Pathways Care Group Limited

# Stanage Lodge

## Inspection report

Milton Road
Grimsby
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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

Stanage Lodge is registered to provide accommodation and personal care for 17 older people, some of whom may be living with dementia. The home is a purpose built, detached property situated in the western side of Grimsby. On the day of the inspection there were four people using the service.

We undertook this comprehensive unannounced inspection on the 6 April 2017. The service was registered on the 12 April 2016 and this was the first inspection. The service opened in June 2016.

The service had a registered manager in post. 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 told us they felt safe living in the service. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People's medicines were stored safely and administered as prescribed.

There were enough staff on duty to provide people with the support they needed and pre-employment checks had been carried out before new staff were appointed.

Staff were trained and supported to understand people's needs and provide their care in the right way. Staff told us they felt supported by the registered manager and confirmed they had received formal supervision from their line manager and regular staff meetings were arranged.

We found staff ensured they gained consent from people prior to completing care tasks. They worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions.

People received a well-balanced diet that offered variety and choice. People liked the meals provided to them and their nutritional needs were met. Staff worked closely with health and social care professionals to ensure people received effective care.

People were treated with respect, kindness and understanding. Staff demonstrated a good knowledge of the people they cared for, their preferences and abilities. People told us staff were friendly, caring and had time to sit and talk to them. We observed staff had developed good relationships with people who used the service and their relatives.

People's privacy and dignity was respected by staff who encouraged people to be independent and make choices and decisions in their daily lives.

Care plans recorded people's needs and preferences and staff followed this information when providing

support. People who became anxious were provided with individual reassurance and support.

We saw people were encouraged to engage in a range of meaningful activities and to maintain their independence where possible. Relatives told us they could visit at any time and staff welcomed them.

The service was run in an open and inclusive manner. There were systems in place to monitor and improve the quality of the services people received. People who used and visited the service were supported to share their opinion of the service provided.

No complaints had been made to the registered manager or registered provider. People we spoke with knew how to raise concerns and told us they would be confident to do so.

## 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 protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe. The management of medicines was safe.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

### Is the service effective?

Good

The service was effective.

People were able to make choices about aspects of their lives. When they were assessed as lacking capacity for this, the registered provider acted within the principles of the Mental Capacity Act 2005.

Staff received appropriate induction, training, support and supervision to enable them to feel confident in meeting people's needs.

People's health and nutritional needs were met. They were supported to access community health care professionals and attend appointments when required.

### Is the service caring?

Good

The service was caring.

People's dignity and privacy was respected and people were supported to maintain their independence.

We observed the staff approach was friendly, kind and caring.

Staff encouraged people who used the service to make their own choices and decisions about their care.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans produced. People and their relatives were involved in this process which helped staff to deliver support tailored to their needs and preferences.

There was a range of activities within the service for people to participate in. Staff also supported people to access community facilities and to maintain contact with friends and relatives.

There was a complaints process in place and people who used the service told us they felt able to raise concerns and that these would be addressed.

## Is the service well-led?

Good

The service was well-led.

There were effective systems and processes in place that helped to ensure the quality of care and improved the service.

There was an open and inclusive culture within the service.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

# Stanage Lodge

**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 registered 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 unannounced inspection was carried out by an adult social care inspector and took place on 6 April 2017.

Before the inspection we reviewed the information we held about the service. This included statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. There were no concerns from any of these agencies. We also spoke with health care professionals during and following the inspection.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We spoke with two people who used the service and two relatives. We also spoke with the registered manager, deputy manager, a team leader and a care worker.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation such as accidents and incidents and the medication administration records for four people. We checked how the service followed the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We also looked at a selection of documentation relating to the management and running of the service. These records included three staff recruitment files, the training record, the staff rota, supervision logs, minutes of meetings with staff, relatives and people who used the service, quality assurance audits,

complaints management and maintenance of equipment records. We conducted a tour of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe living in Stanage Lodge and staff treated them well. Comments included, "I feel safe here, they [staff] look after us all very well" and "There are always staff around to help or have a chat with us."

