

# Stanley House Limited

# Stanley House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Stanley House is a residential care home providing personal and nursing care to 21 people living with either Huntington's Disease, acquired brain injury or mental health needs who also have a physical disability. Care and support is provided in one adapted building and there were 21 people using the service at the time of the inspection.

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

Fire safety concerns in relation to the blocking of a fire extinguisher were a potential risk to people's safety in the event of a fire.

Recruitment processes were not always fully completed to ensure the provider and registered manager was fully aware of potential employees work background.

Medicines were administered to people as prescribed however the administration of creams was not always recorded to evidence the application of these items.

Care plans were reviewed however these did not always fully reflect changes to people's care needs or full guidance for staff to reference and follow.

Risks to people identified care and support needs were assessed and staff members were aware of these and recording their actions where needed. Staff were aware of how to prevent the risk of cross infection.

The provider and registered manager was aware of their responsibility to inform the Care Quality Commission (CQC) of safeguarding incidents within the home as well as the local authority. Staff had received training in this area.

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. Documentation in relation to this however, required improvement.

Assessments of care and support needs were undertaken prior to people moving into the home and an initial care plan was in place. Staff received training to enable them to have the knowledge and skills to meet people's needs. Staff felt supported by the management team

People were supported to receive a balanced and varied diet and to have their health care needs met. People were cared for and supported by staff who were kind and caring. Staff respected people's wishes and respected people's privacy and dignity.

People were able to take part in fun and interesting things and at times able to involve their family members in events.

People and staff liked the registered manager and felt they were approachable.

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

This was a planned inspection based on the previous rating

The last rating for this service was Requires Improvement (published August 2018). There were breaches in relation to safeguarding people from abuse and improper treatment, notifying the CQC of safeguarding incidents and the governance of the service provided.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

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## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Stanley 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.

#### Service and service type

Stanley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

#### During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager and a bank nurse. In addition, we spoke with care staff, an activities coordinator plus two healthcare professionals who worked alongside the

provider.

We reviewed a range of records. These included people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We spoke with three family members about their experiences.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection we found the provider did not have effective systems in place to safeguard people as the provider had failed to report incidents to the Care Quality Commission (CQC).
- Since the previous inspection the registered manager has informed CQC of incidents which had occurred within the care home. In addition, they had, where needed, also informed the local authority.
- One person told us, "I am perfectly safe living here." A relative told us they were confident their family member was safe and free from abuse as they would know from the person's body language if they had felt at risk from poor care.
- Three staff members had completed further training to enable them to train staff members and provide updates on safeguarding. Staff confirmed they had received training in safeguarding and were aware of their responsibility to report any actual or suspected abuse. In addition, safeguarding formed part of staff meetings and supervision sessions.
- One member of staff told us, "I have not needed to report anything. People are safe." The same staff member told us they could use the whistleblowing procedure if they needed to report anything. A recently appointed member of staff told us, "I can't think of an incident where people weren't safe." Another member of staff told us, "I think people are as safe as possible."
- A flow chart giving information on safeguarding was displayed near the registered manager's office for staff to refer to if they needed to do so.

Assessing risk, safety monitoring and management

- We brought to the attention of the registered manager some concerns regarding fire safety. On the first day of the inspection a fire extinguisher was found to be blocked by a wheelchair. Later in the same day we saw a wheelchair was once again blocking the fire extinguisher. This was a potential risk to people in the event of a fire.
- We found occasions when some cupboards were not locked. For example, a sluice was left open containing cleaning materials. This posed a potential risk to people who could access these items.
- A relative told us their family member was, "Completely safe" living at the home.
- Risks to people's care were assessed and known to staff for example people at risk of choking. Staff were aware of the environmental needs when one person was eating such as how they were sat and regarding other people in the area. A member of staff told us, "Elements of risk are managed well."

