

Stanfield Nursing Home Limited

# Stanfield Nursing Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: This service is registered to provide nursing care and accommodation for up to 41 people. At the time of the inspection, 40 people were using the service. This included people who were living with dementia.

What life is like for people using this service:

- People received exceptional, person-centred care from the onset. Their wishes were understood through numerous pre-admission visits. Close relationships between people, staff and families had developed. Family members told us the care their relatives received was exceptional and had far exceeded their expectations.
- People were fully in charge of planning and refining their care. This was high quality, bespoke and flexible around their changing needs and preferences. People received highly individualised care and were supported by numbers of staff which exceeded their assessed needs.
- Careful attention was paid to people's spiritual and cultural beliefs so that their lifelong practices were respected and adhered to in the manner they were accustomed to.

The registered provider worked passionately with stakeholders and embedded best practice and excellence in End of Life Care. Staff understood and respected the importance of delivering care in the way people planned at the end of their lives.

- Strong relationships with the GP, university and end of life working groups ensured care was based on best practice and embedded within the home. The provider ensured staff had bespoke training to meet people's specific needs.

The registered provider and manager led by example and used all opportunities to drive continuous improvement at the home. People were at the heart of the service. People, staff, relatives and health professionals were fully involved in developing the service to ensure high quality care. They felt their views were important to the leadership team and that their opinions were listened to and acted upon. Leadership values were inclusive and set high professional standards for staff to adhere to. All staff were valued by the registered provider. Staff were motivated and spoke with pride about working at the home. They felt valued by the processes in place to support them.

- Systems were in place to take any learning from any complaints made.
- Staff understood how to keep people safe. Staff knew how to recognise and report abuse.
- Staff recognised the risks to people's health, safety and well-being and how to support them.
- Staff recruitment processes included a check of their background to review staff suitability to work at the home.
- People received support with the medicines from nurses at the home and regular checks were in place.
- The home was clean and staff took pride in maintaining the home's appearance.
- Guidance on people's needs was shared through supervision and staff meetings.
- People were offered numerous choices at mealtimes. People whose nutrition was a concern were supported through innovative and original ways to improve their wellbeing.

- People's access to healthcare appointments and advice from healthcare professionals was planned and reviewed with exceptional diligence so people's health care needs were met and anxiety was minimised.
- People were treated with dignity and respect and their independence was promoted.
- People and their families were involved in planning their care with support from staff.
- Staff enjoyed working at the home and received advice and guidance from the registered manager.

• We found the service met the characteristics of "Outstanding" rating overall;  
Rating at last inspection: Good. The last report for Stanfield Nursing Home was published on 20 January 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved from Good to Outstanding.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our inspection programme. If concerning information is received, we may inspect sooner.

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

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

# Stanfield Nursing Home Limited

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: There was one inspector in the inspection team and one 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.

Service and service type: Stanfield Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and seven relatives to ask about their experience of the care provided. We also observed how people interacted with staff.

We spoke with the manager, the home administrator, a team leader, a member of the care staff, an activities co-ordinator as well a visiting health professional. We also spoke with the registered provider as well as one of the Directors of the business.

We reviewed a range of records. These included three people's care records and together with their medication records. We also reviewed people's records of their background/history.

We also looked at records relating to the management of the home. For example, systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

- People and relatives told us they felt assured their family member was safe at the home. Staff understood how to support people in order to keep them safe.
- One relative told us, "I no longer have to travel at midnight to see her as I know she is safe, I can relax."
- Staff received training and understood how to escalate their concerns to the manager, who reported these to the local authority and CQC.
- The provider had a system in place for checking the background of potential staff to ensure their suitability for working at the home.

Assessing risk, safety monitoring and management

- Risks to people's health were documented in care plans for staff to refer to. We saw risk assessments had been reviewed and updated regularly. When new risks emerged, these were also documented and monitored.
- Risks to people's health were shared with staff through daily handover meetings.
- Staff understood the health conditions people lived with and the risks to their health. Care staff told us they referred to the nurse for guidance if they were unsure about anything.

