Unlimitedcare Limited

Stanley Lodge Residential Home

Inspection report

School Lane
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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This unannounced inspection took place on 18 and 25 April 2016.

Stanley Lodge is registered with the Care Quality Commission to provide accommodation and personal care for up to 23 residents. The home is situated in a rural area of Forton near Lancaster. There were sixteen people residing at the home at the time of inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 09 January 2014. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

At this inspection carried out in April 2016, people spoke positively about the quality of service provision on offer. People told us staffing levels were conducive to meet their needs and they benefited from staff who knew them well.

The registered manager carried out a monthly assessment of peoples support needs to determine staffing levels. We observed staff being patient and spending time with people who lived at the home.

People told us they felt safe and secure. Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable arrangements were in place for managing and administering medicines. A designated staff member carried out audits of medicines to ensure systems in place were being followed correctly by staff. All identified medicines concerns were reported to the registered manager for investigation.

Recruitment procedures were in place to ensure the suitability of staff before they were employed. However these were not always consistently applied. We have made a recommendation about this.

People's healthcare needs were monitored and managed appropriately by the registered provider. Guidance was sought in a timely manner from other health professionals when appropriate.

Care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Feedback on the quality of food provided was positive from both people who lived at the home and relatives. People were happy with the variety and choice of meals available to them. Peoples nutritional needs were addressed and monitored.

There was a variety of social activities on offer. The registered manager had established links with various community groups who frequented the home and provided entertainment. Consideration was taken to ensure people who chose not to interact within groups were supported on an individual basis. Cultural needs were recognised by the registered provider.

We found premises and equipment were not appropriately maintained. Action commenced after we highlighted these concerns and we were assured work was on-going to improve the living environment. This was a breach of Regulation 15 of the Health and Social Care Act (2008) Regulated Activities 2014.

The registered manager had a training and development plan in place for all staff. We saw evidence that staff were provided with relevant training to enable them to carry out their role.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

The manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Work had been undertaken to restructure staffing as a means to improve service delivery.

Staff were positive about ways in which the service was managed. Staff described teamwork as "Good."

You can see what action we have asked the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People who used the service told us they felt safe.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

Suitable arrangements were in place for management of all medicines.

Premises and equipment were not assessed and suitably maintained to ensure they were fit for purpose

Recruitment procedures in place to ensure people employed were of good character were not consistently followed.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

People's nutritional and health needs were met by the registered provider.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

People who lived at the home, relatives and visitors were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system in place to ensure all complaints were addressed and investigated in a timely manner.

There was a variety of social activities on offer for people who lived at the home.

Is the service well-led?

Good

The service was well led.

Staff turn-over was low.

The registered manager had good working relationships with the staff team and all staff commended the manager's skills and abilities.

Regular communication took place between management, staff and people who used the service as a means to improve service delivery.

Stanley Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 25 April 2016 and was unannounced.

On the first day, the inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who took part in this inspection had experience of adult social care services. The adult social care inspector returned alone to complete the inspection and provide feedback on the second day.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority commissioning team and safeguarding team as part of our planning process to see if they had any relevant information regarding the registered provider. We were made aware there was an outstanding safeguarding alert still open in relation to health and safety matters within the environment.

Information was gathered from a variety of sources throughout the inspection process. We spoke with five members of staff. This included the manager, three members of staff who provided direct care and the cook.

We spoke with eight people who lived at the home, three relatives and one health professional who visited the home to obtain their views about service provision.

We looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "The staff make me feel safe." And, "They let me lock my bedroom door at night."

Relatives we spoke with said they were reassured the service was safe. One relative said, "We have no concerns about the home what so ever." And, "It's easier for me knowing [relative] is safe."

Although people and relatives told us people who lived at the home were safe, our findings did not always reflect this.

During a walk around the home we identified some maintenance issues which had not been identified and addressed. One bedroom was cold, there was no heating on. We highlighted this to the registered manager who asked the maintenance man to check it. They investigated this and confirmed there was a fault and the central heating system was not working within the room. We noted three bathrooms did not have working ventilation systems. We highlighted this to the registered manager who said they were unaware of the faults and asked the maintenance man to investigate. They confirmed after inspection they were not working but agreed to ensure they were repaired. We were provided with evidence following the inspection to show action had been taken to address these concerns.

Not all windows had suitable restrictors in place to prevent people from falling from height. We spoke to the registered manager about the risks involved in not having restrictors on windows and referenced the Health and Safety, 'Falls from height in care homes' guidance. The registered manager was not aware of this guidance but agreed to refer to it immediately and take action to ensure all windows met the guidance. Following inspection the registered manager confirmed they had addressed these concerns and had put plans in place to ensure they were monitored and maintained.

