

Age Concern Wirral

Stanhope Court Residential Care Home

Inspection report

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Date of inspection visit:
27 June 2017

Date of publication:
24 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 27 June 2017 and was unannounced. We last inspected Stanhope Court on 9 June 2016 when we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations because the provider did not have plans in place to ensure the safe care and treatment of people who used the service. During this inspection we found that action had been taken to address this.

During this inspection we found that improvements had been made to many aspects of the service. However, we identified a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because consent to care and treatment had not always been gained lawfully in accordance with the Mental Capacity Act 2005.

Stanhope Court is situated within the Meadowcroft building where a range of daytime activities is provided by Age UK for older people and for people living with dementia. The care home is registered to provide accommodation and personal care for up to 13 people. People who used the service were older people and were predominantly people living with dementia. At the time of this inspection there were 12 people living at the home and one person having a short stay there.

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.

People told us that they felt safe and comfortable living at Stanhope Court. Improvements had been made to the recording, reporting and investigation of accidents and untoward incidents and action had been taken to prevent further occurrences.

There were enough staff to meet people's care needs. Robust recruitment processes were in place to check staff were suitable to work with vulnerable people. Staff received training relevant to their work. Everyone we spoke with was very happy with the staff team.

We found significant improvement to the safe storage and recording of medication.

People were happy with their meals. They told us they had plenty to eat and drink and that alternative meals were always available.

Building work had improved communal facilities for people living at the home and provided offices for the manager and the senior care staff. Friends and relatives were now able to visit without going through the reception and day centre areas. The environment was clean and well-maintained.

Information regarding mental capacity assessment, Deprivation of Liberty Safeguards, and consent was unclear and unsatisfactory and further work was needed in this area to ensure full compliance with the Mental Capacity Act.

Care files contained plenty of information about the people who lived at the home and work was in progress to improve the presentation of the care files.

A programme of quality audits was in place and people were given the opportunity to express their views about the service at meetings of the resident and relative forum.

We found a poor standard of record keeping across the service which meant that it was difficult to access clear and up to date information.

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 

People told us they felt safe and comfortable living at Stanhope Court. Improvements had been made to the recording, reporting and investigation of accidents and untoward incidents.

There were enough staff to meet people's support needs and robust recruitment processes were in place to check staff were suitable to work with vulnerable people.

We found significant improvement to the safe storage and recording of medication.

The environment was clean and well-maintained.

Is the service effective?

Requires Improvement 

The service was not entirely effective.

Information regarding mental capacity assessment, Deprivation of Liberty Safeguards, and consent was unclear and unsatisfactory and further work was needed in this area to ensure full compliance with the Mental Capacity Act.

Staff received training relevant to their work.

People were happy with their meals. They told us they had plenty to eat and drink and that alternative meals were always available.

Building work had improved communal facilities for people living at the home and provided offices for the manager and the senior care staff.

Is the service caring?

Good 

The service was caring.

Everyone we spoke with was very happy with the staff team.

People told us that their personal care needs were attended to promptly and this protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

Care files contained plenty of information about the people who lived at the home and work was in progress to improve the presentation of the care files.

Staff provided social stimulation for people throughout the day.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led.

The home manager had applied for registration with CQC.

A programme of quality audits was in place and people were given the opportunity to express their views about the service at meetings of the resident and relative forum.

The standard of record keeping across the service required 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 was 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 27 June 2017 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.

During our visits we spoke with two people who used the service, two relatives, two visiting professionals and seven members of staff who held different roles within the service. We observed the support provided to people in the lounge and the dining room.

We looked at care notes for four 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.

Is the service safe?

Our findings

Two people we spoke with said they felt safe living at the home. One person told us they had never had any issues with any of the staff. The other person said that a member of staff had been unkind to them. This was reported and the person was happy with how this was dealt with. People told us that the staff were very helpful and friendly and if they used the call bell, staff came quickly to help them.

A relative told us "The staff are great, they provide amazing care and there are lots of systems in place to keep my [relative] safe." Relatives told us there was always a member of staff in the lounge keeping people company and helping them.

The service had safeguarding policies and procedures and a leaflet gave clear details about recognising and reporting abuse. Training records showed that staff had received training about safeguarding.

