

# Sonic Silver Limited

# Stanton Manor

## Inspection report

Piddocks Road  
Stanton  
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14 June 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

We inspected Stanton Manor on 14 June 2016 and it was unannounced. Stanton Manor provides accommodation and personal care for up to 29 people, some of whom are living with dementia. The accommodation is provided in a main building and eight people live in a separate mews. There were 29 people living at the service when we visited. The service had 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.

Stanton Manor was last inspected on 24 October and 1 November 2013 and they were not meeting standards around management of medicines and consent to care and treatment at that time. At this inspection, we saw that there were improvements made in medicines management and there were now systems in place to reduce the risks associated with them. They were administered to meet individual needs and were stored securely. The provider was ensuring that people consented to their care and that if they were unable to do this, then appropriate capacity assessments were made and decisions were made in their best interest.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They understood their responsibilities to detect and report abuse. People told us that there were always enough staff to meet their needs promptly and that they felt safe. They were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

The provider had systems in place to assess risk, actions were put in place to reduce it and their effectiveness was monitored and regularly reviewed. There were systems in place to drive quality improvement which included regular audits, developing the staff team and working closely with relatives.

Staff developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences and they had developed communication systems to help them to make choices. People's privacy and dignity were maintained at all times.

Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were welcomed at any time. People knew the manager and felt confident that any concerns they raised would be resolved promptly. The provider completed quality audits to continually drive improvements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Safe recruitment procedures had been followed when employing new staff.

### Is the service effective?

Good ●

The service was effective

Staff received training and line management to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

### Is the service caring?

Good ●

The service was caring

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

### Is the service responsive?

Good ●

The service was responsive

People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and planned around people's personal histories. Complaints were investigated and responded to in line with their procedure.

### Is the service well-led?

Good ●

The service was well led

People knew the manager and reported that they were approachable. There were systems in place to drive quality

improvement and regular checks took place. The staff team felt well supported and understood their responsibilities

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# Stanton Manor

## 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. This inspection visit took place on the 14 June 2016 and was unannounced. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

On this occasion the provider was not asked 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. However, we gave the provider the opportunity at the inspection to provide us with any relevant information.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their care and support and to the relatives of four other people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with five care staff, the deputy manager, the chef, a visiting health professional and to the provider. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

At our last inspection we saw that medicines were not adequately managed because they were not administered in line with guidance, the storage was unlocked at times and there were no protocols in place for medicines which were taken 'as required', or 'PRN'. This was a breach in Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 management of medicines. At this inspection we saw, and people we spoke with told us, that medicines were managed safely. One person said, "My tablets are locked up and if I have a headache I can ask for a painkiller". Another person said, "The staff make sure you take your tablets which helps me because I used to forget them at home". Two people were receiving their medicine covertly, this means without their knowledge. Medicines can be given covertly if the person does not understand that they are essential to maintain their health and wellbeing. We saw that their capacity to make this decision had been assessed and that the decision to administer their medicines in this way was made in their best interest with guidance from relevant healthcare professionals. We observed that people were given their medicines individually, that time was taken to explain and to ask if they required any additional medicine; for example, for pain relief. When people did have PRN medicines prescribed we saw that there were protocols in place to guide staff when they should be given. Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. We saw that records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "Living here makes me feel safe and because staff are always here I feel I can do more for myself". Another person told us, "I do feel safe here". Staff we spoke with knew what signs of abuse could look like and could tell us how they would manage any concerns that they had. One member of staff said, "I would report to my managers and then I would go higher or to the local authority if I needed to". Another member of staff we spoke with also told us about an activity that people joined in with. They said, "We did a dignity game where everyone had to say something nice about the person sat next to them and people really responded well to it. We wanted to encourage people to use kind language about each other to help us to ensure that we have zero abuse here". We saw that there were posters on the walls in communal areas which detailed the local contacts to report safeguarding concerns. There had been no safeguarding referrals made since the last inspection and when we reviewed the records we saw that there were no incidents which should have been reported. We saw that there was a procedure in place for reporting concerns and the registered manager explained how they would manage any safeguarding incidents in line with it.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I fell a couple of times and so now the staff help when I am walking, because someone always walks with me". Another person said, "They give me a lot to drink to help with my health and they write down how much I have to monitor it". The records that we reviewed confirmed that the risk had been assessed and that staff were following the plans put in place. We observed people being supported to move safely and in line with their care plans; for example, using a walking aid supported by one member of staff. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the

home. Records that we reviewed confirmed this. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

People we spoke with told us that there were enough staff and they did not have to wait to have their needs met. One person said, "If I need help then they always come". A relative we spoke with said, "There are always staff around whenever we visit and if we ask for something they sort it out straight away". We saw that staff were always available in the communal areas to meet people's needs and that they had time to sit with people. One member of staff we spoke with said, "There are enough staff here, we have a very low turnover and rarely use agency". This meant that the provider ensured that there were sufficient staff to meet people's needs.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "I had an interview and then they took two references and checked my DBS before I started". Records that we reviewed confirmed that these checks had been made.

