

Stanley House Limited

Stanley House

Inspection report

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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

This inspection was carried out on 16 June 2016 and was unannounced.

Stanley House provides nursing care for up to 21 people. It specialises in supporting people who have either Huntington's Disease, acquired brain injury or people with mental health needs who also have physical disabilities. At the time of our inspection there were 21 people living at the home.

A registered manager was in post at the time of our inspection. 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.

Staff knew how to recognise and report any concerns about people's safety. Staff understood risks associated with people's needs and how to keep them safe. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were treated with dignity and respect and staff were kind and caring in their approach with people. People had care and support that was centred on them as individuals and their independence and freedom of choice were promoted and supported.

People's health needs were responded to effectively with people being supported to access doctors and other health professionals when required. People had daily access to health professionals like neurologists, psychiatrists, doctors, occupational therapists and physiotherapists. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People had access to a varied diet of food and drink. People were supported to have their food and drink safely. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

Staff understood people's individual communication styles and were able to communicate effectively with people. People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the knowledge and skills to understand and meet their health needs. Staff had access to additional training to match people's specific health needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People and their relatives found the staff and management approachable, willing to listen to their views and opinions. People knew how to complain and who to complain to. Feedback from the people and their

relatives was gathered on a regular basis and any areas identified for action were acted upon. Audits and checks were completed regularly to ensure that good standards were maintained.

The registered manager gathered and listened to the views and opinions of the people that lived there, relatives and staff. A range of audits and checks were also completed regularly to ensure that good standards were maintained.

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's individual risks were understood by staff. People knew how to keep people safe and what to do if they had concerns. There were sufficient numbers of staff to meet people's needs in a safe way.

People had support they needed to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported to access different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People were involved in planning and reviewing their care and support. They felt they could make suggestions about their care at any time and they would be listened to.

People were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

Good ●

The service was responsive.

People's care and support responded to their individual needs.

People had their health needs responded to quickly. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Is the service well-led?

The service was well led.

People and staff felt that the registered manager was approachable and supportive. People said they could talk to the registered manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from the people that lived there. They used the information to make improvements to the service.

Good ●

Stanley House

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 unannounced visit took place on 16 June 2016 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Stanley House. We did not receive any information of concern.

During the visit we spoke with five people who lived at the home, five relatives, eight members of staff who consisted of one activities co-ordinator, four care assistants, one kitchen assistant, one house keeper, three team leaders, the registered manager who was also the provider. We also spoke with a visiting doctor. We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a care plan for diabetes and a falls risk assessment.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People said that they felt safe living in the home. One person said, "It is nice and safe here. Staff look after you." Relatives told us that it was a safe place for people to live. One relative said, "As [person] becomes more unwell they become more vulnerable. I could not think of anywhere safer to live." Staff told us what they would do if they suspected abuse. Staff showed a good understanding of different types of abuse and told us that they had regular training on keeping people safe. There were systems in place to protect people from abuse and to ensure that the relevant authorities were informed and action taken to keep people safe.

The people we spoke with told us that they had the help and support from staff to keep safe. One person told us that they realised that they were steadily becoming more unwell with their condition, but felt that staff would continue to give safe care. They told us about how staff worked closely with them on how to manage risks appropriately. They said that they had sat with staff to discuss what future support they would need to manage their health needs safely. Staff told us that they encouraged all of the people that lived there to be fully involved in their care and risk assessments. All of the staff we spoke with told us about the importance of people taking ownership of their own lives, and how this meant that people would on occasions want to take risks. We found that risks to people's safety had been routinely assessed, managed and reviewed.

People felt that there were enough staff to provide them with the support they needed. One person said, "Staff are always around." Staff told us that they felt there were sufficient staff to enable them to do their job safely. We saw that people received the care and support when they needed it. We saw that staffing levels were determined according to the needs of people living in the home. For example a person's health condition had deteriorated recently and this meant that their mobility had changed and also they required additional staff support. As a result of this the provider had increased the staffing ratio for this person. Staff told us that the provider was flexible and responsive with staff provision and deployment. The registered manager told us that they only used agency staff occasionally and it was always staff that knew the people and the home. They told us that they had a team support role. This was an additional member of staff each day whose role was to support other staff with care tasks and also to immediately fill any gaps in staffing due to sickness or holidays. We spoke with the team support and they told us that it benefitted people as it reduced the amount of agency staff that were being used, and when there was no staff absence they were able to work with the staff to best target where their support would benefit people the most. The provider told us that this was to ensure consistency in people's care, particularly for people who would be anxious about unfamiliar staff supporting them. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us the staff supported them with their medicines. For some people they told us that the only

support they needed was to be prompted that it was time to have their medicines. For other people more support was needed and medicines were administered by staff. What support people had with their medicines was appropriate to their needs and matched what was written in their care plans. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Is the service effective?

