being carried out to provide a brighter lounge with dining space for people living at the

home. This meant that they would no longer have to use the large dining room or sitting room within the day centre unless they chose to do so. We were informed that future plans included adding an orangery to the new lounge and creating a 'front door' for the home which would provide a separate entrance from the rest of the building.

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 had been personalised for the people using them. Bedroom doors had a photograph of the person and of an object of reference personal to them such as a place they had worked or a favourite TV show. This helped people to find their bedroom easily. The garden had been landscaped since our last visit.

A number of notices were displayed throughout the home. This included notices in bathrooms, on the wall near the staff station and on people's bathroom bins. These, along with racks holding gloves and aprons in the corridor, and the staff station in the corridor made the home appear institutional. The staff station in the middle of the unit had a large white-board on the wall along with many notices, a filing cabinet and a large desk and did not promote a homely environment.

We asked people about the meals they received and one person told us "It's always good." A visitor told us that staff had supported their relative to regain their health after a period of illness. They said staff had provided "such good care" for example by ensuring their relative received extra nourishment when needed.

Care plans recorded the meals that people preferred and daily records confirmed that these had been offered to people. Discussions with staff confirmed that they were aware of people's food preferences and any special diets they had to follow to maintain their health. A menu was displayed in the dining room and the lounge of the day centre so people were aware of the day's meals.

A member of staff explained that the day centre dining room was reserved for people living at the home at breakfast and tea time. Lunch was served in this dining room to people living at the home and people using the day service. The manager told us that when the building work was completed, people would have the choice of dining in the home or within the day centre as they preferred.

We observed part of the lunchtime meal and saw that tables were nicely laid with condiments and people were provided with a drink during their meal. There were sufficient staff available to provide support to people when needed. The day of our inspection was very warm and we saw that people were supplied with drinks throughout the day.

Is the service caring?

Our findings

People we spoke with were very happy with the service provided. One of the people living at the home told us "Oh it's excellent here, they are very good." Another person told us "We are well looked after." A visitor told us "I cannot fault the care. Staff are excellent – on the ball they know my relative's needs."

People told us they were able to make everyday decisions for themselves. One person said "You can go to your room when you want to." Another person said "You go to bed when you want."

We spoke with a member of staff who told us that they aimed to provide flexible care. They said people could choose whether they attended the day centre all day or for part of the day and could also stay at home if they wished. The member of staff said people received support with their personal care as they preferred explaining "They can have a shower or bath when they want, whenever they want."

We spoke with a male carer who told us he believed he had been able to help some of the men who used the service to retain their continence as they were comfortable with being supported with continence care by a male carer as they felt that this was more dignified for them enhancing their sense of well-being.

A number of the people who used the short stay service also attended the day centre regularly and/or received a home support service. This meant that they might already be familiar with the building and with some members of staff.

Interactions we observed between staff and people who used the service were positive and respectful. Staff did not wear uniforms which contributed to a friendly and informal atmosphere.

The organisation provided a range of information leaflets which gave details of the services available, including prices, and details of how to contact the 'Advocacy in Wirral' organisation. There was a new brochure specifically for Stanhope Court and this gave people detailed information about the residential service.

Is the service responsive?

Our findings

Individual care files were in place for all of the people living or staying at Stanhope Court. These contained assessments of the person's needs carried out before, or shortly after, they moved to the home. Information about the person's health and any advice given by health professionals was on record in their care notes. A general risk assessment identified any risks to the person's safety such as the support or equipment they needed to move around safely.

We found that the information recorded in people's care files did not always match the care that staff provided, or the knowledge that staff had of people's individual needs and choices. For example, one person's care notes recorded that they were at risk of choking and needed 'soft cut up food'. However, their daily records stated they had eaten toast and sandwiches. We asked staff about this and they confirmed this food was acceptable for the person, however the lack of clarity in the care plan meant that the written guidance for staff did not ensure they had the information they needed to support the person safely. Where an assessment identified the person needed support, for example with bathing, there was a lack of detailed guidance for staff to follow on how to provide this.