Staffing levels

- People were supported by sufficient numbers of staff that exceeded people's assessed needs. The provider told us they wanted people to feel well supported. One person told us, "I only have to ring my bell for help."
- One relative told us, "The staff don't stand around gossiping, they really go out of their way to talk to the residents."

Using medicines safely

- People were supported with their medicines by nursing staff. Regular checks were in place to ensure people had received their medicines as prescribed.

Preventing and controlling infection

- Support staff took pride in the home and ensured the home was clean and odour free. Relatives told us the home was always clean whenever they visited. We saw staff used protective clothing such as aprons and gloves to minimise the spread of infection.

Learning lessons when things go wrong

- Staff understood when and how concerns needed reporting to the manager. The manager reviewed incidents in order to understand if people's care needed to be amended. For example, where people had experienced falls, the manager ensured people had the correct support in place to reduce the risk of re-

occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the manager before they moved into the home. People and their families were involved in discussions about people's needs so they could express their expectation and wishes.
- People's needs were continually reviewed to ensure their needs were being addressed and to ensure staff had the necessary skills to support people.

Staff skills, knowledge and experience

- Staff were supported with training which was regularly reviewed and updated. Nursing staff were also supported in order to maintain their registration and continually improve their knowledge and practices.
- New staff were supervised during their induction and provided with feedback to ensure they had the necessary skills and knowledge to support people at the home.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood which people required support with their meals and ensured they received this. Where people's diet was being monitored we saw how healthy choices were promoted in order that people were receiving a nutritious diet to maintain their health. One person described themselves with regard to their diet as "fussy" but said the catering staff always made something they liked. A family member told us the Chef always prepared food that related to the person's ethnic heritage and they knew this meant a lot to their relative.

Staff providing consistent, effective, timely care

- Nurses at the home worked with healthcare professionals so people benefited from consistent care which reflected their needs. A healthcare professional told us they were assured people received the care needed and their advice was appropriately sought and followed.

