

Sue Ryder

# Sue Ryder - Stagenhoe Park

## 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 

### Overall summary

This inspection took place on 24 March 2015 and was unannounced. Sue Ryder- Stagenhoe Park provides accommodation and nursing care for up to 50 people with a progressive neurological disorder such as Huntingdon's disease or acquired brain injury. On the day of the inspection, there were 44 people living in the home.

The service has a registered manager. 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.

People were safe and they were protected against the possible risk of harm or abuse. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of trained, experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines, regularly and on time.

# Summary of findings

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from management for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

# Summary of findings

## 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.

People said they were safe and did not have any concerns about their safety.

Risks to people had been assessed, discussed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

There was a robust recruitment system in place to ensure that staff employed were suitable for their roles.

There was a safe system for the management and administration of medicines.

Good



### Is the service effective?

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training and support for the work they performed.

People's dietary needs were met.

Good



### Is the service caring?

The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good



### Is the service responsive?

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good



### Is the service well-led?

The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

Regular audits were carried out to assess and monitor the quality of service.

Good



# Sue Ryder - Stagenhoe Park

## Detailed findings

### Background to this inspection

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

This inspection took place on 24 March 2015 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us

about the home, such as reports of previous inspections, notifications and information about the home that had been provided by members of the public and staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 12 people who used the service and observed how the staff supported and interacted with them. We also spoke with two relatives, eight care staff including registered nurses and the registered manager.

We looked at the care records including the risk assessments for six people, the medicines administration records (MAR) for the majority of people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

# Is the service safe?

## Our findings

People were safe and they told us that they did not have any concerns about their safety. One person said, “Definitely, I feel safe here, I am happy with everything.” Another person said, “The staff and other people are always around.” Staff had attended training in protecting people from the possible risk of harm or abuse and they were aware of their responsibilities to report any allegations of safeguarding concerns to the manager, the safeguarding team and the Care Quality Commission. One staff member said, “I am aware of how to recognise the signs of abuse and I would report it immediately”. Staff were confident in how to escalate any concerns they had in respect of the safety of people and any possible risks of abuse.

The service followed the local authority safeguarding procedures. Information on how to report any safeguarding concerns had been displayed on each unit. The safeguarding posters included the contact details of the local authority safeguarding team and the Care Quality Commission. The manager explained to us that in an event of an allegation of safeguarding concerns, they would remove the person from danger and seek appropriate advice from the safeguarding team and notify the Care Quality Commission. The manager confirmed that they had reported any safeguarding concerns previously and were familiar with the procedures.

People told us that staff had discussed with them about their identified risks. One person said, “Staff told me about using the computer for too long, but to have a break.” Where risks had been identified, a plan on how to manage the risks were in place. For example, when using the overhead hoist, staff should ensure that people were secured and supported with the transfer to protect them from injury. Staff confirmed that risk assessments had been reviewed regularly and they would report any changes and act upon them to ensure that people were safe. The care records showed that individual risk assessments had been completed and regularly updated for risks such as manual handling, the risk of developing pressure ulcers and nutrition.

The service had an emergency business plan to maintain continuity of service in an event that would prevent them to carry on the regulated activity safely. The plan included the contact details of the utility companies and the

management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures.

People told us that there was always enough staff to care and support them in meeting their needs. One person said, “There are enough staff around but they are run off their feet at times.” A relative told us, “There is always staff available to talk to me and do activities with people.” We observed that staff were supporting people in their planned activities and spent time talking to them on a one to one basis. Staff confirmed that unexpected absences were covered by calling other members from the ‘bank’ staff. The staff duty rotas showed that sufficient numbers of staff were rostered on duty both on days and at night. The use of a recognised dependency tool had been used to establish the number of staff required to meet the needs of people safely.

There was a robust recruitment process in place to ensure that staff who worked at the home were suitable to work with people who needed to be protected from harm or the risk of possible abuse. A new member of staff said, “All the checks were done before I could start.” Staff confirmed that they did not take up employment until the appropriate checks such as, references, proof of identity, satisfactory Disclosure and Barring Service [DBS] confirmation had been obtained. The staff records showed a clear audit trail of the recruitment processes including interview notes and the required checks had been carried out. We noted that registered nurses had valid registration pin numbers from their recognised professional body the Nursing and Midwifery Council.

People told us that they received their medicines regularly and on time. One person said, “Staff give my medicines and sometimes I ask for them when I have pain or headache.” Staff confirmed that only registered nurses administered medicines. Regular checks of all medicines received had been carried out and accounted for so that an audit trail was maintained. People’s Medicine Administration Record (MAR) charts showed that these had been completed correctly with no omissions of the staff initials that confirmed the staff had administered the prescribed medication. Variable doses had been correctly recorded in respect of medication prescribed to be given as required (PRN). The nurses were knowledgeable about people’s

## Is the service safe?

medication and no concerns were identified during our observation of the medication round. Records showed that they had yearly competency tests completed so that they were competent in the safe management and administration of medicines.

# Is the service effective?

## Our findings

People received care and support from staff who were trained, skilled, experienced and knowledgeable in their roles. People and their relatives were complimentary of the staff. One person said, “The staff are nice. They know me well and know how to help me.” Staff demonstrated this a number of times through comments to people showing that they knew their preferences. For example, we observed staff checking with the person and ensuring that the protectors on the bed rails were placed appropriately and adjusted their body position so that they were comfortable.

