

R.M.D. Enterprises Limited

# Stanborough Lodge

## Inspection report

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Date of inspection visit:  
27 July 2016

Date of publication:  
30 August 2016

## 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

The inspection took place on 27 July 2016 and was unannounced.

At our last inspection on 28 May 2015, the service was found to not be meeting all the standards we inspected. The issues related to the safety of the premises and grounds, incomplete recruitment practices and the lack of opportunities made available for people to pursue meaningful and relevant social activities and interests at the home or in the local community. The provider sent us an action plan stating how they would make the necessary improvements. At this inspection we found that they had made the improvements set out in their action plan.

Stanborough Lodge is a residential care home that provides accommodation and personal care for up to 25 older people, some of whom live with dementia. At the time of our inspection there were 24 people living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and their relatives told us that they felt people were safe living at Stanborough Lodge. The registered manager and staff team demonstrated a clear knowledge of safeguarding matters. Risks to people's health and well-being were identified and plans developed to mitigate the risks. The registered manager operated safe recruitment practices and records showed that the necessary checks had been undertaken before staff began to work at the home. There were suitable arrangements for the safe storage, management and disposal of people's medicines.

People received their care from a staff team who felt supported by the management team. The staff had the basic core skills and knowledge necessary to provide people with safe and effective care and support. People enjoyed the food provided and received appropriate support to eat and drink sufficient quantities where needed. People's health needs were well catered for because appropriate referrals were made to external health professionals.

Staff were calm and gentle in their approach towards people and were knowledgeable about individual's needs and preferences. Relatives and friends of people who used the service were encouraged to visit at any time and people's privacy was promoted.

People's care plans were sufficiently detailed to be able to guide staff to meet their basic care needs. People had opportunities for activity and stimulation in the home. Relatives and people who used the service told us that they would be confident to raise any concerns with the management team. The provider had made arrangements to facilitate feedback from people who used the service, their relatives, external stakeholders

and staff members about the services provided.

There was an open culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider and registered manager had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

## 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.

People were supported by staff who had been safely recruited.

People's needs were met by a trained and skilled staff team.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

People received support from staff who were trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People received the support they needed to eat and drink.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

### Is the service responsive?

Good 

The service was responsive.

People were supported to engage in a range of activities.

People's concerns were taken seriously and acted upon.

**Is the service well-led?**

**Good** ●

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

# Stanborough Lodge

## **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 met 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 under the Care Act 2014.

This inspection took place on 27 July 2016 and was unannounced. The inspection was carried out 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 service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff supporting people who used the service, we spoke with eight people who used the service, two visitors, two visiting healthcare professionals, two care staff, the deputy manager, registered manager and the provider. Subsequent to the inspection we spoke with two further relatives to obtain further feedback on how people were supported to live their lives.

We requested feedback from representatives of the local authority social working team and other external professionals involved with the care of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

When we last inspected Stanborough Lodge on 28 May 2015 we found the provider was not meeting the required standards and that they were in breach of regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not taken proper steps to ensure that premises were safe to use for their intended purpose and were used in a safe way and had not ensured that recruitment procedures were operated effectively. At this inspection we found that significant improvements had been made in these areas.

Previously we had found that emergency exits had been impeded and there were a number of potential trip hazards and other safety risks in the garden, particularly in the close vicinity of the footpath used to access the greenhouse. At this inspection we noted that emergency exits were clear and repairs had been made to the garden pathways to provide a level surface for people to walk on safely. We did note however, that the door of the laundry room was propped open and consequently there was a risk of people accessing and ingesting toxic chemicals. The provider immediately took note of our comments and a key pad lock was secured to this door. This helped to greatly reduce the risk to the safety and welfare of the people who used the service.

We reviewed recruitment documentation for three staff members that had been employed since the previous inspection. We noted that all the necessary checks had been made prior to the people starting to work at the home and all the relevant information had been requested to help ensure that staff were fit for their roles. Staff members confirmed to us that they had undergone a robust recruitment process and had not been able to start work at the home until satisfactory references and criminal record check had been received.