Comments from relatives we spoke with included, "It's spotlessly clean and there's never any odours", "I'm confident that staff always use equipment properly [for moving people] which gives us assurance and peace of mind that [Name] is safe", "Staff can be busy at times, but there's always enough on" and "The family consider this has been the right move [from the previous placement] the care and support here is of a better standard and much safer. We trust the staff."

Staff knew how to recognise and report any situations in which people may be at risk of abuse. Records showed that they had received training about how to report and manage situations of this nature. They were also aware of the organisation's whistle blowing procedures and how to contact external agencies, such as the safeguarding team at the local authority, if any concerns remained unresolved. We know from our records and information received from other agencies that the registered manager had responded appropriately when concerns had been raised.

We found care was planned and delivered in a way that promoted people's safety and welfare. Potential risks to each individual person had been assessed and recorded in care files. These explained to staff what action they needed to take to protect the person and minimise the risks. Topics covered included risk of falls, poor nutrition, risk of pressure damage and moving and handling people safely. We also found equipment such as specialist beds and pressure relieving equipment was used if assessments determined these were needed.

Staff understood people's individual needs and knew how to keep them safe. Where assistance was required this was carried out in a safe way. Staff had received training in how to move people safely, as well as in other health and safety subjects. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having an evacuation plan.

Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items had been checked by competent people. Regular checks were carried out on bed rail safety; however the records completed did not show the checks fully met current guidance in the safe management of bed rails. The registered manager confirmed the checks were thorough and they would amend the record format to demonstrate this.

We found there were enough staff on duty who were appropriately deployed to provide people with the care they wanted and needed. The registered manager told us staffing numbers were currently higher than required, but this ensured the service could accept people on respite [short term] care support. Records showed the number of people who resided at the service on a permanent and short term basis had fluctuated over the last 12 months and rotas showed the number of staff had increased where necessary.

The registered manager confirmed the care staff currently provided support with cooking, cleaning, laundry and activities, the recruitment to these roles would take place as the occupancy levels increased.

We observed staff responded as soon as people requested assistance or were seen to need support. We saw they had time to sit with people and engage with activities. Staff confirmed there were sufficient staff to meet people's needs. One member of staff said, "Staffing levels are really good. If we need more staff due to new admissions the manager arranges this."

We looked at staff recruitment records and found the registered provider had carried out background checks before they offered anyone employment in the home. These included obtaining references from previous employers, checking the applicant's identity, any gaps in employment and checking to see if they had any relevant criminal convictions. The recruitment arrangements helped the registered provider to ensure applicants were suitable to work with people who used the service.

We found the arrangements for the management of medicines were safe and people received their medicines as prescribed. Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice. Medicines were stored, administered and disposed of appropriately. Records showed one person's laxative medicine had been out of stock for five days and discussions with staff confirmed the person had not experienced any ill effects from this. The registered manager confirmed the service was addressing this stock control issue with the pharmacy provider and the person's GP. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufacturers guidance was adhered to. There were no controlled drugs in use at the service.

The medication administration records (MARs) we checked had been completed accurately, although we found a small number of hand written prescriptions on the MARs had not been witnessed by a second member of staff. The registered manager confirmed they would address this issue. Each MAR had a photograph of the person for identification purposes and any allergies and special instructions were recorded. We saw medication audits had been undertaken to ensure staff were following organisational policies.

Good

# Is the service effective?

## Our findings

People told us they felt cared for by staff who knew how to meet their needs. One person told us, "They [the staff] all know what they are doing, I'm very happy with my care." Comments from relatives included, "Staff are brilliant; very supportive and friendly. They always ring us if there are any changes" and "I visit every day and observe the interactions between the staff and [Name of family member] and the staff are very efficient and experienced."

People told us they enjoyed the meals provided by the service. They told us, "Very nice, tasty food" and "The meals are excellent, I love the puddings." Relatives told us, "There is a good choice of meals, I bring a few bits and pieces in too", "[Name] was underweight when they came here, but with the food supplements and encouragement from staff at mealtimes they have put on weight and look much healthier. They prefer to have their main meal in the evening and staff have accommodated this well."