## Is the service effective?

### Our findings

At our last inspection there was a breach in regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment because we saw that people's capacity to consent to care had not been assessed in line with the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection we saw that the provider was working within the principles of MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. We saw that, when needed, people had mental capacity assessments in place which described what decisions they had the capacity to make. For example, we saw that people had capacity assessments around finances, medical appointments and personal care. When they did not have capacity to make decisions then these were made in their best interest with guidance from healthcare professionals and in consultation with people who were important to them. The staff had identified where people may have restrictions placed upon them and we saw that one DoLS authorisation had been granted to legally restrict the person's liberty to maintain their safety and that further applications had been made.

People were well supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, "The staff are great and look after us really well". A relative we spoke with said, "The staff are really good and they are on top of everything". A healthcare professional we spoke with said, "As soon as the staff see that there is an issue they make a referral". Staff told us that they had the training and support that they needed to enable them to do their job. One member of staff described their induction. They said, "The manager paid me to come in for my first day's induction before I started so that I was familiar with everything. Since then I have always been paired with a senior member of staff who goes through care plans with me and checks in with me throughout the shift". Another member of staff told us, "I had induction training when I started and then I had a lot of time to read people's life histories so that when I started planning activities I would know what was important to people". Other staff described the ongoing training that they had and one member of staff said, "We have lots of training. Some of it is online and then some is here like being shown how to move people safely". This showed us that staff were provided with training and support so that they could meet people's needs.

People had good meals and were always offered a choice. One person said, "The chef comes out and asks us what we like and there is usually a couple of choices". We observed the chef show people photos of the choices for lunch and explain what the meals were like and when one person didn't like either they chose something different. We saw that some people had their meals on small plates and a member of staff told us, "We use small ones when people have reduced appetites because it is less intimidating for them". Some people needed assistance to eat or drink and staff did it in a patient, respectful manner and continued to encourage people to do as much for themselves as they could. We saw that specialist diets were prepared



to meet assessed need and that records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "They call the doctors in when I need them". Another person told us, "I see the nurse every day". A relative we spoke with said, "They have all of their regular health checks without fail". A healthcare professional we spoke with said, "The staff follow the plans that we put in place and manage the care". Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

## Is the service caring?

### Our findings

The staff were caring and kind and one person said, "The staff here are marvellous and if you want something you only have to ask". Another person said, "They're all good here, they are very kind." A relative we spoke with said, "The staff are all great and the managers are very kind". Another relative told us, "The staff are always friendly and attentive and it is the small things that matter. They always take time to put outfits together and nails and hair are done. These things have always been very important to my relative". We observed respectful, kind interaction between staff and the people they supported. Staff knew people well and talked with them about past interests and family. We saw that when one person was distressed that a member of staff comforted them. The member of staff told us, "Their relative always visits about this time and waiting for them to arrive makes the person a little anxious and so we reassure them and try to get them involved in something". One member of staff with said, "I love my job because the people are just lovely".

People were involved in making decisions about their care. One person said, "The staff used to come in to the bathroom with me but I have asked them not to and now they wait outside". We observed that people were given a choice about every decision and asked before any care was given. We saw that the staff had a key ring with pictures on it. One staff member explained, "We use the photos and pictures on the flash cards to help us to communicate with people and to support them to make choices". We observed a member of staff showing the cards to one person who then pointed to make their decision known.

We saw that people's dignity was promoted and they were treated with respect. One person we spoke with told us, "They do help me but I try to do as much for myself as I can and they understand that". One relative said, "They do things which keep them independent like making sure people have some money for cake sales". One member of staff said, "We had a 'digni-tea' where we asked the people we support what dignity means to them and we made some changes to mealtimes from what they told us". We saw that there was a dignity tree which said what was important to people and photos of people on the wall under a sign that said 'Introducing our residents'. This showed that people were celebrated in their home. Relatives we spoke with told us that they were welcomed at any time. One said, "We pop in whenever we can and always have a friendly reception and a cup of tea made; it's lovely".

If people needed their personal care needs met this was completed discreetly and respected the person's privacy. We observed that people's privacy was also respected by staff asking to enter people's rooms and some people carried the key to their own room.