One person who lived at the home used a mobility aid for mobilising. They told us they sometimes felt unsafe as the stair carpet was slippy. We looked at the carpet and noted it was worn and beginning to fray. This could present as a slip, trip and fall hazard. We highlighted this to the registered manager who agreed to speak to the registered provider about this. The registered manager said she did not have any control over the maintenance of the building as they did not have a budget allocated to them. They said they had to ask permission from the registered provider for work to be carried out.

We noted a set of drawers were broken in one bedroom but were still being used. These presented a risk hazard. We also identified three vanity units that had peeled and cracked. These posed as an infection control risk.

Prior to the inspection through discussions with the Local Authority Safeguarding team we were made aware there had been a request from the Health and Safety Officer in February 2016 to replace flooring in a communal bathing area. We looked at this area and noted the flooring was uneven. Action had not been taken to address this. We highlighted the need to complete this work to promote safety for people who lived

at the home. Following the inspection the registered manager advised us the registered provider had agreed to carry out the works to ensure the flooring was brought up to the required standard.

On the first day of inspection we asked the registered manager to provide us with certification to demonstrate all equipment in use was safe. The registered manager said Portable appliance testing (PAT) had not been completed and was out of date. We noted there had been a request from the Health and Safety Executive in February 2016 to complete this. This was not actioned until the second day of our inspection when we observed a company carrying out these checks.

Whilst walking round the home we found one bathroom in a poor condition. We were advised the bathroom was not in use. We asked the registered manager how they monitored legionella within the home. The registered manager advised no checks were currently in place for monitoring this but agreed to take action. We were shown evidence a legionella monitoring kit had been purchased on the second day of inspection and the maintenance man was going to be the responsible person for monitoring and carrying out the checks.

On the first day of inspection we noted decoration was tired. We identified markings on wall paper and cracks within walls. A corridor ceiling was stained with water marks and cracked. We discussed this with the registered manager; they advised there had recently been a leak at the home. On the second day of inspection we observed a decorating company at the home carrying out remedial works. The registered manager said the decorators had been in all week and were decorating the whole of the home. The registered manager said people who lived at the home were thrilled with the difference the decorating works had already made.

This was a breach of Regulation 15 of the Health and Social Care Act (2008) Regulated Activities 2014 as the registered provider had failed to ensure the living environment and equipment used was properly maintained.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. We found suitable employment checks were not consistently carried out prior to staff commencing work. Two people employed since the last inspection had gaps in employment history within their applications. There was no recorded documentation to show the registered manager had explored these gaps in employment. We brought these to the attention of the registered manager on the first day of the inspection who took immediate action to ensure all gaps were explored and documented.

We recommend the registered manager implements a suitable system to ensure recruitment checks are consistently applied.

Systems were in place to ensure staff recruited were of suitable character. The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a regulated activity within health and social care. The registered provider verified this documentation prior to a person's employment being confirmed. Staff we spoke with confirmed they were not permitted to work without a valid DBS certificate.

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff were able to describe different forms of abuse and were confident if they reported anything untoward the registered manager would take immediate action. One staff member told us the staff team had once collectively raised a safeguarding concern as they believed

people who lived at the home were at risk of harm. Once the issue had been raised the registered provider took immediate action.

We looked at identified safeguarding incidents and noted the registered provider took appropriate steps and actions. As well as reporting and investigating safeguarding concerns the registered manager undertook a regular audit to look for trends and themes within safeguarding alerts. This allowed them to have oversight of all safeguarding concerns identified.

We looked at staffing arrangements in place to ensure people received the support they required in a timely manner. People who lived at the home said they had no concerns about the numbers of staff available to meet their needs. One person said, "There are always plenty of staff about."

On the days of the inspection we saw people's needs were met in a timely manner and staff had time to sit and interact with people who lived at the home. The registered manager reviewed each person's care needs on a monthly basis using a care dependency assessment tool.

One relative praised the continuity of staff at the home. The registered manager said staff turnover had previously been a problem at the home but this had now been remedied and people were supported by a staff team who knew people well. The registered manager did not use agency staff. This allowed for consistency of care to be delivered.

We looked at how medicines were managed within the home. Medicines were stored securely. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis". There were no controlled drugs being prescribed to people at the time of inspection.

We observed medicines being administered to two people. Medicines were administered following good practice guidelines. Medicines Administration Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being administered. They clearly detailed any known allergies of the person. This minimised any risks of people being administered medicines which may cause harm.

