

# Abbeyfield Furness Extra Care Society Limited

## Staveley House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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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

Staveley House is a residential care home providing accommodation and personal care to 36 older people at the time of the inspection. The service can support up to 40 people in one purpose-built building.

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

People were safe and protected from abuse and avoidable harm. Hazards to people's safety had been identified and managed. There were enough staff to support people. The provider carried out robust checks on new staff to ensure they were suitable to work in the home.

The staff were trained and skilled to provide people's care. People enjoyed the meals and drinks provided. The staff supported people to access appropriate healthcare services to maintain good health. The staff asked for people's consent and respected the decisions people made. People's rights were protected. 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.

The staff treated people with kindness and respect. They gave people their time and understood this was important in supporting people's wellbeing. The staff respected people's privacy and dignity and supported people to maintain their independence.

The staff knew people well. They planned and provided care to meet people's needs and to take account of their preferences. People could see their visitors as they wished and maintain relationships that were important to them. The provider had a procedure for receiving and responding to complaints about the service.

The focus of the service was on providing people with a high-quality service that placed them at the centre of their care. People told us this was a good home and said they were well cared for and happy living there. They were asked for their views and included in decisions about the home. The provider took action promptly when concerns were shared with them. They had systems to share learning from incidents with the staff team to improve the service further.

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

The last rating for this service was good (published 21 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Staveley 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 Care Act 2014.

#### Inspection team

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 care service.

#### Service and service type

Staveley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We reviewed the information we held about the home, including significant events the registered manager had informed us about. We asked the local authority commissioners for their views of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, two assistant managers, care staff and domestic staff. We looked around the home to check it was clean, free from odours and a safe place for people to live.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service, including how the registered manager and provider monitored the quality and safety of the service.

#### After the inspection

We reviewed concerns we received from staff about the management of the service. We passed the concerns raised to the provider to investigate. Further detail about this can be found in the well-led section of the full report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The staff in the home were trained in how to identify and report abuse.
- People told us they felt safe in the home. One person said, "I feel safe here, nobody would ever harm me." All the staff we spoke with said they were confident people were safe in the home.

Assessing risk, safety monitoring and management

- The staff identified risks to people's safety and gave people guidance on how to remain safe in the home and community.
- Where people were at increased risk, detailed risk assessments were in place to guide staff on how to ensure their safety. The staff understood how to protect people from the risk of harm.

Staffing and recruitment

- Most people told us there were enough staff employed in the home. People told us the staff responded promptly if they used the call system to request staff assistance. One person told us, "Staff come straight away when I ring the buzzer." Another person said, "They come straight away if I buzz."
- One person told us there had been times they had waited for staff to attend when they used the call bell. We also noted two call bells were ringing for a significant time without staff attending people. We asked the registered manager to arrange for staff to answer the call bells.
- Following our inspection we passed this concern to the provider for them to arrange for call response times to be monitored to assess if staffing levels or staff deployment needed to be reviewed.
- The provider carried out robust checks on new staff to ensure they were suitable to work in the home.

Using medicines safely

- The staff handled people's medicines safely and people received their medicines as their doctors had prescribed. Staff who handled medicines had been trained to do so safely.
- Medicines were stored securely to prevent their misuse. The staff kept accurate records of the medicines they had given to people.

Preventing and controlling infection

- The home was clean and free from unpleasant odours. People told us the staff gave them the support they needed to keep their own rooms clean. One person said, "My room is nice, it's very clean and they [staff] clean it every morning." A visitor told us, "The cleanliness is excellent."
- The staff were trained in how to protect people from the risk of infection. They used appropriate protective

personal equipment, such as disposable gloves and aprons, and followed infection control procedures.

#### Learning lessons when things go wrong

- The provider checked the service to ensure people were safe. Where they identified any areas of concern these were shared with the staff team to ensure lessons were learnt to improve the service.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager ensured people's needs were assessed before they were offered accommodation in the home. This helped to ensure the facilities and service were suitable to meet individuals' needs.
- Some people were supported by specialist healthcare services. The needs assessments included information provided by the other services which supported people. This helped to ensure people's care was planned and provided to meet their needs. The needs assessments had been used to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- The staff were trained and skilled to provide people's care. They told us they had completed a range of training to give them the skills and knowledge to support people. They said this included completing qualifications in health and social care.
- People spoke highly of the staff. One person told us, "They [staff] are well trained, they all seem to know what they are doing, they are very good."

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

- People enjoyed the meals and drinks provided. They said the meals were of a good quality and they were always given a choice of meals. One person said, "The food is excellent, it's lovely to have home cooked food." Another person told us, "We get plenty to eat and drink."
- The staff made mealtimes a pleasant and sociable occasion. Tables were attractively presented and the staff checked people had the condiments they wanted to season their meals.
- Some people required special diets to maintain their health and safety. The staff knew people well and knew who required special diets.