## Is the service responsive?

### Our findings

People were encouraged to pursue interests and hobbies. One person said, "We went out to the shops yesterday which was great and I managed to pick up a few things in the sale. Then we had lunch in the pub. I really enjoyed it". Another person said, "We do all sorts of things like crafts, games, exercises and baking". We saw that some people were assisting to bake cakes for a charity fundraiser which was planned for the next day. We saw that activities were planned around people's histories and interests. One member of staff we spoke with said, "Several people worked in a local industry and so we had a session around that and looked at old photos and people shared their stories". We saw that attention was given to people who were not able to or did not want to join in group activities. A member of staff we spoke with said, "I read newspapers to one person who spends time in their room and we have recently bought some talking books that they can listen to when staff are not available to read".

The environment had been planned to meet people's needs. One person we spoke with said, "It's nice and I have a picture of my face on the door so I know it's my room". There were different lounge areas to meet people's preferences. One room was smaller and some people chose to have some quieter time there. There were signs and pictures to help orientate people, particularly people living with dementia, such as large clocks which also showed whether it was day or night.

Staff knew people well and could describe their likes and dislikes. We observed that when one person returned from an appointment they were supported to sit beside their friend. A member of staff we spoke with said, "They enjoy each other's company and like to sit in that corner so that they can talk without disturbing other people". They knew what was in people's care plans and one member of staff told us, "The care plans are always updated and we have a handover where we discuss changes to each residents care and needs daily". We observed a handover and saw that that information was given to ensure that the next team knew about any changes so that they met their needs.

Relatives were involved in planning and reviewing people's care. One relative said, "They keep me updated about everything and often call to let me know if something has changed". Records that we looked at confirmed that plans were updated to reflect people's changing needs.

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I can speak with the managers any time I am not happy about anything". A relative said, "If I had any problem I would speak to the manager". The provider had a procedure in place to deal with complaints and we saw that any received were managed according to this. We saw that actions were taken to avoid the situation occurring again; for example, by organising some staff training.

## Is the service well-led?

### Our findings

There was an open culture which encouraged feedback with the managers. People we spoke with told us that the manager was approachable. One person said, "I know who the manager is and I can always talk to them". One relative we spoke with said, "The managers are always around and we can speak to them anytime we need them". One member of staff said, "The manager is always in the lounges, talking to staff and having a laugh with the people we support". Another member of staff said, "The managers are very approachable and the providers are also here often and know and chat to the people we support". We saw that there were meetings for people who lived at the home and that changes were made in response to their feedback; for example, improving the outside area. There were surveys sent to relatives which were used to improve the service and in the past year carpets and chairs had been replaced based on what they said. Friends and relatives were also to take part in the home especially in events such as coffee mornings and a summer fayre.

Staff we spoke with described shared values. One member of staff said, "Everything here is done exactly as it should be and we are all committed to that". They said that they felt supported by the manager. One said, "The manager is lovely and you can go to them with anything. When I started they went through whistleblowing with me and they said whatever I was worried about I should just tell them and they would follow it up". Whistle blowing is the procedure for raising concerns about poor practice and this showed that staff and the manager understood it. We saw that there was a whistleblowing policy in place to support them. Another member of staff we spoke with told us, "If I have any concerns or problems the manager listens and sorts them out. We have regular team meetings and supervisions which is our chance to speak up". We spoke with the provider who described an employee of the month initiative and said, "We want to reward and encourage our staff and we ask the staff to nominate their colleagues and we also consider who has done something extra or had some good ideas".

We saw that staff understood their responsibilities. One senior carer told us, "We lead the shift which means checking everything is in order, like health and safety and medication. We also all have regular jobs like we review care plans monthly to check that they are completed and accurate". The deputy manager told us, "We attend manager's forums to network and to keep up to date with what is happening". We saw that the home had achieved the bronze dignity award and the provider said, "We are currently working on moving up to silver".

Audits were completed regularly to drive quality improvement. These included the management of medicines and the deputy manager told us, "We carry out internal audits and we also have them by the pharmacy. The last one gave us some recommendations around recording and I discussed this with the team at handover and in team meetings. I have seen the new guidance implemented on the paperwork now". The provider told us, "Over the past two years we thoroughly reviewed falls and invested in assistive technology which is linked through the pager and on call systems so that staff are alerted if someone has moved from their bed. The number of falls has significantly reduced since". We saw that there were maintenance and refurbishment plans in place. The provider said, "We have already done a lot of upgrading and have plans to do some building work which would give us more storage space".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.