The registered manager had designated one staff member to be responsible for ordering and managing medicines. This staff member carried out regular audits to ensure medicines had been administered and managed correctly. Discrepancies were reported to the registered manager so action could be taken where appropriate. The registered manager carried out regular observations of staff administering medicines to ensure they were competent to do so.

Equipment used was appropriately serviced and in order. Fire alarms and equipment had been serviced within the past twelve months.

The registered manager kept a central record of all accidents and incidents. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Information relating to accidents was fed back to the registered provider.

Good

Is the service effective?

Our findings

People who lived at the home praised the knowledge and skills of the staff who worked at the home. One person said, "I wouldn't go anywhere else (to be cared for.)"

Relatives praised the effectiveness of the service. One relative said, "My [relative] was depressed before they moved into the home. But since coming here life is perfect." Another relative said, "Health wise she is cared for. If there is any concerns they will let us know." Relatives told us staff were proactive in managing people's health and referring people in a timely manner. One relative said, "They are very good at liaising with [relatives] GP (doctor)"

A health professional we spoke with had no concerns about care and was confident the registered provider was meeting people's health needs at the time of their visit.

Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. A variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Assessments were reviewed monthly. Changes in assessed were recorded within a person's care plan.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody and opticians. On the first day of inspection we observed one person being supported to a hospital appointment.

We asked people who lived at the home about the foods on offer. People we spoke with were happy about the quality and choice of foods available. One person said, "The food is very nice. If you don't like what is on offer you can always have something else." Another person said, "The foods alright, I enjoy it and I get enough."

Relatives said the food was good. One relative said, "[Relative] praises the food and she is the biggest critic of them all."

We looked at how people's nutritional needs were met by the registered provider. People's weights were recorded on a monthly basis and all weights were monitored by the registered manager. When people were at risk of malnourishment referrals were made to the dietetics service. Records of all food and fluid were maintained for people who were deemed at being at risk of malnourishment or dehydration.

We observed breakfast, lunch and evening meals being served in the dining room. Tables were decorated with linen tablecloths and napkins. Meals were not rushed and people were offered a variety of choices. We spoke with the cook on the second day of inspection. They explained they were aware of people's individual needs and preferences and used this information when meal planning. They kept a list of allergen information when planning food.

The registered provider considered peoples hydration needs and offered drinks throughout the day. Fresh jugs of water were present in communal areas to allow people continued access to fluids. A selection of drinks and snacks were offered throughout the day in between mealtimes.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Staff told us they were provided with training on a regular basis. They told us they had mandatory training which was provided by e-learning which was regularly refreshed. They received some in house training from the registered manager and from health professionals when relevant. The registered manager told us staff working at the home had recently undertaken a nationally accredited vocational scheme to develop their skills. We saw evidence this had occurred.

We spoke with a member of staff who had been recently employed. They told us they undertook an induction period at the commencement of their employment. This involved completing e-learning mandatory training and shadowing more senior members of staff. They told us they were happy with the induction process in place.

We spoke with staff about supervision. Staff confirmed they received supervision from one of the managers who worked at Stanley Lodge. They said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said "Supervisions occur about every three months but we can speak to [registered manager] whenever we need to."

The registered manager explained they had no set times for supervision meetings and assessed each staff needs individually. If they felt someone required support they would arrange supervision for them to deal with concerns immediately.

We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

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).

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. Capacity assessments had been carried out when a person was deemed as lacking capacity and best interest's procedures were followed. We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLs.) The registered manager told us staff had completed DoLS training. The registered manager had a good understanding of DoLs. We saw applications had been made to deprive people of their liberty when required.

Good

Is the service caring?

Our findings

People were complimentary about staff. Comments included, "They are kind". And "They're smashing." And, "They are very good; the staff have a lot of patience."

Relatives commended the caring attitude of staff. One relative said, "The way the staff talk to them is endearing" and, "My [relative] always tells me the staff are kind."

Staff told us the organisation was a caring one and likened the organisation to one large family. One staff member said, "It's not like going to work. It's like I am going to visit my grandma."

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. We observed a staff member adjusting a pillow for a person when they noted they looked uncomfortable.

Relatives told us staff treated people with compassion. One relative explained due to their relative's health condition they frequently became upset. They said staff were patient and empathetic and had a good way in reducing the stress and upset whenever it occurred. We observed staff offering comfort to people when people were distressed and upset. We observed one staff member reassuring a person telling them they were safe and not to worry.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. We observed one staff member talking to a person about the book they were reading.

Staff took pride in their work and were committed to providing a positive service to people who lived at the home. One staff member was responsible for tidying the bedrooms of people who lived at the home. They said they took it upon themselves to ensure rooms looked neat and tidy and homely. They said, "You have got to think about how you would want your mother and father treated. They deserve the best."