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

- The staff in the home worked with local and specialist health services to ensure people received effective, timely care. The staff knew the health services which supported people and contacted them as required for advice. The advice given by the healthcare services which supported people was included in people's care plans. This gave guidance for staff on how to support people to maintain good health.

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

- Staveley House was purpose built as a care home for older people. There was a passenger lift to assist people to access the accommodation on the first floor of the home. The home had a range of sitting rooms

people could use to see their visitors in private. The home was well maintained and decorated to a high standard. People could bring their own items into their rooms to personalise them as they wished.

- Corridors in the home were wide and had been designed with spacious areas where seating had been placed. Two people told us they liked to sit in these areas. One person told us, "I like to walk up and down the corridors, there are some lovely places where you can just sit."

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 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. 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.

- The staff asked for people's consent before providing care and respected the decisions people made. People maintained control of their lives with support from staff as they required.
- The staff had completed training in the MCA and knew how to protect people's rights. Where the registered manager identified people required restrictions on their liberty, to ensure their safety, she had applied to the local authority for a DoLS authorisation.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The staff treated people with kindness and respect. One person told us, "The staff are very kind, very nice and lovely." The staff gave people their time and understood the importance of this in supporting people's wellbeing. One person said, "The staff are very chatty and make me feel happy."
- The staff noticed if people were anxious or distressed and gave them prompt support and reassurance. We saw the staff used caring and empathetic interactions which helped to calm and reassure people.

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

- People were asked for their views and included in decisions about their care. The staff respected the choices people made. People chose where to spend their time and if they wanted to be on their own or with other people.
- One person told us they liked to spend time on their own. They said the staff regularly checked they had everything they needed. They told us, "I choose where to spend my time. The staff pop in and see me and ask if I need anything."

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. They knocked on doors to bedrooms and toilets before entering and asked people discreetly if they needed help with their personal care.
- The staff supported people to maintain their independence. People told us this was important to them. One person said, "I like to manage on my own but they [staff] do help if I need it." Another person said, "They [staff] help me do as much as I can."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The staff assessed people's needs and used the information collected to develop a care plan for each person. The care plans included information for the staff about the choices people had made about their care and how they wanted to be supported.
- The staff knew people well. They knew the things that were important to people and provided care in line with their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff knew how people communicated and gave people the support they needed to understand important information. People's communication needs and preferences were recorded in their care plans to guide the staff on how to support them. The registered manager had links with services which could provide information in alternative formats, if required to meet people's needs.

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 able to maintain relationships that were important to them. They told us their friends and relatives could visit them as they wished and said there were no restrictions on when they could see their visitors. This was confirmed by the relatives we spoke with.
- We received mixed views about the activities provided in the home. Some people told us they engaged in activities they enjoyed but other people said they would like more activities to be provided. The provider held regular meetings with people where they were asked for their views of the activities and could suggest activities they wanted to take part in.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they would speak to the staff or registered manager if they had any concerns about the service they received.
- The management of the service was overseen by a volunteer executive committee. Members of the committee regularly visited the home and gave people the opportunity to share any concerns they may have about the service.

## End of life care and support

- The staff gave people the support they needed to remain in the home, if this was their wish, as they reached the end of their lives. The staff told us they had been trained in how to support people who were reaching the end of their lives. They said they worked with local healthcare services to ensure people were able to remain in the home and remain comfortable. The service had links with local specialist services they could contact if they needed support in helping people remain comfortable and pain free at the end of their lives.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The focus of the service was on providing people with a high-quality service that placed them at the centre of their care. People told us this was a good home and said they were well cared for and happy living there. One person told us, "I am most impressed with this place, its lovely."
- The home had a good reputation in the local area for providing high-quality care that promoted 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider understood their responsibilities under the duty of candour. The home was run by a volunteer executive committee. Members of the committee visited the home to seek people's views and to monitor the quality of the service. Where people raised any concerns about the service the registered manager and provider were open with people, investigated any concerns thoroughly and, where appropriate, apologised to people for any failings in the service.
- The registered manager and provider held meetings with people in the home and the staff to gather their views. People had been reminded at the meetings about how they could raise concerns or complaints about the service. The staff had also been reminded of the importance of being open and honest with people and their relatives when incidents occurred in the home.

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

- There was a registered manager employed in the home. Some people told us they knew the registered manager, other people said they were not sure who the registered manager was.
- Following our inspection we received concerns from staff about the management of the home. Although the concerns had not affected the quality of care provided to people, the staff told us their morale was low and staff were leaving due to how they were being treated. We shared the concerns raised with the provider. They immediately took action to investigate and address the concerns raised. This showed the provider took prompt and effective action to improve the quality of the service when concerns were raised.
- The provider had notified us of significant events that had happened in the home. The provider had systems to share learning from incidents with the staff team to improve the service further.

#### Working in partnership with others

- The staff worked with other services to ensure people continued to receive the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans.