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Stafford House Residential Care Home

Inspection report

7 North Promenade
Thornton Cleveleys
Lancashire
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Tel: 01253853073

Date of inspection visit:
05 October 2018
22 October 2018

Date of publication:
06 November 2018

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

Stafford House provides accommodation for persons who require nursing or personal care for up to 12 people. The home is situated on Cleveleys promenade close to the town centre. It comprises of three floors with lift access. There is a lounge and separate dining area. Bathroom and toilet facilities are situated on all floors. There were six people living at Stafford House at the time of our inspection.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service Good. We found the registered provider continued to provide a good standard of care to people who lived at the home.

Why the service is rated Good

At this inspection we found the registered provider had systems to record safeguarding concerns, accidents and incidents and took action as required.
The service carefully monitored and analysed such events to learn from them and improve the service.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the Care Quality Commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner. One relative commented, "There is always staff available."

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and noted employees received induction and training appropriate to their roles.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and saw evidence of ongoing refurbishment. The home was clean and a

safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Medication records provided staff with a good understanding about specific support needs of each person who lived at Stafford House Residential Care Home.

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

People told us they had plenty of food and drink with the option of additional snacks and drinks between meals.

We observed only positive interactions between staff and people who lived Stafford House Residential Care Home. We observed humour used to foster positive relationships. There was a culture of promoting dignity and respect towards people. We saw staff spent time with people as they completed routine tasks.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided.

People were supported with activities and social interaction but the registered provider also respected people's right to not participate and engage in valued activities independently.

The registered provider offered people dignified end of life support that extended after their passing. People preferences related to end of life care were recorded and respected.

Further information is in the detailed findings below .

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Stafford House Residential Care 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 scheduled comprehensive inspection took place on 05 and 22 of October 2018 and was announced. We gave the registered provider 24 hours' notice of the inspection visit because the location was a small care home. We needed to be sure that someone would be in to assist us with the inspection.

This comprehensive inspection was carried out by one adult social care inspector.
All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated, focusing on any current concerns, areas of risk and good or outstanding practice.

Throughout the inspection process we gathered information from a variety of sources to help us understand the experiences of people who lived in the home. We spoke with three people who lived at the home and two relatives to seek their views on how the service was managed. We spoke with the registered manager and two members staff responsible for providing direct care.

We did not, on this occasion, conduct a SOFI. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. This was due to the size of the home. We used the principles of SOFI when conducting our observations around the home .

We activated the call bell once during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to

assess the quality of interactions that took place between people living in the home and the staff who supported them.

To gather further information, we looked at a variety of records. This included care plan files related to three people who lived at the home. We looked at administration and recording forms related to the management and administration of medicines and topical creams. We viewed training records of five staff and the recruitment records of three staff. We also looked at other information which was related to the service. This included health and safety certification, team meeting minutes, policies and procedures, complaint and concerns records and maintenance procedures.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety at Stafford House Residential Care Home.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. One person told us, "I do feel safe here, I do. Staff check on me through the night as well." One relative commented, "It gives me a lot of comfort that [family member] is safe." A second relative said, "Family member] is absolutely safe."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe. One staff member told us if they ever saw anything they had a duty to report bad practice stating, "We have to report anything we see that is abuse."

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. For example, as part of their reactive strategy to falls and a lesson learnt, assistive technology such as sensor mats were used to minimise the risk of further falls. We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency.

Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

There were systems to record monitor and reflect on accidents and incidents including behaviours that challenge .

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. Staff were visible in communal areas providing supervision and support for people. People said staff had the time to support them. One relative commented, "There are always staff available." A second relative commented, "There are enough staff for the residents they have now." A staff member commented, "When we had someone who was ill and needed extra support, [registered manager] got extra staff in."

We looked at recruitment to ensure staff had been recruited safely. We spoke with two staff members and they were complimentary about the recruitment process. They both confirmed they had undertaken all necessary checks as part of their employment process. Both staff said they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We looked at historic rotas to evidence staff only delivered care and support after they had been approved. This showed us procedures reflected good practice guidance. Systems were not always implemented to ensure employment histories were fully explored and documented. The registered provider changed their policy and procedures to capture and hold evidence related to full employment histories during future recruitment.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, given as prescribed and stored and disposed of correctly. Medicines were managed in line

with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean and tidy. We saw the lounge and dining room had been refurbished and there were plans to update further parts of the home. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Good

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish Stafford House Residential Care Home was able to meet these. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One relative told us, "They look after [family member] very well." A second relative said, "It's a spot on care home." We read feedback from a questionnaire that included, 'I found the perfect place for my [relative].'

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One person stated, "The staff are fine, they are alright. They know what they are doing." We were able to establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated they had received training upon their employment. We looked at training records and noted all staff had a vocational health and social care qualification. Records indicated not all staff had received ongoing training during their employment. The registered provider did not have a policy and procedures to ensure staff members knowledge was consistently updated in line current legislation. However, by the end of our inspection visit policy and procedures had been updated clearly indicating which mandatory and optional courses needed refreshing and when. By the end of our inspection visit all staff had received training for all relevant health and social care training. This showed the registered provider had taken swift action to ensure staff knowledge reflected best practice to support effective outcomes.

