Stanwell Rest Home Limited

Stanwell Rest Home

Inspection report

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Hampshire
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05 October 2016

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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

This inspection took place on 04 and 05 October 2016 and was unannounced. The home provides accommodation and care for up to 38 older people, including people living with dementia. There were 36 people living in the home when we visited. Accommodation is provided in either the main building or a second building in the grounds providing eight individual 'apartments'.'

At our previous inspection, on the 07 and 10 July 2015, we found three breaches of regulations. The service was not meeting the regulations relating to keeping people safe from risk of harm, monitored the risk to people's health and governance arrangements. We issued a warning notice and required the provider to make improvements. We returned to the service on the 14 December 2015 and found they had taken appropriate action. At this inspection we found improvements had been made and the identified concerns had been addressed.

There was a registered manager in place. 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.

People felt safe living at Stanwell Rest Home and they were very much at the heart of the service. The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people. Staff received training in safeguarding adults and knew how to report concerns.

Staff were trained and assessed as competent to support people with medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received regular one to one sessions of supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an appropriate induction programme.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

People had a choice and access to a wide range of activities and were able to access healthcare services.

'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Staff were responsive to people's needs which were detailed in people's care plans. Regular audits of the service were carried out to asses and monitor the quality of the service. Staff felt supported by the registered manager.

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 told us they felt safe living at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and recruitment practices were safe.

Risks were managed appropriately and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and one to one supervisions. Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were involved in their care plan and their privacy was respected.

People were treated with dignity and respect; and encouraged to remain independent.

Is the service responsive?

Good

The service was Responsive.

People received personalised care from staff who understood and were able to meet their needs.

The registered manager had appointed staff members to be champions in dementia and skin integrity.

People had access to a range of activities which they could choose to attend.

People's views about the home were listened to. A complaints procedure was in place.

Is the service well-led?

Good

The service was well- led.

Staff spoke highly of the registered manager, who was approachable and supportive. Staff felt there was an open and transparent culture within the home.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff had regular meetings and were asked for ideas on the running of the home.

Stanwell Rest 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 the 04 & 05 October 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eleven people living at the home, and one family member. We also spoke with the registered manager and nine staff members. We looked at care plans and associated records for seven people, five members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We also received feedback from a health care professional.

Good

Is the service safe?

Our findings

At our previous inspection, on the 07 and 10 July 2015, we identified that people's safety was compromised in some areas. We issued a warning notice and required the provider to make improvements. We returned to the service on the 14 December 2015 and found they had taken appropriate action. At this inspection we found improvements had been made and the identified concerns had been addressed.

People told us they felt safe and were treated with respect. One person told us, "I feel absolutely safe. I've slept every night since I've been here which is more than I did at home." Another person said, "Very good, they look after me very well." We asked a family member if they thought their loved one was safe they told us, "She has her ups and downs but they seem to take good care of her, and the staff seem friendly."

At our previous inspection we identified that the provider had failed to fully assess and manage risks relating to people's health and wellbeing. During this inspection we found that staff understood individual risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. Risk assessments were in place for falls, medicines, skin integrity, moving and handling, sexual relationships, nutrition and hydration, sensory, medicines and social isolation and were reviewed monthly. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin. Records showed for one person they were at risk of misplacing their glasses and a photo had been placed in the person's wardrobe to help identify them.

The risks posed by people who smoked were managed appropriately. People were not permitted to smoke in their bedrooms and had agreed to allow staff to look after their lighters for them. A safe and sheltered area of the home had been set aside for smoking.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.

People were supported to receive their medicines safely. People said they received their medicines regularly and at the correct times. One person told us, "They always come round and ask if I need anything and if I ask them they will get me a tablet." Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for obtaining, recording, administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. Audits were carried out

regularly on MAR charts and audits of medicines in the cabinet.

People were protected against the risks of potential abuse and had access to information about safeguarding and how to stay safe. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "If I had any safeguarding concerns I would speak to my manager straight away."

Recruitment processes were followed that meant staff were checked for suitability before being employed by the home. Recruitment records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

There were sufficient staff to meet people's care needs. One person told us, "The main issue here is staff sickness, but the staff here are very good, they fill in where needed." Another person said, "There are usually three night staff on and they are all very good." During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us, "The team co-ordinations and I cover on call, which means if a staff member went sick and we couldn't cover the shift by another member of staff the person on call would cover the sickness."