People told us that they felt safe living at Stanborough Lodge. One person told us, "It is quiet here and quite safe." Another person said, "I've got my own little room and I'm safe in it. I can't walk far in case I fall." There were call bells stationed in each room so that staff could be summoned if needed. Some people wore pendants around their necks so that they could call for assistance wherever they were and others who were unsteady on their feet had sensor mats by the side of the bed to alert staff if they got out of bed unaided.

People, their relatives and staff all told us that there were enough staff available to meet their needs. A person told us, "I ring the bell and someone comes. There are two people on duty at night and just one buzz and they come – even if I only want a cup of tea because I can't sleep."

Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and care staff went about their duties in a calm and organised way.

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information

and guidance about how to report concerns, together with relevant contact numbers, was displayed in the communal area of the home and was accessible to staff and visitors alike.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained.



# Is the service effective?

## Our findings

People and their relatives told us that the care and support provided at Stanborough Lodge was appropriate to meet people's needs.

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training including moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection 13 applications had been made to the local authority in relation to people who lived at Stanborough Lodge and were pending authorisation at the time of this inspection.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff had received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food and that they were supported to choose

where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. One person told us, "They come round before the day and tell me what the choices are and then I choose what I want." Another person said, "The food is good here, I've just had lunch – it was nice." People also told us that their individual likes, dislikes and food intolerances were well known and respected by the staff team. For example, one person told us, "I can't digest meat so I have fish every day."

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. For example, one person had been assessed as being at a medium risk of malnutrition when they had been admitted to the home but due to a steady increase in the person's weight the risk had reduced to low.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One person said, "If I have a hospital visit then they sort it out for me." Another person told us, "My family take me to any appointments, we like it that way." We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

We spoke with two visiting healthcare professionals during the course of this inspection and both gave us positive feedback about the service provided. One person said that the staff were knowledgeable, they had all the relevant information to hand and the call had been made appropriately. Another person told us that the home was always clean and fresh when they visited, the staff were friendly and approachable and responsive to instructions.

## Is the service caring?

### Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and preferences. One person said, "This is a brilliant care home, I've been in several but this is the best, the carers are kind here." Another person told us, "The carer is good at helping me with my bath, I like one especially. They are kind and thoughtful."

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

People told us that the care staff were good. One person said, "We've got lovely carers here." Another person told us, "They are a friendly lot here." We observed that staff demonstrated kindness and attention when they were supporting people. For example, one person had a problem with a remote control and the staff member immediately went and searched the room and found the control and brought it back and then returned later to check that all was well.

However, one person indicated that people were expected to be in their individual bedrooms by a set time in the evening. They told us, "I can get up and go to bed when I want to but we have to be tucked in by 9 p.m. They like people in their rooms by 9, they don't want people in the lounges – I suppose it is because there are only two staff on then."

People who used the service told us that they could have visitors whenever they wanted to come. One person said, "My [relative] comes twice a week but they are on holiday at the moment, I miss them." Another person told us, "Visitors can come when they want, they can have a cup of tea or we can walk in the garden." A regular visitor told us that they could come and go and had a code for the doors so that they could easily visit their friend. A relative told us that there were no restrictions on visiting people who lived in the home but that it was made clear that mealtimes were protected so that people could be supported to eat their food without distractions. Relatives also told us that they were welcome to visit later in the evenings if they wished but they had been asked to advise staff of this for security reasons.

People told us that their personal care and support was provided in a way that promoted their dignity and respected their privacy. For example, we saw that staff knocked on doors, asked for permission and waited for a reply before entering people's bedrooms. Staff members used people's preferred names and assisted them in a calm, patient and considerate way that upheld and maintained their dignity at all times. One person told us, "They always knock and they always shut the door when I want it shut."