Staffing and recruitment

- Application forms did not always contain information about potential employee's full working

background. Therefore, the provider and registered manager did not always have a full knowledge about where people had worked in the past to assist in ensuring staff were suitable to work with people. The registered manager told us they would address this matter. We will follow this through at the next inspection.

- A recently appointed member of staff told us checks had taken place to ensure they were suitable to work with people before their employment began.
- Relatives we spoke with were happy with the staff working with their family member and their ability to provide consistent care. A further relative told us staff were always around and of their ability to ensure their family member was safe and well cared for.
- Staff we spoke with believed there were enough staff on duty to be able to meet the needs of people living at the home. One member of staff told us the use of agency staff had gone down and were therefore able to provide more consistent care and support for people.
- Staff told us when agency staff were used they were often regular staff from the agency and therefore known to people who lived at the home.
- People told us they liked the staff. One person commented staff, "Do a good job."

#### Using medicines safely

- Documents for staff to sign once people's creams and ointments were applied where available for staff. We saw these were not always completed such as a cream used in place of a soap. We were therefore unable to establish if these items were applied as prescribed by a healthcare professional.
- We saw the nurse explained to people what their medicines were for. In addition, we saw the nurse return to the nursing office to sign the records following administering medicines to each person.
- Records for prescribed medicines such as tablets were completed to evidence nursing staff had administered these. We saw medicine counts were in place and these balanced when we carried out audits.
- Procedures were in place to ensure medicines requiring additional storage were correct and had the right amount of stock remaining. This showed these items were administered as prescribed.

#### Preventing and controlling infection

- One person told us they regularly had their bedroom cleaned. We saw staff cleaning people's bedrooms and communal areas of the home throughout the inspection.
- Staff had access to personal protective equipment such as disposable gloves and aprons as a means of reducing the risk of cross infection.

#### Learning lessons when things go wrong

- Competency checks were carried out in the event of medicine errors to ensure staff had the skills needed to undertake this aspect of their work.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One member of staff was working on ensuring all DoLS were in place and best interests decisions were appropriate and involved suitable persons. At the time of the inspection the registered manager was aware some best interest meetings were needed and work was progressing. They told us these would be done as soon as possible and we will follow this through at our next inspection.
- Staff were aware of the DoLS principles and told us they always sought consent from people prior to providing care and support. Our observations confirmed staff doing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The deputy manager had visited a recently admitted person prior to them coming into the home. This was to carry out an assessment of care needs to ensure they were able to meet the person's identified care needs.
- Management were aware of best practice and local initiatives. This meant staff had up to date information to improve their skills and knowledge for people using the service.

Staff support: induction, training, skills and experience

- Relatives we spoke with told us staff had a good knowledge around people's medical condition such as

## Huntington's Disease.

- Staff told us they received regular training. Training provided included training which was specific to the care needs and conditions of people who lived at the home. One member of staff told us they were able to check their training record to see what was required to ensure it was all up to date. Another member of staff told us they were given opportunities by the management team to develop their training needs. The training was described by one member of staff as, "Very interactive and informative."
- Nursing staff told us there were able to undertake professional training to maintain their professional registration.
- Staff confirmed they received induction training which was described by one employee as, "Very informative" and, "Felt it prepared me for the job." The same member of staff confirmed they had worked alongside experienced members of staff initially when they commenced working for the provider.
- Staff told us they were supported by the management team and received regular small group supervisions as well as individual meetings if they requested one. Another member of staff described the management as, "Brilliant, really supportive, really kind."

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

- A member of staff told us people were asked what they wanted from the menu each morning. They told us people had a choice between two meat and a vegetarian option. They told us, "The menu is varied."
- We saw food was covered when served to keep it warm. Soft food options were seen to be well presented to encourage people to eat their meal.
- One member of staff told us they had received training from specialist advisors regarding consistency of people's food and drink to ensure they reduced the risk of people choking.
- Staff told us details of people with dietary requirements, to keep them safe, were recorded within people's care plans. Staff were seen sat next to people or helping them in line with their care plan.