Arrangements were in place to manage infections. An infection control lead was in place and carried out regular audits and monthly room checks. All staff had received training in infection control and demonstrated a good understanding of infection control procedures. Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. Check sheets recorded all cleaning and had been completed as planned. However on the first day of our inspection there was also an odour coming from the reception hallway, which was not present the following day. The home seemed clean and people told us they had no concerns about the cleanliness of the home.

Good

Is the service effective?

Our findings

People were happy with the service offered at Stanwell Rest Home. One person told us, "I'm really happy here." Another person said, "The food is really good." A third person told us, "The main chef is really good; they have made a real effort with my vegetarian diet."

People were supported to have a meal of their choice. One person told us after eating their lunch, "I enjoyed my meal." Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at lunch time and a choice of two different puddings. If people did not want the choice on the menu they could chose an alternative. The cook walked around the home in the morning and spoke with people about what was on the menu that day. The cook was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. People were sat either at a table or armchairs and brightly coloured cups helped distinguish drinks from rest of the table. Staff were attentive to people, offering them additional portions and encouragement to eat. People on specialist diets were identified. For example one person was a vegetarian they told us that they had discussed preferred menu options with the chef, so they had a bank of meals which they could choose from. The registered manager told us, "We have one person who will sometimes not be in the mood to sit down and eat a meal. In which case we will have some finger food for them so they can walk around eating."

Staff were skilled and knowledgeable about how to care for people living with dementia. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. In addition a high proportion of staff had completed or were undertaking vocational qualifications in health and social care. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "Training is brilliant; lots of it and it helps me with my role." Another staff member said, "Training is very interesting and we do a lot of training."

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported by staff who had supervisions (one to one meetings) with their line manager and annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "My supervisions are really good and I have them monthly." Records showed that staff received supervisions every six – eight weeks and that any issues brought up in the meeting had been followed up and actioned. The home had introduced a new style of supervision which monitored staff performance in personal care, bed changes, reading care plans and attending staff meetings to improve the quality of care provided.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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. One staff member told us, "I completed training on the MCA two weeks ago which I really enjoyed and it definitely made it clearer and easier to understand."

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 was being met. DoLS had been authorised for people and applications had been made for a further people who were being processed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People had access to health and social care professionals. Records showed people were seen regularly by GPs, social workers, opticians and district nurses. People's general health was monitored and they were referred to doctors and other healthcare professionals when required.

The home was easy to navigate and good signage was used around the home. The home had two lounges which provided sufficient areas for people to relax, with a choice of seating in quiet or busy areas, depending on their preferences. Good lighting levels, and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. One person was really keen to show us their room as they had just had a new carpet fitted and they were really pleased with it. They told us, "I'm thrilled with my room."

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion and we observed positive caring interactions between staff and people. People were moving around the home and spending their time as they wished. One person told us, "Staff are very good and very nice and caring." Another person said, "The staff make me feel very welcome, nothing appears too much trouble." A third person told us, "Staff have bought in books for me, which is very kind. They have also taken me to the library."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I just think it's really brilliant here especially the residents I love them." Another staff member said, "I love working here because of the residents." People were relaxed and comfortable in the company of staff. Staff gave people time to process information and choices were offered. Although busy staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well.

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people' s care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. For one person we saw their care plan contains lots of photographs of their houses they had grown up in and also a life history of their children.

The home had a dignity champion who kept updated by attending local forums on dignity and sharing best practice. We spoke with the dignity champion who told us they had provided training for staff on what they thought dignity was and discussed this in team meetings. People told us that privacy and dignity was adhered to and we observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms.

Staff understood the importance of promoting and maintaining people's independence. One person told us, "It's not all that bad here, it's like home, and you can still do your bits and pieces and get on with things." One staff member said, "I always encourage independence the more people can do the better for them." Peoples care plans had details of how to support people to do things as independently as possible. People who required prompting to use mobility aids, were assisted to be as independent as possible, and staff stayed with them and prompted safe use without over supporting and taking away people's independence.

We observed caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's

care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person told us, "It's nice that they take you out, it reminds me of when I was younger." Another person said, "I went to the church service last Friday, which was very nice and I sang a few hymns."