At our last inspection of Stanhope Court we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations because the provider did not have plans in place to ensure the safe care and treatment of people who used the service. During this inspection we found that this had been addressed.

We looked at records of two incidents where concerns had been raised and we were reassured that the manager had acted promptly and appropriately and taken action to ensure that people living at the service were kept safe and that staff who raised concerns were listened to. During the 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. We saw risk assessments in the care files of people who had mobility problems and these set out the steps that should be taken to mitigate the risk.

Staff rotas showed that there was always a senior care assistant on duty, with three care staff during the day and two at night. Nearly all of the care staff had a national vocational qualification (NVQ) in care at level 2 or above. There were three staff vacancies and recruitment was on-going. Shortfalls were covered by agency staff. The manager was unable to provide any information about the agency staff who worked at the home. However, when we raised this issue with senior management it was addressed immediately and we were able to confirm that the agency staff had received training and had criminal records checks.

In addition to the care staff, there was a full-time manager, a housekeeper and administration support.

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

Since our last inspection, medicines storage had been moved to a larger, better-ventilated room. An electronic system was used to record medication and senior care staff told us they had received good

training about how to use the new system and that support was always available if they had any problems with it. The room was clean, tidy and well-organised and records we looked at showed that people received their medications as prescribed. However, we found that people's eye drops were not always managed safely. Senior care staff carried out regular medication audits.

We looked at health and safety records, which were difficult to navigate. They showed that regular checks of the premises and equipment were carried out, however some of these were very general and lacked any detail to show which pieces of equipment, or parts of the building, had been checked and what they had been checked for. Up to date certificates were on file for the fire alarm system and extinguishers, moving and handling equipment, electrical installations, and the staff call system. The gas safety certificate had recently expired and we were informed that work was being carried out.

Following the inspection, the provider sent us a copy of a fire risk assessment that had been commissioned in 2016 and reviewed in 2017. This showed that actions had been taken to improve fire safety. The home's fire plan needed to be updated to reflect changes in the layout of the ground floor. We considered that the personal emergency evacuation plans for people living at Stanhope Court were unclear and not fit for purpose. We brought this to the attention of senior management and it had been fully addressed by the next day.

Relatives of people who lived at the home told us "Everywhere is always clean and tidy." and "Her room is lovely and spotlessly clean." A housekeeper was on duty every day and we found the premises to be clean with no unpleasant smells. Disposable gloves and aprons and antibacterial hand gels were readily available in the home. The home's infection prevention and control audit showed a significant improvement in the last year.

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 the least restrictive possible option.

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 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 or authorisations to deprive a person of their liberty were being met.

The manager was not able to provide clear information about who had a DoLS in place and a list in the seniors' office showed that most people living at the home had an authorised DoLS but this was incorrect. We eventually established that two people who lived at Stanhope Court had an authorised DoLS and others had been applied for but not processed by the local authority.

A general capacity assessment was used and this did not always clearly state the reason why the person's capacity to make decisions was being assessed. Two care files that we looked at contained mental capacity assessment forms that had been completed in February 2017, but the forms did not specify the decision to be made. When people lacked capacity to make certain decisions due to dementia, there was no information about decisions they were still able to make for themselves, for example what to wear or where to spend their time.

Generic forms were used to seek consent from relatives regarding photographing the person, administration of medication, and opening mail. Relatives cannot always give legal consent to decisions on a person's behalf and therefore the wording on these forms was misleading. One person had been assessed as having capacity to make their own decisions. However, we found that a relative had signed forms giving consent for staff to administer their medication and to open their post. We also saw a lack of evidence to show that this person had been appropriately involved in choices about their diet. The care file for another person had consent forms signed by a relative but there was no evidence to show that the relative had Lasting Power of Attorney to make decisions regarding the person's health and welfare. These examples showed a lack of understanding of the principles of mental capacity and consent.

This is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 because consent to care and treatment had not always been gained lawfully in accordance with the Mental Capacity Act 2005.

When we looked at staff files we found evidence of induction training for new staff. We spoke with a member of staff who was new to the service and they told us that their induction had been very thorough. We also

saw records showing that they had a review meeting after one week and after one month, which is good practice.