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. We saw evidence that the registered provider followed the principles of the MCA and ensured best interest meetings were held when people lacked the capacity to make informed decisions themselves. The best interest meetings were attended by relevant professionals and other people with an interest in the person's life such as their families. We found records of the meetings had not always detailed all attendees and this was addressed during the inspection.

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 on authorisations to deprive a person of their liberty were being met. At the time of our inspection three DoLS applications were awaiting approval from the relevant authority.

In discussions, staff were clear about how they obtained consent from people prior to carrying out care and support tasks. They said, "We get to know our residents needs but we always ask them about their care", "We always give explanations. We sit down with people and talk about their care and their preferences for support" and "The care is person-centred and we always give people choices about their care and support."

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. Staff told us the quality of the training they received had improved with the addition of more classroom based courses to support the on line training programme. New staff were subject to robust induction training arrangements. This included a comprehensive range of role specific training such as Mental Capacity Act (MCA), pressure damage prevention, safeguarding, dignity, dementia, managing difficult behaviours, falls and stroke awareness, end of life and manual handling. They also received a local

induction to the service, its policies and ways of working. New staff without previous experience were also required to complete the Care Certificate and two staff had completed this qualification. The service supported staff to achieve national qualifications in health and social care and records showed 54% of staff had achieved this.

Systems to support and develop staff were in place through bi monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had been scheduled. We spoke with staff about the support they received. They told us they had very good relationships with the registered manager and deputy manager and they felt supported in their roles.

People were supported to maintain good health and had access to healthcare services. They were assisted to access professionals such as the chiropodist, GP, dietician, community psychiatric nurse and the district nurse team. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staff were clear about when to contact health professionals for advice and guidance; they gave examples of the signs and symptoms that would alert them to a person whose health was deteriorating. We received some mixed comments from the community health care professionals we spoke with. One professional told us the staff asked for advice and for management options for patient care, but felt there was room for improvement in staff knowledge of pressure damage prevention. Another professional we spoke with considered the standards of care were very good and their patient had made very good progress at the service. The registered manager confirmed the majority of staff had completed the traffic light pressure damage prevention course provided by North East Lincolnshire clinical commissioning group and further course were scheduled in the next few months for any outstanding staff.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. People's care plans contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice and the person's weight was monitored closely. The staff demonstrated a clear understanding of how to ensure people who had specific dietary needs were catered for, such as those who had difficulty swallowing or required a high calorie diet.

We saw drinks were available in both communal and bedroom areas. Regular drinks and snacks were provided throughout the day. We observed the lunchtime experience for people and they were offered a choice of meals for the main course and pudding. The dining room was light and airy and the atmosphere was relaxed with staff engaging in conversation with people. The food served was homemade and it looked and smelled appetising. Where staff were supporting people on a one to one basis with their meal we observed they offered choices and ensured they were supported at their pace. Where people required specific equipment to support them with their meals, such as clothes protectors and plate guards we observed these were provided.

We found the residential environment was purpose-built and had good facilities suitable for older people's needs. People had their own bedrooms with en-suite toilet facilities; bedrooms were located on the ground and first floors and were accessed by a passenger lift or stairs. The first floor was not occupied at the time of the inspection. Corridors were wide and had hand rails. Toilets had grab rails and over the seat frames. There was appropriate equipment such as a call system, moving and handling items, profile beds, specialist mattresses and cushions and sensor mats. There was good use of contrasting paint colours and pictorial signage to provide orientation for people living with dementia. There were communal areas for people to watch television or join in activities, as well as quiet areas for them to sit and be alone. The garden had an area for people to smoke. One person told us the home was spacious and they liked their room.

Good

# Is the service caring?

## Our findings

People we spoke with described staff as, "Caring, kind and friendly." One person who used the service told us, "The staff are always careful when they move me and always very gentle." Another person said they were, "Nice and kind carers, all friendly, they spend time with me and take me to the shops."

Relatives told us they were very happy with service. They said, "I can't fault it at all. The staff are always friendly and welcoming. They [staff] are always in our family member's room chatting and spending time. Very caring staff." Another relative told us, "Staff are very pleasant and helpful. They genuinely care about the people here; it shows."