This is a breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment

Care files were very difficult to follow with no discernible methodology to the order of the content and it was not easy to locate information within them. They contained a large number of documents but these did not all provide useful information for staff. The manager showed us a copy of a new care plan format they intended to introduce which contained more information about people's choices, care needs and any support they needed to make important decisions.

We spoke with a visiting health professional who told us "I have no concerns when I come in here. They are very good, can answer any questions." Records showed that people were supported to access health professionals including GPs, chiropody, audiology and occupational therapy. The manager told us that when people had medical needs, the home received good support from GPs and district nurses.

Staff we spoke with had a good understanding of people's health care needs and people told us that their needs had been met. For example, one person told us that they woke during the night as a health condition made them feel uncomfortable. They said staff helped them to cool down and applied creams to their skin. Daily records confirmed that this support had been provided to the person throughout the night as needed.

People were able to join in a range of activities in the day centre, which was open seven days a week, and staff spent time encouraging people to do so. Activities included quizzes, dominos, pool, table football, music, colouring and CDs. We saw that people could spend their time in smaller groups, in a larger group activity or in a games room as they preferred.

A member of staff told us that they drove the minibus for people to have trips out at the weekend. They said

that eight people went out last weekend and really enjoyed it. They also told us about plans to develop raised beds in the garden so people could participate in gardening.

A relative told us they would feel confident to raise a concern or complaint with the manager or senior members of staff. We looked at the complaints procedure which 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. A complaints file had been put in place and contained detailed information about how three complaints had been responded to. No complaints had been recorded since August 2015.

Is the service well-led?

Our findings

The service had a new manager since our last inspection. The manager had applied for registration with CQC but the process had not yet been completed.

During our inspection in December 2015, we were concerned that the manager's office was at the opposite side of the building to the residential unit which meant that he was not a visible presence for people who used the service, staff or visitors so that people could approach him with day to day matters, and he could not directly observe the service provided.

Since then, a manager's office had been set up within Stanhope Court and we observed that the manager was very much part of the staff team. People living at the home knew the manager well and felt comfortable approaching him. Our discussions with the manager showed that he had a good knowledge of the people living at the home and the support they required to meet their choices as well as their care needs. A member of staff told us "The manager is good, he listens to you if you ask for anything for the clients. It has changed for the better. It will be good when we can make drinks for people on the unit."

The manager and the provider's 'nominated individual' had been working closely together to develop the service and working at the weekends to provide management cover for the home. Staff told us that the organisation's Chief Executive was also known to them and was available to approach and speak to.

Meetings had been held for the staff group, the most recent being a senior care meeting on 7 May 2016. The manager told us that he had found a range of experience and skills within the staff group, for example some staff had experience of providing training, and he planned to use these skills to enhance the performance of the team.

A family and carers forum had been established and the first meeting was held in March 2016. Minutes showed that the meeting had been attended by the Chief Executive, a senior manager and the home manager. People who attended had been able to express their views. The intention was that forum meetings would take place quarterly and a second meeting was scheduled and relatives had been invited. People living at the home had been asked for their suggestions for the evening meal menu.

People who had a short stay were invited to complete a feedback form 'Are we getting it right?' and we found that people who used the service and their families had given very positive feedback. Unfortunately, the comments cards had not been dated when they were received so we could not tell how recently they had been written.

The home had been receiving regular support from the local authority and clinical commissioners.

During our inspection in December 2015 we saw that there were some quality audits in place, however they did not fully identify and address potential risks to people's health, safety and welfare. At this inspection we saw an audit schedule in place for the year which covered record keeping, involvement, information and

consent, medication, health and safety, infection control, quality management, staff management and support, and nutrition. Records showed that nearly all of the audit tools had been implemented during 2016 with action plans to address any shortfalls identified and records of follow ups. A clear, up to date audit form was used by the manager for tracking DoLS applications.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have plans in place to ensure the safe care and treatment of people who used the service.</p>