People experienced care that was personalised and detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, for one person who had difficulties expressing when they were in pain, their care plan contained specific information to help guide staff with nonverbal clues to identify when they were in pain or had a possible infection.

The registered manager told us they had appointed a member of staff to act as the service's dementia champion. A dementia champion should challenge poor care practice, act as a role model and educate and inform staff working with them. We spoke to the dementia champion for the home who said, "I wrote to all the residents' doctors to confirm what type of dementia residents were living with. When I had confirmation I put together information packs on the different types of dementia." They told us this helped them to write up care plans which were more personalised and detailed how the type of dementia affected people's daily lives. Dementia care plans were detailed and showed for one person how they liked to spend their day and how to settle them if they become confused or agitated. The dementia champion was planning to get together with the dignity champion in the next staff meeting and were working together to hold some visual training by role playing to help improve staff learning.

The registered manager had also appointed a member of staff to act as the services pressure ulcer lead. We spoke to the pressure ulcer lead who said, "I attended a course on pressure ulcer and skin integrity and really enjoyed it and then I spoke to the registered manager who suggested I oversee at the home." They told us as a result they have completed diabetic foot assessments for people where needed and informed staff on what to look and said, "I'm very passionate about it. We have one resident who won't let us check his skin bit I noticed his ear was bleeding and asked him if we could get a doctor to which he agreed to and it turned out to be skin cancer which has now been treated."

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. Staff told us they reviewed care plans with people monthly. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met.

People had a range of activities they could be involved in. People were able to choose what activities they

took part in and suggest other activities they would like to undertake. One person told us, they had regular visits with baby animals from Longdown Dairy Farm. They said, "There were baby chickens, pigs and ducks, I looked up and to my surprise, a baby donkey walked through the door!" People living at the home enjoy weekly activities such as attending Coffee morning at the local church, travelling into town to do a bit of personal shopping, or attending local Garden Centres and places of interest by mini bus. We spoke to the activities co-coordinator who told us, "We have organised activities in the afternoon, for example singing and dancing, arm chair aerobic, and quizzes."

Residents meetings' were held every month and people's families were also invited to attend. Minutes from a resident meeting showed that people had attended and that they were happy with the food and activities. Staff told us this was a time to discuss any issues in the home. The registered manager also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home. The feedback from the latest quality assurance survey, from December 2015, showed people were happy living at the home and the responses were positive about the care and support they received. Comments from people included, 'I get well looked after and the meals are nice and the staff are friendly.' As well as, 'I try to do things for me if I can, but if I need help Staff will always help me.'

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. The provider had received one complaint since our last inspection and records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

At our previous inspection, on the 07 and 10 July 2015, we identified that monitoring systems were not always effective. We issued a warning notice and required the provider to make improvements. We returned to the service on the 14 December 2015 and found they had taken appropriate action. At this inspection we found effective monitoring systems were in place.

People felt the home was well run. One person told us, "The manager is very good; I'm very impressed with her." A health professional said, "[Registered manager] is lovely and responds to my requests straight away and is very helpful."

Staff felt supported by the registered manager. One staff member told us, "[Registered manager] is very supportive they have been brilliant especially with me." Another staff member said, "Manager very supportive."

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and were aware of the responsibilities in line with the requirements of the provider's registration. The registered manager told us, they kept up to date by reading news bulletins, updates from CQC and attending training.

However, the provider did not have a duty of candour policy in place to help ensure staff acted in an open way when things went wrong. A person who fell, causing a serious injury was given information about the incident, but a letter was not sent to the person as required. We discussed this with the manager who agreed to develop a suitable policy.

Staff meetings were carried out once a month. Staff meetings were used to discuss concerns about people who used the service and to share best practice. Minutes from a meeting in August 2016 showed that staff had voted for a 'Carer of the month'. Staff voted each month for a staff member they believed had gone above and beyond and the reasons why they should receive the award. The registered manager told us, "We now have a full fire evacuation at each meeting and people can get involved to if they want to as well. This is really working well and keeps staff updated should an emergency arise."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care and support plans, wheelchairs, infection control, DoLS, mattresses and bed changes. Where issues were identified and any remedial action was taken. The registered manager told us, "Team work amongst the team co-coordinators has been great and they are working closely together in care plans audits and reviews and are really starting to see the monthly benefits of that."

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.