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

- We saw people were able to personalise their own bedrooms. One person told us, "I have a nice bedroom with pictures of my family (on display)".
- We heard one person suggesting to the registered manager about fitting an additional handrail for the benefit of another person who lived at the home. An undertaking to look at their proposal was given by the registered manager.
- There was some signage within the home to assist directing people to their bedroom.
- People were able to access the well-maintained gardens including a central-court yard with seating and raised flower beds.

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

- People were able to access healthcare professionals within the home itself as well as professionals in the community to ensure their healthcare needs were met.
- One person told us they were able to access their doctor as needed whether attending the surgery or the GP making a visit to the home. The same person also told us, "I go to the dentist regularly."
- A relative confirmed their family member was escorted to healthcare appointments to assist in their wellbeing. A further relative spoke of the improvements in their family members health once they had returned to Stanley House. The same relative told us, "Staff are on to it straight away if unwell."

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People told us or indicated they were happy with the care and support they received. One person told us, "I love it here" and described the staff as, "Very caring."
- People were seen taking part in friendly banter with each other and or smiling.
- A relative described the care provided as, "Really, really good" and, "Amazing." Another relative spoke highly of the care their family member had received and told us they had, "Never seen or heard anything unpleasant". A further relative told us staff, "Look after people well."
- Staff we spoke with were confident about the quality of care and support provided to people. One member of staff told us, "One hundred percent would be happy to have a family member live here. I think it is homely here." Another member of staff told us they believed the care provided to be, "Exceptional" as it was individual to each person. A further member of staff told us they felt privileged to be working with the people living at the home.

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

- People confirmed they were able to make choices about their everyday life such as when they wanted to get up and go to bed. One person told us, "We have a resident's meeting every two months." We were told discussions included areas such as the menu and activities.
- One person was seen having nail care. They selected the colour of nail varnish they wanted to be applied.
- Staff told us they would offer people a choice of clothing when assisting them to get up in the morning. Staff were heard seeking people's permission prior to using an apron at a meal time to ensure they agreed with wearing the protective item.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "Everyone respects my dignity. I can close my bedroom door. Staff always knock the door and say would you like to get up." Another person told us they liked having the privacy of en-suite facilities in their bedroom.
- A relative told us they believed their family member to be treated with dignity and told us their appearance was always in line with this. The same relative told us, "Really happy (with the care provided) and has taken a lot of pressure off knowing (family member) is treated with dignity and respect."
- Staff members were able to describe how they ensured people's privacy and dignity was maintained and the practices they operated.
- Records containing information about people were held securely. The screen to a computer in the nurse's office was positioned so information could not be seen by people in the corridor. Records were

maintained to show bath temperatures. People were not however named within these records as a code was used. This was to ensure privacy and confidentiality were maintained.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and regularly reviewed. However, these were not always effective. We brought our findings to the attention of the registered manager's. They were aware improvements were needed in aspects of care planning and working towards making improvements.
- One person's record lacked clarification following a healthcare professional visit regarding the frequency of a medicine. The record stated 'regular use' in relation to painkillers but no further information was available. Another person had conflicting information available within their care records regarding the consistency of food they could eat, and a person's care plan was not updated to reflect difficulties they had experienced when eating. The registered manager was not aware of these issues until brought to their attention.
- We found staff were knowledgeable about people's needs. One member of staff told us, "If unsure I go over the care plan and ask the person."
- The registered manager showed us some electronic care plans. The electronic care plans were up to date and contained information about people's current needs. The registered manager was confident the shortfalls found during our inspection would be resolved as they moved over fully to the computerised system which was on going at the time of the inspection. A nurse told us, "Electronic care plans will alert when reviews are due and will improve the follow up". This was necessary to improve the recording of people's care needs.
- We saw people who needed to have a wheelchair in place had a bespoke one and therefore one which met people's individual needs.
- A relative told us staff knew their family member well and understood how to meet the person's individual care and support needs. They told us the person's keyworker (member of staff with special responsibility for the person) worked well with them. A further relative told us, "Staff know what people like. I am impressed."
- Staff told us they ensured people received oral care and confirmed they had received training in this area of personal care.