Training records were not easy to follow, however following the inspection the provider sent us a clearer training matrix. This showed that all of the staff team had either completed, or almost completed, a full programme of training relevant to their work. Some of the training was dated 2014 and 2015 so may be due for updating. One of the senior care staff we spoke with was supporting newer staff with the Care Certificate and said they found this rewarding.

A system of regular supervision and annual performance review had been put in place, which involved the senior care staff in conducting supervision meetings for the care staff. The records we were given showed when the meetings were due but did not confirm whether the planned meetings had all taken place. The records also showed that most staff had not had a performance appraisal in the last year.

We asked people about the meals they received and they told us "The food is pretty good."; "There is plenty to eat and drink here and if I need something I can just ask." and "The food is nice and there is always a choice." A relative said "The food is good, my [relative] is happy with it and never refuses it."

People had their meals in the dining room that was also used at lunchtime by people attending the day centre. However, arrangements had been changed since our last inspection so that lunch was served at midday for people using the day service and at 1pm for the people living at Stanhope Court. The tables were set nicely for lunch and the menu was shown on a white board. People were sitting at tables of four. Staff told us that three people needed some support to eat their meal and they were sitting together at a table. Staff were also aware that other people may need some prompting with their meal. There were enough staff to provide the support people needed and equipment was provided to help people to eat independently.

We spoke with the cook and she was aware of people's diets and preferences and had an information sheet for each person. She told us that she tried to prepare a meal that everyone would enjoy, however an alternative could always be provided. Care staff told us that during the morning they asked people if they wished to have the main meal or an alternative. We noticed that one person had requested and received sandwiches. Care staff told us that the home received a very good service from the kitchen and that people were consulted about the menus. We also saw that people were supplied with drinks and snacks throughout the day.

During our last inspection we found that various information notices and work instructions were on display throughout the home. These, along with racks holding gloves and aprons in the corridor and a 'staff station' in the corridor, made the home appear institutional. These had all been removed and a sitting area had been created in place of the staff station. This all created a much more homely feel.

Building work had provided a bigger and brighter sitting room for people living at the home. This meant that they no longer had to use the day centre communal areas unless they chose to do so. We were informed that future plans included adding an orangery to the new lounge and creating a private garden. 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.

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 "I'm happy here, it feels homely." Relatives said "All the staff here are fantastic, they go the extra mile and more. Nothing is ever too much to ask of the staff." and "Mum receives person-centred care, she knows her carers and she's happy with them." People felt that the small size of the service helped to make it more homely.

A letter from the family of a person who had lived at the home read "Thank you for your outstanding care and support for [person's name]. You all gave her such a wonderful quality of life enabling her to have lots of fun and laughter. The respect and loving care in her declining days surpassed everything we could have hoped for."

Relatives told us that people received good support with personal care. They said "If anyone needs to go to the toilet staff promptly take care of this."; "My [relative] is always well presented." and "My [relative's] personal care is very good, as she is always clean and well-kempt." People were able to have a shower or a bath whenever they wished.

A relative told us "People are always treated with dignity and respect." and throughout the day we observed that interactions between staff and people who lived at the home were positive and respectful. Staff did not wear uniforms which contributed to a friendly and informal atmosphere.

People told us that their family and friends were welcome to visit anytime and they could speak privately if needed. A relative said she was welcome to visit anytime and communication with staff was very good. Staff kept her updated on any changes in her relative's health. One person had a friend who attended the day centre and the staff enable them to meet up. One person told us that they went out on their own most days and the staff supported them to do this safely.

Following the alterations to the building, visitors were now able to enter the residential service without having to go through the reception and day service part of the building. People had a comfortable lounge and chose to spend their time there rather than at the day centre.

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

Is the service responsive?

Our findings

One person told us "I do what I want when I want. I'm quite happy relaxing and putting my feet up." She said she had not been well recently and staff had been very caring and had helped her to get medical attention when she needed it. Relatives told us they were regularly involved in care planning and review. One visitor said they were reassured that "Staff know when to act when my [relative] needs medical attention.'

Everyone we spoke with said they would feel able to raise a complaint if there was anything they were unhappy about. They would feel comfortable speaking with the manager or staff and they would be listened to.