The home had a friendly, homely atmosphere. We saw relatives could visit without restriction and we saw visitors freely coming and going as they wanted during our inspection. One relative described how the family had an informal rota system in place. Different relatives visited each day and this worked well and was welcomed by the staff.

We observed staff had built up relationships with the people they supported. They knew people's needs and chatted easily with them and encouraged them to join in conversations. Staff spoke with people in a friendly and professional way. We saw staff had time to sit down and have a coffee and a chat with people in the communal rooms. A care worker told us, "We only have a few clients in at the moment, but we know them really well and want to make sure they have what they want. We support people to choose their own routines and provide 24 hour care. We want to be flexible. "

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, we saw people displayed pictures of family members. One person had recently celebrated their birthday. Their relative described how touched the family had been with the efforts staff had made to decorate the bedroom with flowers, birthday banners and balloons. This had made the room look so homely and had pleased their family member.

We saw there was a designated dignity champion. Their role included ensuring staff respected people and looked at different ways to promote dignity within the home. We spoke with the dignity champion who explained how they attended local dignity network meetings and was currently working with staff to complete comprehensive written exercises in dignity awareness. They told us about the 'fish and chip days' where people had chosen to have this meal every two weeks from the local fish and chip shop and how much they enjoyed this. They also described the work they were planning to develop the garden areas into a sea side theme and grow vegetables for people to eat.

We saw staff promoted people's privacy and dignity. In discussions, staff described how they promoted privacy and dignity and delivered person-centred care. One member of staff told us, "You treat people as you would want to be treated. We would always consult with the person about their care. During personal care we ensure doors and curtains are closed and always cover the person with a towel. I would always

challenge staff if they were not supporting people with respect."

Some people had end of life assessment and planning records entitled 'My Future Care' in their care files. These assisted staff in working with people and their families to gain a more detailed picture of the support and arrangements people may choose at this time.

We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the organisation, infection prevention and control, results of quality audits and surveys. There were leaflets in reception about the service, safeguarding, how to complain and advocacy arrangements. The registered manager told us they had developed links with local advocacy services. We saw people had been supported to use advocacy services to help them make important decisions.

Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. We found information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Good

# Is the service responsive?

## Our findings

People who used the service told us they were satisfied with the care support and participated in activities. Comments included, "I'm very happy with the care, they don't take over, they let me do what I can" , "You can do activities but I like watching football on the TV and chatting with the staff", "They help me with anything" and "I love dancing and music and I dance with the staff."

Relatives we spoke with told us the care was personalised and they had provided some information about their family member including things like their life history. They had also been involved in reviews of their family member's care. One person's relative told us, "Every time I visit staff speak to me about my [family member] and involve me."

We looked at care records for three people who used the service. We saw assessment records had been completed prior to admission and people's care plans contained detailed information to meet their individual needs. The care records contained documents entitled 'My Life' which included detail about people's past life experiences, interests and their preferences so that staff could understand what things were important to people. We found the care plans gave a clear picture of people's needs and abilities, so staff knew the level of support the person required and could enable them to maintain their independence.

We saw information was gained in a timely way from relevant healthcare professionals and advice was acted upon to help maintain people's wellbeing. We saw people who required pressure area care to prevent them from developing skin damage had detailed care plans in place to direct staff and received this care in a timely way. Clear behaviour support plans were in place which informed staff on the preferred strategies to use to reduce anxiety and keep people safe, if people displayed behaviours that challenged.

Supplementary records were maintained of people's food and fluid intake and repositioning support. One person was receiving hourly repositioning support and skin checks which were clearly detailed and maintained. We found some gaps in the recording of people's fluid intake which we mentioned to the registered manager to follow up.

People's planned care had been evaluated by staff on a monthly basis to ensure it was up to date, we noted staff had changed the format of these evaluations and now completed one record for all the individual plans. We discussed with the registered manager the benefits of evaluating each care plan to demonstrate how the level of care support remained appropriate and the outcomes in the care plan were being met. We also discussed the high number of individual care plans completed for each person (up to 25) and how some could be combined to ensure the recording system was user friendly and could be effectively maintained as occupancy levels increased. Daily handovers ensured new information was passed on at the start of each shift. This meant staff knew how people were each day and if there was anything they needed to follow up or monitor.