We asked staff if they were supported and guided by the registered manager. Staff told us they felt supported by the registered manager informally and formally through supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us about supervision, "It is where we discuss anything we are not happy with. [Registered manager] will then sort it out because she listens."

Staff responsible for preparing meals had information about people's dietary requirements and preferences. One person told us, "The food is good I have put weight on since being here." One relative commented, "We have no issues with the food, it would be enough for me." A second relative said, "Every time we visit the smell of food is gorgeous." Staff monitored people's weight and this was recorded consistently.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed we saw consent was sought in line with legislation and guidance. When people could

not consent to care, we noted there was active communication with people who could speak on their behalf. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. For example, one relative told us, "[Registered manager] always arranges support for GP appointments and we like to take [family member] to specialist appointments." Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. We noted and observed regular visits from community health care professionals to manage people's ongoing health conditions. This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Communal walkways were clear and free from hazards minimising the falls risks for people who liked to walk independently around the home.

Good

Is the service caring?

Our findings

People received care from staff they knew and were happy with the care and support. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people and their relatives if the staff were kind and caring. One person told us, "I call [registered manager] mum sometimes. She is like a mum to me I love her." A second person commented, "Without fear or doubt all the staff are caring."

A relative shared with us when their family member moved to Stafford House Residential Care Home the registered manager told them they wanted them to feel like it was their family members home. They told us, "We feel at home and [family member] feels at home and that's important." A second relative told us, "[Family member] always wants to go back when we are out. That has got to be a good sign." This showed the registered provider had fostered an environment and culture where people feel safe and welcomed.

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation such as the Equality Act 2010. We saw staff had an appreciation of people's individual needs around privacy and dignity. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect. Staff made good use of touch and eye contact when they spoke with people and we saw this helped them to relax. We observed staff knocked on people's doors before entering. For example, we chatted with one person and their family member in their bedroom. This showed the registered provider promoted people's dignity sensitively.

We saw people responded to staff presence and interactions positively. Staff told us they had time to sit and chat with people. One staff member told us, "Being a small home we have more time with the residents. More one to one time. If we are working and someone wants us, we leave it and sit with the residents." A second staff member commented, "We have time to socialise and chat."

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. One person told us, "I have signed all my care plans." A relative commented, "[Registered manager] keeps me informed, keeps me involved."

We discussed advocacy services with the registered provider. They told us they supported people who had designated representatives to speak on their behalf. They explained this involved reviews of the care and support delivered. They confirmed should further advocacy support be required they would support people to access this. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

Care workers understood the support that people needed and were given time to provide it in a safe, effective and dignified way. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. One relative told us, "They have looked after and cared for [relative] from day one. They manage him very well. They know him and know his quirks."

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard . The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People we spoke with told us they had a care plan and they understood and agreed its contents. We noted everyone had their eyes tested and there had been a referral placed for a talking watch to maintain someones independence .

Care plans had information related to all areas of a person's care needs. We read information that guided us on the level of support people needed to manage their deteriorating mobility and ongoing health conditions whilst maintaining their independence. We noted assessments within the care plans around physical and mental health and behaviours that may challenge.

We saw each person had a personal profile sharing family history, hobbies and end of life decisions which highlighted if people wished or did not want resuscitation should they be gravely ill and the quality of their life would be impaired.

Regarding end of life support, we saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We spoke with staff about providing end of life care. One staff member told us, "It is about sitting with the person and comforting them." On the day we visited we noted staff were liaising with a funeral director. One person had recently died and they were organising the funeral as there was no family involvement. This showed the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support and support so the people have a dignified and respectful end.

The service had a complaints procedure which was on display in the hallway of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals. At the time of the inspection there were no formal complaints. This showed the registered provider had a system to acknowledge and respond to any issues raised should they arise.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. One person told us, "I like to make cards in my room." A second person said, "I go out every day and like to watch TV." Both people told us they enjoyed the company of 'Eddie ' the dog that lived at Stafford House Residential Care Home. One person said, "He comes and sits with us, I enjoy that." Staff told us relatives visit anytime and visit regularly. They also stated some people went out independently, shopping. They explained they had time to sit with people to chat and reminisce. One person told us they were entering a local competition. Staff explained the local church held a Christmas tree exhibition every year and they were entering a display. This involved people making the ornaments to decorate the tree. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Stafford House Residential Care Home. 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.

We asked people and their relatives if they were happy with the way Stafford House Residential Care Home was managed. One person told us, "I get on alright with [registered manager] she's nice." One relative told us, "I think the world of [registered manager]. She is very professional, very friendly and easy to approach." A second relative commented, "[Registered manager knows what she is talking about. She is very good at her job."

The service had systems and procedures to monitor and assess the quality of their service. For example, care plans were reviewed monthly. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handover meetings. They told us they felt supported by the manager and management team.

Questionnaires completed by relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well managed. Comments received included, 'The home has a pleasant and happy atmosphere.' And, 'The staff and owner are always helpful and pleasant.' We also read, 'Am very happy living at Stafford House.' And, 'Everything is brilliant, happy and settled.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included G.P's, community health professionals and specialist consultants.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The home had on display in the reception area of the home and on their website their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.