Staff showed an interest in people who lived at the home. One staff member had brought in a library book which detailed the history of homes in the local area. This generated a lot of discussion between people who lived at the home and the staff member. The staff member spoke fondly about their shared interest in history and how they enjoyed listening to people who lived at the home and their life experiences. Another staff member had taken time out voluntarily to produce a newsletter for people who lived at the home. They had shared stories of people who lived at the home and staff within the newsletter.

People were treated with patience. We observed one person with a communication difficulty taking their time when deciding what they wanted for breakfast. Staff did not rush the person and waited for them to choose what they wanted to eat.

Privacy and dignity was addressed. We observed a member of staff discreetly adjusting one person's clothing when their dignity was being compromised. Two relatives told us their family members required personal care. They said it was always carried out discreetly to protect their dignity.

All the relatives we spoke with commended the service provider on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if people wanted it. When people had visitors we observed staff finding areas within the home where they could have privacy to talk and spend time.

Good

Is the service responsive?

Our findings

People who lived at the home were happy with the service and said they had never had to raise any complaints. One person said, "I've no complaints."

One relative said, "[Relative] always has a good experience when they come here (on respite.) We have never had to complain.

On the days of the inspection we observed staff routinely asking people and relatives if they were happy with everything. Relatives said staff always took time out to see if they were happy with the service being provided. This allowed for any minor concerns to be dealt with before they became a formal complaint.

Complaint forms were readily accessible for relatives, being placed next to the signing in book. There was a poster highlighting advocacy details for anyone who may wish to use the service.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. One staff member told us they had supported one person who lived at the home to make a formal complaint to the registered provider. We saw evidence all complaints received were recorded, investigated, logged and audited by the registered manager.

We looked at care records belonging to four people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided to a person. Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to consider when supporting them.

Peoples consent was sought throughout the care planning process. When people did not have the capacity to consent, consent was achieved through best interest's processes.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Professional's and relatives were involved wherever appropriate, in developing the care plan. Care plans were reviewed and updated monthly. We saw evidence records were updated when people's needs changed.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. The registered manager said there was no formal structure in place for activities due to the size of the home. During the inspection we observed people partaking in dominoes. One person said there was a small of group of residents who liked playing dominoes and they often had domino challenges at the home. We observed staff spending time with people painting their nails and carrying out manicures.

The registered manager said they had links with the local community. We saw evidence of a local birds of prey group visiting with owls. The home was in the process of planning a celebratory day for the queen's

birthday. Relatives told us a singer visited to entertain people. This was well received. Cultural needs were addressed by the registered provider. A priest visited the home monthly to provide communion to those living at the home who requested it.

The registered manager kept a log of all activities each person undertook on a daily basis. This was to ensure people were encouraged to be suitably occupied and alerted them to when people were not engaging with support.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives praised the way in which the home was managed. One person said, "You can't fault the place. It's great."

Relatives praised the effectiveness and responsiveness of the management of the home. One relative said, "I think the home is well-led." Another relative said, "[Registered Manager] is excellent."

All staff said the home was a good place to work. Staff praised way in which the home was managed. One member of staff said, [Registered manager] is a good manager. They have the knowledge and help us out when needed." Another member of staff described the registered manager as, "professional."

One staff said changes had recently been implemented in order to improve efficiency and team morale at the home. They said this had been successful and said team work was good.

There was regular communication between staff and managers. Staff received handovers at the commencement of each shift. This enabled staff to be aware of outstanding actions and any concerns prior to starting their shift. Regular team meetings took place on a bi-monthly basis to provide direction and clarity to staff. A member of staff said they had a communication book where relevant information could be recorded.

People who lived at the home were consulted with on a frequent basis. The registered manager held residents and relatives meetings for people to express their views on how the service was managed and organised. We saw evidence that discussions held within residents meetings were fed back to staff so changes could be implemented.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires were routinely sent out to residents, relatives on a frequent basis. A response from a questionnaire sent out in November 2015 said, 'The management are very considerate to my individual needs.' Other residents comments collected in February 2016 included, 'Staff are patient and caring.' And, 'I would not make any changes to the home, it has a unique atmosphere.'

The registered manager had a range of quality assurance systems in place. These included care plan, accident, medication and staff training audits. The registered manager said they used the audits as part of a continual improvement plan.

The registered manager told us they kept their own development up to date through subscribing to other updates from other professional bodies. They said they referred to this information when reviewing service provision.

The registered manager said communication with the registered provider was good. The registered provider had regular communication with the registered manager and supported them where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had failed to ensure premises and equipment were suitable for use and properly maintained. 15 (1) (c) (d) (e)