Staff prioritised the delivery of care to people. For example, when people requested drinks or assistance with mobilising we saw staff acted on their requests. We found that when people who lived with dementia

became anxious or upset we saw staff responded quickly in order to help them become calm again and continue to enjoy their day. They used effective distraction techniques and sat with the person talking to them providing reassurance.

People were able to access a range of activities. The registered manager confirmed they planned to recruit an activity coordinator as occupancy levels increased. From observations and discussions with staff we found the activity support was provided by the care staff on a one to one basis and ranged from, dancing, music sessions, balloon games, films, reminiscence, hand and feet massages and manicures. People were supported to access the local community where they were able, to visit local shops and cafes. A member of staff described how the activity programme was tailored to meet people's individual needs and gave examples of this support. These included a person who was currently cared for in bed had been provided with a sensory dog toy and found stroking the dog very comforting. Another person enjoyed assisting staff with washing up, cleaning and dusting around the service.

The registered provider had a complaints procedure which was available to people who lived at and visited the service. This told people how to make a complaint and how to escalate it if they were unhappy with the outcome of any complaint investigation. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. The service had not received any complaints since it had opened. There was also a 'niggles book' in the reception where people could record any concerns, there were no concerns recorded. People we spoke with told us they were happy with the service provided and had no complaints, but indicated they would feel comfortable raising any concerns with the registered manager or any of the staff, if they needed to.

Good

# Is the service well-led?

## Our findings

People who used the service and their relatives told us they were happy with the care provided and how the home was run. Comments included, "It was a tough decision to move [family member] here but we are over the moon with everything", "The management are always available" and "It's well run. Can't think of any improvements needed."

The service had opened in June 2016 and the registered manager was employed prior to this date to manage the completion of the works and refurbishment programme, equipment provision and recruitment of staff.

There was an open and inclusive approach to running the home. The registered manager was visible within the service throughout the inspection. They took time to speak with people who lived there, staff and visitors. They demonstrated a clear understanding of people's needs. Staff told us the registered manager was approachable, supportive and they enjoyed working at the service. Comments included, "The manager and deputy are very approachable. The service is organised and well run" and "The manager takes action to address any issues. She has a friendly but firm management style and we all get on really well."

Staff were provided with the leadership they needed to develop good team working. We saw there were regular team meetings in which staff could share views and discuss ways to improve the services provided. A staff handbook provided staff with useful information, such as the aims and objectives of the service, their duty of care towards people who used the service and guidance on key areas, including whistleblowing.

People who used the service and their relatives were encouraged and supported to make their views known about the care provided at Stanage Lodge. For example, there were regular meetings which gave people the opportunity to be involved in the running of the service and share their ideas. The registered provider also sent out regular quality questionnaires to seek people's views. We sampled a number of completed questionnaires, which all gave positive feedback. The registered manager shared the findings of the surveys with people who used and visited the service.

We discussed a recent incident with the registered manager. We looked at the person's care file and found that appropriate action was taken at the time, which included notifying relevant agencies, including the person's social worker and developing a specific risk assessment to protect their health and wellbeing. The registered provider and registered manager monitored any incidents or accidents which occurred in the home so that they could reduce the risks of them happening again. Incidents, concerns and lessons learnt were shared with staff.

A programme of regular audits was in place. This covered key areas such as health and safety, medicines, infection prevention and control, dignity, care records and end of life support. The registered manager also completed an additional audit each quarter which was mapped to the service and care outcomes linked to the CQC's previous inspection methodology.(The registered manager confirmed the quarterly audits were being updated to reflect the current outcomes.) The audits helped to identify shortfalls and we saw these

were addressed straight away.

There were operations meetings held regionally for the registered manager to attend as a way of sharing information and learning from issues at other services in the organisation. Senior managers visited the service regularly. The registered manager completed a weekly report to send to senior managers regarding occupancy and any issues regarding people who used the service. These ensured they had oversight of the service.

We saw the registered provider and registered manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service.