Adapting service, design, decoration to meet people's needs

- People were encouraged to decorate their bedroom in a way that reflected their personal taste. People were surrounded by personal possessions that were important to them. The building was designed in a way that enabled people to feel free of any barriers they may face. For example, the gardens were designed so that people and their families felt safe and secure. One person was able to look out of their window and see ornaments from their garden. Staff told us the person loved being able to do that.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Consent was sought before care and support was provided.
- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People liked and valued the staff supporting them. One relative told us, "The Carers are excellent, very kind." Another family member told us since their relative moved to the home it felt "As though he has a new family, he finds the home to be homely and friendly."
- We saw staff demonstrating warmth and kindness towards people and people responded with smiles and appropriate expressions of affection.
- Staffing at the home was consistent and agency staff were not used. The provider explained they preferred their own staff so people knew who was supporting them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and opinions. One relative told us, "They really go out of their way to talk to the residents."
- People were involved in discussions about their care, such as where they would like to spend their time and whether they would like to take part in an activity.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was understood and recognised by staff. We saw staff supported people to achieve outcomes that were individual to their level of independence. For example, one person was able to walk unaided. Staff appreciated that this meant a lot to the person and walked patiently alongside the person at their pace encouraging them along the way.
- Staff understood each person's understanding of dignity and supported people to attain that. For example, staff understood people's preference for dressing and ensured this was respected.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- People were extremely well supported at the end of their lives. Staff were unwavering in their belief that end of life care was about valuing the rest of people's lives and ensuring every effort was made so people felt valued. Staff spoke with pride about the care they provided at the end of people's lives. Each staff member spoke with a huge sense of compassion and grit in achieving what was necessary for each person. Staff told us the high staffing numbers enabled them to spend the time with people and their families in order to understand and fulfil each person's end of life wishes.
- Staff knew their role was pivotal in ensuring a person had a restful end to their life and staff spoke with conviction about how they ensured people and those close to them felt valued and loved within the home. Staff received bespoke training on end of life care. They told us how this had changed their way of thinking and were grateful to have had the training and review their own practices and values.
- Staff told us end of life care was not the responsibility of one staff member as the whole staff team was committed to achieving this. The provider told us their ethos was about having a consistent culture running across the home. We found this culture was consistent throughout the home and included professionals supporting the home.
- Visiting professionals say that the service was focused on providing person-centred care and support, and achieved exceptional results. A GP who leads a local "End of life" Best Practice Working Group told us that, in their view, all staff within the home were committed to working with professionals to ensure people had the most peaceful end of their lives. They told us, "Here, the care is outstanding." The GP felt assured that people received outstanding care because bespoke staff training was provided and this ensured staff understood the provider's vision for excellent care. The GP told us they helped deliver this training to care staff to ensure they understood and people benefitted from current best practice.
- At the end of their lives, people's tranquillity was a priority for staff. They wore pagers so that people were not troubled by call bell sounds. The provider told us staff had pagers because they didn't like call bells ringing and disturbing people unnecessarily. The home environment was calm and one person told us they enjoyed the peace and were not disturbed. One staff member told us it was important people did not feel overwhelmed with noise, especially during valuable time spent with their families.
- Staff told us about their personal journeys and beliefs with regard to end of life care. They told us that since working at the home, they understood how best to support people to achieve their varying end of life wishes. Staff told us they had come from a number of diverse countries where end of life is sometimes taboo. They told us since working at the home, they understood the Provider's vision to provide a holistic approach to people's care.
- Ongoing support was also provided for relatives of people who had passed away. Where appropriate, relatives were supported with funeral arrangements. Staff told us some relatives continued to visit as they had developed a friendship with staff and they popped in to say 'hello.' Relatives were also encouraged to

maintain links by becoming advocates for people living in the home and shared feedback to facilitate continuous improvement.

### Personalised care

- Staff used innovative and individual ways of involving people and their family in their care and support plans, so that they felt consulted, empowered, listened to and valued. People's care at Stanfield Nursing Home was about understanding the person's needs and responding with what the person wanted, to a standard they expected. In order to achieve this the provider met with people prior to admission on many occasions to ensure the transition to the home was seamless. A relative told us this had reduced the amount of anxiety to the person and their family.
- Another relative also told us provider went to exceptional lengths to understand their family member's care needs prior to moving into the home. They told us the provider met the person on multiple occasions to ensure their needs were understood. The relative told us the person truly felt at home at Stanfield Nursing Home. Another relative told us they had felt very guilty about seeking residential care for their family member but as soon as their relative moved to the home they sensed from the person's body language they had "Relaxed." They told us this had helped them to cope and reassured them that the move to the home was the right decision for the benefit of their relative.
- Another relative told us they had been concerned staff would not understand their family member as they could not communicate verbally and had become withdrawn. However, we saw and the family member told us that staff understood their family member by means of their non-verbal behaviour. As a result of this, the person had settled well at the home. The relative said this gave them a sense of relief.
- Exceptional outcomes for people had been achieved through staff knowledge and willingness to persist to help and support people. For example, where people's interest in food had declined, ways in finding solutions to encourage people to eat and drink was identified and promoted. We saw people responded positively to these efforts. A number of people who lost weight prior to coming to live at the home had regained weight. This had helped their overall wellbeing. One relative told us, "You can't beat the food, food is excellent, and the staff learn what [people who live at the home] like."
- Family members told us the care their relative received was exceptional and had far exceeded their expectations.
- Relatives gave us numerous examples of where they felt staff had been extraordinary in their attention to specific detail. One relative told us, "Everything that can possibly be done, is done." They told us their relative had entered the home for end of life care having lost significant amounts of weight and was withdrawn. They said because of the care they had received, their relative had gained weight and was now slowly walking around the home and speaking with their family. The family member felt they had been given another chance and added, "I know the care [person] gets at the end of their life will be good." The family member told us this person's quality of life had greatly improved.
- Relatives gave us examples of staff going the extra mile to ensure people's unique cultural lifestyle choices were celebrated and valued. For example, they had replicated one person's Christmas celebrations like they used to have in their own home. This was pivotal to how the person had celebrated during their life with their family. The celebrations incorporated the family members important to them and was in keeping with their family's traditions. This enabled the person to reconnect with their past. A relative spoke about how much this had meant to them and their family.
- One staff member told us they had tried to bring peace between a family that was at odds in order that the person's wishes could be respected. Staff we spoke with told us about the extraordinary lengths they went to in order to communicate with the family and ensure the family understood the person's needs. The staff member told us they knew they had achieved the person's goal when the family all thanked the staff for their support.
- Another relative gave us an example of how their own wellbeing needs had been supported by staff