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.

- Staff told us they communicated with some people using body language as well as by knowing people's gestures and eye movements such as blinking.
- The registered manager told us they had in the past used resources such as picture books to assist in

communication with people.

- The registered manager and deputy manager were working on a project to develop communication resources for people living with Huntington's Disease.
- The fire alarm system included red beacons. This provided a visual as well as the audio alarm for people with a hearing loss.

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 told us they liked and enjoyed events and activities arranged at the home. One person told us, "We do all sort of things. Very satisfying."
- Photographs were displayed for people engaging in different events and activities.
- One relative told us staff had knowledge of the type of DVD's their family member liked to watch.
- Relatives told us they felt welcomed by staff members when visiting and were able to maintain relationships with their loved ones.
- We saw the 'resident' cat. People told us they liked interacting with animals such as the cat and a dog which was brought in from time to time.
- Relatives were able to tell us about events at the home. One described the recent 'family day' when fun and interesting events took place. One person who also spoke of the event described the day as, "Amazing."
- Staff spoke of some of the fun things for people to engage in. Details of these were displayed within the home and included events such as baking, gardening club, sensory and relaxation, bingo and a quiz. We saw people engage in one to one activity as well as group activities such as painting sensory stones.

Improving care quality in response to complaints or concerns

- One person told us, "If I wasn't happy I'd speak to my keyworker or the (registered) manager, she is always available."
- A relative told us they were confident if they had any concerns they would be able to raise these with the management team. Another relative told us they would raise concerns if they needed to but have never had to.

End of life care and support

- At the time of our inspection nobody was receiving end of life care.
- The registered manager had links and had involved nurse specialists in end of life care to provide support and guidance.
- Care records included people's wishes relating to end of life care.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although improvement had taken place since the previous inspection further improvement was needed. For example, some care plans were not fully up to date and some safety issues were not identified such as fire safety. Concerns regarding the fire escape route were known to the provider although the blocking of fire fighting equipment was not previously known.
- Shortfalls in updating of care plans and areas within staff recruitment were identified as part of this inspection.
- Following the previous inspection, the registered manager told us they were now clear when they needed to inform the Care Quality Commission [CQC] of events which had taken place.
- The registered manager told us they had worked through the warning notice issued following the previous inspection to ensure they had covered each of the areas raised by CQC.
- Audits were undertaken in relation to care plans. Where shortfalls were identified these were recorded showing the action needed. Regularly audits of medicines were undertaken as well as health monitoring to identify risks to people's wellbeing.
- Checks of the audits carried out regarding safe water temperatures were undertaken to ensure people were not at risk of scalding.
- An external assessment carried out by an independent charity supporting people with head injury showed good results.

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

- People told us they liked the registered manager and were able to speak with the management team. People found there to be an open and transparent culture within the service.
- People were asked for opinions and suggestions on the activities available for people to do.
- One member of staff told us, "Management are very hands on."

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; continuous learning and improving care

- The registered manager had worked at the home for several years and for the registered provider since they became the owner. The registered manager was open with our findings throughout.

- The registered manager was aware of duty of candour and was honest with people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- One person described the management of the home as, "Very efficient".
- A relative described the service provided for their family member as, "Well run." Another relative told us the, "Management are lovely."
- Staff members told us they liked working at the home. One staff member told us, "We have a good team with good staff." Another member of staff told us, "I love it here. It's brilliant."
- Staff confirmed they had regular meetings and were confident they could raise areas if they needed to be discussed. The member of staff told us, "If I had something on my mind I would be happy asking."

Working in partnership with others

- The registered manager had developed links with healthcare professionals.