During the inspection we spoke with two visiting health professionals. They told us "This is one of the nicest homes I've ever been to. The staff are so, so helpful. It is spotlessly clean and I would happily put my relative here. There are always things going on in the lounge, all the time." and "There's always a member of staff to come with you."

The manager told us that they participated in NHS schemes including 'tele-triage' and 'care home connector' to ensure people had access to health services. He told us there were also plans to provide a weekly GP visit to the home. 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.

Individual care files were in place for all of the people living at the home. These contained assessments of the person's needs, which were carried out before they moved to the home. There was information about the person's life history, likes and dislikes and their medical history.

The care plan files were cluttered with old forms and documentation which made it difficult to be clear about what the current situation was and what steps staff should be taking to meet people's needs. For example, in one person's file there were three undated recommended diet sheets and it was unclear which plan staff should be following at that time. Documentation in this file showed that it had been reviewed every three months but this involved adding to the documentation that was already in place, leaving it unclear what changes had been made and when.

Some people's care plans said that their weight should be monitored, however weights were not recorded in the care plans but were held on the electronic medication system. This meant that staff, and visiting professionals, did not have ready access to this information.

The manager told us that they were in the process of reviewing and streamlining the care plan files. They intended to complete this work by the end of July. We looked at one of the new style care plans, which was clearer and easier to follow.

A relative told us "The activities are great, there's always something happening." Staff were providing social

stimulation throughout the day and there was laughter and singing coming from the lounge. There was an activities programme but this was flexible. People were also welcome to use the day centre facilities where a range of activities took place every day. Staff told us that people enjoyed attending special events in the day centre but generally preferred to stay in their home.

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 but this contained a lot of historic information and nothing with a recent date. There was a letter from a relative expressing concerns regarding lost hearing aids, but this was not dated and there was no record of how it had been addressed. The manager told us he had not received any complaints.

Is the service well-led?

Our findings

People we spoke with knew who the manager was and described the manager as "magic" and "wonderful". Both of the relatives we met said they had taken part in residents and relatives meetings. A letter from another relative stated "Thank you so much for the informative residents meeting 11.3.17. I really appreciate being updated on happenings at Stanhope Court and that you always seek to consult residents and their families."

We spoke with two members of staff who told us that the changes made to the service had all been positive and added "We're a great team – all of us." They considered that they were "much more supported". They told us that seniors and care staff worked together and there was "no barrier" between them. A member of care staff confirmed this.

The manager had applied for registration with CQC but the process had not yet been completed. The manager and the provider's 'nominated individual' had worked closely together to develop the service, with active support from the organisation's Chief Executive. We saw records of formal three monthly meetings between the manager and the nominated individual. The manager told us he attended meetings of several external groups including the registered managers forum and the dementia action alliance.

A family and carers forum had been established in March 2016 and meetings were usually held quarterly with minutes to track the discussion and actions. The meetings were an effective way to keep people updated on changes and improvements being made to the service. It also gave residents and relatives a platform to contribute their ideas. We saw that the management demonstrated openness and transparency in these meetings.

We looked for records of staff meetings but the most recent we found was a senior care staff meeting on 13 December 2016. The Chief Executive told us that he was holding a meeting with all of the staff shortly after our inspection.

A quality assurance file contained an audit schedule for the year. Audits covered areas including record keeping, involvement, information and consent, health and safety, staff management and supervision, infection control and nutrition. Some of these were scheduled to take place monthly, some bi-monthly and some quarterly. These audits were mainly up to date, however there were no audit records for medicines or health and safety since 2016 and we were told that these were kept elsewhere. Following the inspection, copies of these were sent to us by the Chief Executive.

It was evident from all of our observations and discussions with people that significant improvements had been made to the service provided. However, we found a poor standard of record keeping in many important areas, for example health and safety records, mental capacity records, staff supervision and training records and care files. There was too much historic information that needed archiving, which meant that current and relevant documents were difficult to find. We recommend a thorough review of records to ensure that clear, accurate and up to date information is readily available.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people's capacity to give consent to care and treatment was in doubt, it had not been assessed in accordance with the Mental Capacity Act 2005.