Our findings

People felt that staff had the skills and knowledge to meet their needs effectively. One person said, "Staff are great. So skilled and they know all about my needs." Staff told us that they had good access to training and good support in their roles. Staff said that there were also opportunities for additional training around people's specific health conditions. One example was the provision of training in Huntington's disease, which a number of people who lived at the home were diagnosed with. Staff told us that the training was of a good quality and useful to their roles. All staff had individually prepared progression handbooks. These were written around people's individual roles and detailed the training they needed and knowledge and skills that they needed. Staff told us that they completed these books and used them as discussion points with their supervisors and managers. This provided staff with consistent training of skills and knowledge relevant to their roles.

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 told us that they were able to make choices and that staff respected their wishes. People did not have any care or support without their permission. We saw that staff told people what they were about to do and waited for them to indicate that it was good for them to proceed. For example we saw where a person was asked if they wanted to take part in an art therapy session that was happening. The person was unable to speak, but staff observed their facial expression for the response. The person indicated that they did not want to part; staff respected this choice and supported the person to do something else. Throughout our inspection we saw that staff took the time to make sure that people had choices and staff understood people's own individual communication styles. One person said, "I get to choose what I want and what I do." We saw that people were supported to do what they wanted. One person had chosen to go shopping and support was provided to enable this to happen, another person had support to prepare a craft activity that they had asked to do, other people chose how to spend their time in the home. Staff told us that they supported everyone living at Stanley House to make choices for themselves. We discussed what needed to happen if people were not able to make certain decisions for themselves. Staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, advocates and social workers and the person themselves. What staff told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's mental capacity to make decisions had been assessed and appropriate

DoLS applications had been made.

People had food that was nutritious and freshly prepared to meet their individual dietary requirements. We found that the lunchtime was a social time with smiles and laughter between the people that lived there and the staff supporting them. Some people needed specially modified diets or their food specially prepared to make sure their health needs were met. Staff told us how they safely prepared food and were aware of people's individual risks and how appropriate support was given to make sure people were able to enjoy their food and drink safely. Some people had modified diets or their food specially prepared to meet their health needs. Some people needed the amounts of food and drink they had monitored and we found this was recorded in their care records and where concerns had been identified support from the appropriate health professionals had been sought.

People said that they had good access to other health professionals to make sure that their health needs continued to be met. We found that due to the complexity of the health conditions of people living in the home that their care and treatment involved other professionals. People told us that any concerns about their health were addressed straight away with the relevant professionals. For example one person told us that due to a recent deterioration in their health they had a number of questions about how their condition was progressing. They told us that the registered manager had arranged an appointment with the doctor and psychiatrist so that they could discuss their current health. The person told us that this was done straight away from them asking and they found that staff were quick to respond when they felt unwell or worried about their health. The provider told us that they purchased additional services from neurology, art therapy, music therapy, physiotherapy, occupational therapists, speech and language therapists and neurology services. They told us that this ensured that they had flexible and fast access to a range of health professionals. Staff told us that they found that people did not have to wait long for the appropriate professional to become involved. One staff member said, "We have so many different professionals on tap. No waiting lists and professionals become involved straight away at the time they are needed." Staff also said that working with the therapists and other professionals helped them understand people's needs and provide better care and support.

Is the service caring?

Our findings

People felt that they had good relationships with the staff that supported them. We found the atmosphere in the home calm and relaxed. One person said, "The staff are all so nice, kind and caring." Relatives told us that people were treated with dignity and respect. We saw numerous occasions during our inspection where people had requested support with personal care. We found that staff were always discreet and respected people's dignity and privacy. Staff addressed people by their preferred names and knocked on people's doors before going into their room. Staff told us that they had frequent training on dignity and respect and it was a regular point of discussion in team meetings and also in meetings with the people that lived there. One staff member said, "Dignity and respect is never a problem here. We [staff] are all without exception committed to treating people in the best way possible." Staff told us that some people had support with their faith in the home, and this included visits from the local clergy. Staff also told us that they had in the past supported people from different faiths and people were given the support to practice their beliefs freely. Some examples we were given was a person who had a prayer mat in their room and who used to pray with their family when they visited and another person who used to watch the Quran on their television. The registered manager told us that they had no preconceptions about people's faith and they ensured that staff had the knowledge to support people freely with their beliefs and culture.

The people that we spoke with told us that they were involved with all aspects of their care and support. For example one person told us how they had been working with staff to plan the care and future treatment for their deteriorating condition. Another person told us how they were able to maintain the hobbies and interests that they had before they lived in Stanley House. Some people needed more support. We saw that Staff took the time to involve people in their care and support. Where people appeared uncomfortable or were making a choice that they did not want something this was respected by the staff. Staff also told us that they were aware that due to the complex nature of people's health needs a lot of the care and support was done for and to people, but also said that they always encouraged and supported people to have some independence. One member of staff said, "People need to keep as much independence as possible." We could see how staff did this. For example one person was looking at recipes and planning with a member of staff to do some baking. Another person who had an interest in art was given the materials to continue with this interest when they wished. They told us that at times they needed some physical support to get into a comfortable position before doing their art. They said that as soon as they asked staff for this support it was given. Another person received foot exercises and massage from a member of the physiotherapy team. This person had been involved in identifying which aspects of the massage were of the most benefit and were given the time and the information to enable them to carry out some of the exercises in their own time. They told us that they had been involved in setting goals and agreeing the treatment and support that they wanted from the team. Staff told us that the input from the therapists helped train and support them with techniques to promote independence with the people that they supported. Staff told us that these techniques were successful in supporting people with what they can do for themselves. Staff and the registered manager all told us that the views of people were important to how care and treatment was planned and delivered. What people told us and what we saw in the care records showed that people were involved in every stage of care from assessments to reviews.

