

# Standon Gardens Limited

# Standon House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Standon House is a residential care home without nursing care. The home accommodates a maximum of 31 people in one adapted building. At the time of this inspection 27 people lived in home, some of whom were living with dementia. Accommodation was provided over two floors with shared communal facilities, including lounge and dining areas.

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

People were not always safe as the infection prevention and control procedures were not always effectively implemented. The provider still needed to improve their systems for identifying and mitigating potential environmental issues which could put people at the risk of harm.

The provider had not developed some protocols for the administration of specific medicines. However, people received their medicines, as prescribed, by staff members who had been trained and assessed as competent.

The provider and management team needed to make further improvements in their quality assurance checks to ensure people received good care in a safe environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team reviewed any incidents, accidents and near misses to identify whether any trends could be established or whether anything else could be done differently to safely support people.

People were protected from the risks of abuse and ill treatment.

People were engaged with decisions about the service they received and felt their opinions were valued by the management team.

The provider and management team had good links with the local communities within which people lived.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Standon House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors on day one and one inspector on day two.

#### Service and service type

Standon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Standon House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was not present during this inspection. However, we were supported by the care manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with four people and spent time in the communal areas to better understand people's experiences of support. Additionally, we spoke with seven staff members including the care manager, assistant manager, day manager, finance manager, senior carer, carer, cook and the maintenance person.

We looked at the care and support plans for four people and looked at several documents relating to the monitoring of the location, training, health and safety checks. We looked at the recruitment process of two staff members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, improvements were still required.

- Improvements had been made since our last inspection. However, improvements were still required to ensure the physical environment was safe for people. For example, we saw some pieces of equipment had visible rust which hampered effective cleaning. The main corridor between parts of the building had a poorly defined slope putting people at the risk of trips and falls. Door frames in communal bathrooms needed to be treated to ensure they could be effectively cleaned.
- People were supported to identify and mitigate risks associated with their care and support. These included risks associated with mobility, skin integrity, hydration and malnutrition. However, some assessments needed to be updated to include the most relevant information. For example, following a review by a GP the recommended daily fluid intake for one person had decreased but the care plan had not changed to reflect this. Despite our findings people felt safe. One person said, "It's never been a worry since I have been here. I feel so much safer and I have started to gain confidence again. I used to be afraid of walking and falling. Now I know there is someone to help me. I feel I have got some independence back again."
- The provider had commissioned a legionella risk assessment. However, owing to circumstances beyond their control, this had not been provided at the time of the inspection. In the absence of the formal feedback the provider had completed several tasks including water testing and regular flush throughs of seldom used outlets to minimise the potential risks to people.
- The provider had updated their fire risk assessment which had been completed by an appropriately qualified person. Staff had recently completed a fire drill and were aware of what to do in an emergency.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some staff were wearing nail polish and acrylic nails. This created a potential infection risk especially when supporting people with personal hygiene. One person's walking frame still had the cardboard packaging still attached. This prevented effective cleaning. We have

signposted the provider to resources to develop their approach.

- We were assured the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- Some people took medicines only when they needed them, such as pain relief but there were no specific guidelines for staff on when to administer these. However, people told us they received pain relief when they needed it and without any delay. Staff were able to tell us about those who couldn't communicate their needs including the use of body language and facial expressions. There were no indications people did not receive their medicines when they needed them despite the absence of the protocols. The care manager told us they would develop these with people as a matter of priority.
- People's routinely administered medicines were managed safely, and people received their medicines when they needed them. One person said, "I never have to wait, I get my tablets regularly every day."
- Staff had been trained and assessed as competent to support people before administering medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Standon House. One person said, "All staff are great. I never have a worry about how I am looked after. If I did, I would say so"
- Information was available to people, staff and visitors on how to report any concerns. When concerns were raised the provider understood what to do in order to keep people safe, including notifying the local authority.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At our last inspection the provider did not have systems in place to assess and support people's decision making. These issues constitute a breach of Regulation 11: Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- People were supported by enough staff who were available to safely support them and who responded promptly when needed. One person said, "It can get a little busy at times, like meals, but I expect this."



However, I never need to wait long for anything."

- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others. However, when staff had made historical disclosures the provider needed to assess any potential risk to ensure the staff member was safe to work with people. The provider had systems in place including retraining and disciplinary measures if they were required.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, a member of the management team analysed all incidents and if necessary, would refer individuals to other healthcare professionals to see if additional support was required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the providers managerial oversight was not robust enough to demonstrate their quality monitoring was effective. These issues constituted a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, improvements were still required.

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

- A registered manager was in post but was not present at this inspection. The finance manager told us the registered manager was moving towards retirement but wanted to oversee improvements before appointing another registered manager.
- Although improvements were noted since the last inspection these needed to be reviewed to ensure they were effective and embedded into the management teams' practice. For example, the infection prevention reviews failed to address and correct staff members practice for wearing nail varnish. The checks failed to identify or remove cardboard on people's mobility equipment. Environmental checks didn't address the issues with bare wood or rusted equipment. Although regular checks were made to medicines they failed to identify there was a lack of PRN protocols or missing risk assessments on staff files when they were needed.
- The provider had failed to identify a technical issue had prevented the displaying of their last inspection report on their website. However, this was corrected immediately and we saw the last inspection rating was displayed at Standon House.
- People, and those close to them, were asked their views about the provision of care at Standon House. One person told us they were asked about what they would like to see different on the menu and another person said they were asked about the decoration of their room. The care manager told us they were looking at ways to make these conversations more formal and to provide more feedback to people.
- The provider had appropriately 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.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.
- The management team also kept themselves up to date with changes in guidance from the NHS in terms

of how to manage during the pandemic.

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

- All those we spoke with told us every one of the management team was approachable and responsive. One person said, "[Care manager's name] is very approachable. I can talk with them any time I need and if there is something that needs sorting it's done straight away. First class."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People told us they were involved in day to day decisions about where they lived. This included what they wanted to do or what they wanted to be included on the menu. One person said, "I love faggots. It's a real link back to my childhood. I asked if we could have them from time to time and I see they are on the menu today. I can't wait and it shows I have been listened too."
- Staff members found the management team approachable and supportive.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP and district nurse teams.