We noted that information held about people's health, support needs and medical histories was kept secure on the ground floor unit of the home. However, we noted that some personal and private information about people's care needs was accessible in the communal dining room during the course of the morning. We

mentioned this to the registered manager and the documents were immediately moved to a secure place to help promote people's dignity.

# Is the service responsive?

## Our findings

At our previous inspection of Stanborough Lodge on 28 May 2015 we found the provider was not meeting the required standards and that they were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not taken proper steps to ensure that people were given sufficient opportunities to help and support them to pursue meaningful and relevant social activities and interests at the home or in the local community.

At this inspection we found that improvements had been made in this area. The provider told us that they had recruited a full time activities coordinator and went on to tell us that this meant that people were offered organised activities for about an hour and a half in the morning and the same again in the afternoon. During the course of the morning we noted a Bingo game taking place in the communal lounge area, some people were sat in a quiet lounge area reading. The noticeboard in the communal hallway listed a variety of activities including flower arranging, music quizzes, board games, reminiscence sessions and a nail spa.

During the course of the morning we heard the provider chatting with people about a recent day trip to the seaside. People told us that they had really enjoyed the day, one person said, "It was a great day out, it was nice to walk along the seafront and gaze at the sea." The staff member responsible for co-ordinating the activity provision in the home told us of a planned BBQ later in the month and a forthcoming trip out to a garden centre. We were also told of a recent event where relatives were invited to join people for 'afternoon tea'. The tables in the dining room were re-arranged to accommodate extra people and home-made cakes and sausage rolls were included in the fare provided. People told us they enjoyed this and it had a party atmosphere.

People's bedrooms were personalised and reflected the individual with photographs, furniture and ornaments of their choice. People told us that their daily routines were arranged around their wishes and needs. For example, one person told us, "I tell them what time I want to get up and they wake me up very gently with a cup of tea. They pat me on the shoulder." A care staff member gave us an example where they brought lunch upstairs for one person each day ahead of the others because the person did not like it if the food wasn't straight from the kitchen and they wanted it at a certain time. This showed us that staff respected people as individuals.

People and their relatives told us that the care provided was centred around people's individual needs. Relatives told us they were kept 'in the loop' in relation to people's care and support needs and were always informed if there were any concerns.

There were regular meetings held to provide an opportunity for people who used the service to be involved in how the home was run. For example, a meeting held in May 2016 had included such topics as the menu, the activity provision, the environment and the laundry service. People expressed some dissatisfaction with the laundry service and the registered manager had been able to report that a member of staff had been employed to take responsibility for this area and that they were waiting for the recruitment checks to be completed at this time. At a previous meeting people had requested a specific fruit juice to be added to the

menu. At this meeting the registered manager was told that the person was happy as they now had their requested juice provided for them. This showed that people were able to positively influence the service they received.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One person we spoke with told us that they had complained about some rubbish outside their bedroom window which was spoiling their view. We looked at the registered manager's complaint records and noted that this had been passed onto the maintenance person and had been dealt with in a timely manner. One relative told us that they had not had any concerns at all but would be able to raise any concerns with any of the staff team and would be confident that appropriate action would be taken.

## Is the service well-led?

### Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One person told us, "My [relative] would do it for me, they would go to the manager, but I know who the manager is." A relative told us that they found the registered manager to be friendly and approachable.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

There were management meetings held weekly between the registered manager and the provider to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. For example, issues with high water temperatures had been reported to the provider. We discussed with the registered manager and provider that the current audit document does not include reference to when the relevant action had been taken and the matter closed, they acknowledged this and undertook to strengthen the records to include this information.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals such as GPs and solicitors. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. For example, the report of the findings from the survey undertaken in August 2015 noted that people who used the service were unaware of when residents meetings were taking place. The provider had suggested that as well as displaying posters in the communal areas of the home people should be notified individually to make sure they were aware and able to make a decision whether to attend or not. We noted from the minutes from the most recent residents meeting that people who did not wish to attend the communal areas to take part in the meetings were consulted individually in their rooms. This helped to make sure that all parties had the opportunity to make their voice heard.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.