working at the home They spoke about staff's commitment to this and how they felt staff went the 'extra mile' to support them. They told us about how staff always accompanied people when they were taken to hospital and how this provided support to the family too.

- People's spiritual beliefs were supported in ways that ensured they were maintained to the level and manner the person had observed. One family fed back to the home, "On a number of times [family member] was able to take part in a service of Holy Communion. This she loved and we were grateful for your making the small upper lounge available where we could share in the service in private with her friends."
- Daily prayers, clothing and diet were maintained where this was appropriate. For example, for one person their hair care rituals were completed by staff exactly how they chosen throughout their life and was part of their culture. This was respected by staff who took time to understand and recognise the importance of this continuing for the person. Staff knew people extremely well and could detail specific elements of their care which demonstrated they had an exceptional insight into their understanding of the person. For example, for one person the way they dressed reflected their religion, culture and marital status. Staff knew and understood this and ensured the person's life time personality was present in their everyday appearance.
- People had information presented in a format that was accessible to them. Staff understood the Accessible Information Standard and we saw people's individual needs with regards to this were met. For example, we saw visual displays to remind people which staff were on duty.
- People were encouraged to maintain interests important to them and staff provided support with this both within and outside of the home. People had a say in which group activities were arranged and whether they wished to take part. We saw people enjoyed a singing session with a visiting musician. On the day of the inspection a Valentines' Day display was up and a special meal prepared.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people were aware of this. There was a system in place for responding to complaints, although none had been received recently. All feedback was analysed rigorously. This was to ensure any learning could be incorporated into future care delivery, to ensure continuous improvement for people who lived at the home.

## Is the service well-led?

### Our findings

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

- People's and relative's feedback was rigorously reviewed to bring about continuous improvement and ensure standards were kept high. Relatives were encouraged to maintain links with the provider and share feedback when their family member no longer lived at the home. Some of these families along with relatives of people currently at the home were part of a 'working group' committed to sharing ideas for the benefit of people still living there. Relatives told us about the working group and said, "These are not attended by anyone from the care home other than a nominated note taker. The notes are anonymous and are presented to the Owners for consideration." Families told us they felt empowered to be as honest as possible because they knew the provider wanted them to be honest and to get things right for people. Family members told us this enabled them to be honest without feeling guilty and their suggestions were acted upon. They told us they did not have any complaints but contributed to making the home even better for people.
- The provider used all opportunities for continuous improvement, for the benefit of people who lived at the home. For example, they spoke about when a passing comment had been made by a staff member about how communication with relatives could be improved further. This led to the provider undertaking an analysis of methods of communication and improved how relatives were kept informed about matters related to their family members and the running of the home. Whilst no complaint had been made, the relatives received a letter of explanation and were thanked for their feedback.
- The provider continually monitored and assessed the quality of the service and outcomes for people. Action was taken for the benefit of people. For example, the provider and staff team valued people's mealtimes as being of extremely high importance. They had identified and recognised the importance of increasing staff support at meal times to further improve people's experience. To achieve this, the provider had implemented additional dedicated catering staff at meal times. This had enabled care staff to spend more time supporting people with their meals which had, in turn led to improved support at mealtimes and a reduction in people experiencing weight loss.
- The provider assured themselves that people's care was of the highest standard by regularly undertaking numerous effective audits at the home. In addition, they attended all staff 'handover' meetings to understand people's experience of care at the home. They told us their detailed knowledge of each person meant they could check to be assured their care was of the highest standard. They had also gone to great lengths to implement a quality monitoring system incorporating the management team, clinical lead and nursing team, all of which had a good understanding of their roles and responsibilities regarding this. Engaging and involving people using the service, the public and staff
- People and families were empowered to provide rigorous challenge to the provider in order that the provider could provide the best care possible. One relative told us of the management of the home, "They