We saw that staff spent time with people; sometimes this was just having conversations about how people were feeling and other topics such as the day's news. Staff felt there were enough staff to provide the support that people wanted. They told us that just spending time with people and being there to give them company provided people with confidence and reassurance and contributed to their wellbeing.

Is the service responsive?

Our findings

People told us that staff understood their health needs and had the skills to meet them. Relatives also told us that they had confidence in the knowledge, skills and experience of the staff. Staff were able to tell us in detail about people's health needs and about what the person liked or did not like to do. We saw that staff had the knowledge and experience to respond to people's health needs. People's health conditions often included more specific and complex conditions. Staff could tell us about these conditions, what additional support they needed and what they looked out for that would indicate a person was unwell. For example staff had recently become concerned about someone who was starting to become more unsettled. Staff supported this person to see a doctor and a specialist neurology consultant. As a result the person had a medicines review. Staff told us that now this person had started to improve and had become more settled. Another example was when a person's eating habits had changed and had caused concerns to staff. The person was now being supported to access specialist eating services. Staff told us that they had received information and support as a result that was helping them in encouraging and supporting the person in overcoming the concerns that staff had. All staff knew what individual response a person needed to keep them safe.

People and relatives told us that the care was individual to the person's needs. We saw that people had their own specialist equipment including moulded wheelchairs and equipment. Relatives told us that if people's needs changed other professionals became involved quickly to ensure that the care and support continued to reflect people's individual health needs. Staff told us that they knew who was receiving particular therapies and health professionals and that it was always tailored around the individual. We saw examples where for some people due to their health condition they were having intensive physical exercise to support them with their physical health. Another person was having support to maintain their creativity and manage their anxiety. This was a combination of input from the staff and the art therapist. Staff told us that this was a recognised technique with this person and that without this happening regularly the person could become anxious and upset. We could see where additional reviews with other health professionals had happened as a result of changes in people's health.

People told us that they felt they could raise any concerns or complaints. All the people and relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They said that they were confident that any complaints or concerns would be listened to and appropriately dealt with. One relative said, "They [staff] are all very approachable. If we as a family have any worries or concerns they listen and put our minds at rest." Another relative said, "We have never had any need to complain but they are open and I am sure anything would be dealt with straight away." We asked staff how they gathered the views of the people that lived there. They told us that people had a key worker who would spend time with the person before any care review. Staff were confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

People told us that they felt involved and up to date with their health needs. They told us that they were supported by staff to maintain good health and access to other health care services. We could see that where needed referrals had been made to relevant health professionals and guidance given had been followed. People that we spoke with told us that if they needed to see a doctor and appointment would be quickly arranged. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs .

Is the service well-led?

Our findings

People, staff and relatives said they found the home was well run by the registered manager and that they were involved in the running of the home. Staff told us that it was an open culture with the registered manager and that they would listen and be approached with any ideas or concerns. One staff member said, "It's lovely, it's like one big family you are always made to feel comfortable working here." We found that staff were motivated to provide the best care and support they could and felt that it was a team approach.

The registered manager told us that the vision of the service was to provide a home environment that was, "The best place to live, and the best place to work." Staff shared this vision and staff told us that they felt the manager and provider understood about valuing the staff so that they were then motivated to do their best. One staff member said, "We try to make this the best place for people and we have the full support from the managers to do this." All of the staff told us that they felt supported and valued by the registered manager.

We saw there were systems in place to check the quality of the care given by staff. A lead nurse told us that the care and support was monitored daily by the lead nurse and any areas of concern highlighted immediately to the registered manager. Staff told us that they found this was positive as senior staff were always ready to listen and it meant that any concerns were quickly identified by the registered manager. There were also regular checks and audits on areas such as medicines, care records, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. For example a new medicines system had been recently introduced. The registered manager had been monitoring it closely and had made changes and improvements to their medicines procedure as a result. This had reduced the amount of medicines errors in the home. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

We spoke with staff about the support they had to do their job. Staff told us that the provider and registered manager were supportive and approachable. Staff told us that they had access to regular supervision, training and staff meetings. They all felt that the registered manager listened and took action when necessary. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "It is an absolute zero tolerance to any abuse or ill treatment here. Staff would with no question report anything like that." The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.