do their absolute best here."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong;

- The provider's vision of person-centred care included having more staff than needed so that staff had plenty of time to spend with people. As a result, staff worked flexibly around people's changing needs and knew them well. People also benefitted from care from a surplus of nurses to the assessed needs of people who lived at the home. The provider ensured nurses rotated their work around the home to ensure all people knew them and they in turn understood their care. One family member told us that because of the provider's vision, they felt the home was exceptional because of "The number of staff and the way [person's medical needs] are looked after."
- People and families benefitted from limitless contact with the provider and their management team who were readily available at the home to speak with them. This included management cover at the home during weekends. One family member told us "The care home has a clear management structure and inspires its staff."
- People and families told us they felt supported in the knowledge that nothing was too much trouble and that this culture was embedded throughout the home.
- People told us staff would do anything to help them and staff we spoke with were passionate about working at the home and about how they ensured people received person-centred care. Staff gave us numerous examples of how they had worked innovatively with the provider to ensure people got the care they needed. For example, they explained how they had worked together creatively to ensure a person was able to have visits from a family member who had come from overseas at a time when visits were limited to the home to prevent the spread of infection. They told us how they had created separate access so the person's relatives could visit, but also limited the risk of infection. This family member told us this had been extremely valuable to their family and they really appreciated the effort made to enable this.
- Another relative told us they had been exploring the option of purchasing specialist equipment for their family member which would have resulted in a reduction in pain caused by their treatment. They told us the provider had proactively spoken to the local funding body and arranged for the person to have the equipment without delay before the relative raised it with the provider. The relative told us they felt assured the provider wanted the best for their family member. Another relative who had a long career in working as an advocate for the elderly wrote to the provider, "Yours is by far the best Nursing Home I have come across in my long career. Stanfield is exemplary in every way but it is the care and kindness that shines through in particular."

Working in partnership with others; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and staff were passionate in their desire to achieve excellence in delivering the best care possible for people. The provider attended a working group of nursing homes in order to develop and share best practice. The provider also worked collaboratively with the local university to ensure they were always in touch with developments in how care should be delivered and best practice. They told us this enabled them to have a vision of the quality of care they expected and to drive continuous improvement through the home.
- Effective working relationships had been built with health professionals. For example, end of life care was seamless through careful collaborative work between the provider, management team, nurses at the home and the GP. The provider maintained regular contact with the GP to ensure the relationship between the staff at the home and GP was smooth and that people received high quality care. Prior to visits, the GP was kept informed of all preparatory work carried out by nurses via an encrypted email to ensure the GP had a productive visit. The GP told us this had prevented delays, for example in managing people's pain at crucial



times. As a result, people's pain was quickly and effectively managed. Health professionals trusted and valued the provider and the service at the nursing home. A visiting GP told us, "I look forward to coming here. They're very, very open and honest...I can't speak highly enough."

- The provider had a long track record of compliance with regulations and an experienced management team was in place. All required notifications were submitted promptly and appropriately to us. The provider's rating was on display both within the home and on their website.