Staff received a variety of training to help them in their roles. One member of staff said “I am up to date with my training and we do have opportunities to attend other training as well.” Another member of staff said, “We do training as part of practice education such as moving and handling and fire safety.” A new member of staff told us about their induction which also included a period of shadowing an experienced member of staff. The staff training records confirmed that they had kept up to date with their refresher courses. The majority of staff had completed their National Vocational Qualification (NVQ) Level 2 and 3 in Care. They were also supported by a team of registered nurses so that they acquired the necessary skills and knowledge for their roles.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, “I feel supported and have regular supervision to discuss my work.” Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care.

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed that people who lacked mental capacity had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. For example, we saw the required documentation had been completed to allow staff to attend to people’s personal care and maintaining their wellbeing. Applications for the deprivation of liberty

safeguards for some people had been made in relation to them leaving the home. The service was waiting for the assessment and authorisation from the local authority supervisory board.

People were supported to have enough to eat and drink and maintained a balanced diet. They were complimentary of the food and said they enjoyed mealtimes and did not feel rushed. One person commented, “The food is good, and we have plenty of it. There are always choices on the menu, and you can ask for something else.” People were offered a variety of drinks and snacks in between meals and during the day. Each unit had a ‘food forum’ where they discussed issues relating to food. The manager told us that they were working to review the current menus, offering a greater range of snacks during the day and making the menus more interesting. We observed that people who required assistance with their meals were supported in a quiet and discreet manner.

Care records showed that a nutritional assessment had been carried out for each person and their weight had been checked and monitored regularly. We noted from the care records we looked at that everyone’s weight was stable at this time. We saw that where food supplements were prescribed these were provided and recorded in line with the prescription.

The manager said that if they had any concerns about an individual’s weight or lack of appetite, they would seek appropriate medical or dietetic advice. For example, one person’s weight was stable but low. The person was under the care of a dietician. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered. We noted that appropriate referral to the Speech and Language Therapy team had been made for people who had difficulty in swallowing.

People had access to other health care services when required. One person said, “They organise a doctor when needed.” Another person said, “I have regular dental check-ups.” Staff told us that the nurses would call a GP if a person needed to be visited. We noted that people had access to the services of other health care professionals such as the mental health team and physiotherapists.

# Is the service caring?

## Our findings

People received care in a kind and compassionate way. One person said, "The care is good. Staff are caring and helpful". Another person said, "Staff are nice and kind." People were cared for and supported by staff who knew them, understood their history, likes, preferences and needs. We observed there was a good interaction between staff and people. Staff were able to explain to us people's needs, their personal histories and their circumstances leading them to come and stay at the care home. The conversations we heard between people and staff were polite and friendly. For example, a member of staff asked a person politely whether they were ready for their lunch and whether they would like to come to the dining room.

People spoke positively about the care and support they received. One person said, "I am well looked after and cared for." We observed the interaction between staff and people to be friendly and caring. There were positive, caring and professional relationships between them. Staff told us that they were knowledgeable about people because information about them was readily available in their care records and through talking with them and their relatives. We noted that people and their relatives had provided information in discussion with them to obtain a fuller picture of the person. Staff told us that information obtained to plan people's care had helped them to provide care and support in a way that was preferred by the person. Relatives were complimentary of the care their family members received. People told us that the staff listened to them and talked with them about the care and support they provided on a daily basis.

People and their relatives had been involved in the decisions about their care and support. One person said, "I know about my care plan. I am diabetic and have to watch my sugar levels."

The care records we looked at showed that people were involved and supported in their own care, decisions and planned their own daily routine. They said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. People said that their care and support had been discussed with them and reviewed regularly. They also said that they had received information about the service before they came to stay at the care home. People told us that they maintained contact with their relatives and friends who were supportive and were aware of the care provided for them. For example, one person said, "My mother is coming to visit me with my daughters. They visit me every week."

People's privacy and dignity was respected. One person said, "The staff always treat you with respect." We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, we saw staff knocked on people's door and waited for a response before entering. One staff member explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence. Staff told us that they discussed dignity frequently in staff meetings. The manager also said that people were at the forefront of everything they did and always supported them to lead as fuller life as possible.



# Is the service responsive?

## Our findings

People received care and support that was personalised and responsive to their needs. People told us that an assessment of their needs had been carried out before they came to stay at the care home. We noted that information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Information about people's individual preferences such as their likes and dislikes and preferences had been reflected in the care records. One person said, "I choose what time I go to bed and it's always after lunch." A member of staff told us, "We always spend time talking to the people but most people go to bed after lunch and we respect their choice."

People were able to express their views about their health and quality of life. The manager said when people have any concerns or were not happy, they listened to them and tried to work with them to solve the problem.

Care records were detailed, personalised and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. We noted from one of the care plans that had information about how the person with little or no verbal communication would respond, and staff should look at their facial expressions for their response. For example, one person who did not communicate verbally, responded positively when asked about their care by putting their thumbs up. We also noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately.

We observed throughout our inspection that staff demonstrated an awareness of individual's likes, dislikes and their care needs. For example, one person went to their room after lunch. The staff told us that the person liked to freshen up before going to bed.

A variety of activities was planned and organised for people to join in. One person said, "There was always enough going on." We observed people had joined in activities such as 'boxing' and throwing balls in the air with the use of a large sheet of cloth. During the afternoon there was a movie session. Some people commented that they had enjoyed the activities. One person said, "It was fun." We noted that the location was fairly remote and while there were opportunities for people to go out in the mini-bus, there was an emphasis on bringing activities to the service. The manager told us about their plan to use volunteers to provide companionship. They also told us that a number of local companies had 'project' days at the care home. Recent events had been where people had participation in 'red nose' day, a trip to a coffee shop, and ten pin bowling. Each person had a folder that summarised their likes and interests. An activity diary was kept for each person that contained photographs of activities people had been engaged with. People were also supported to pursue their leisure activities and hobbies. For example, two people who were ex-navy personnel had a trip arranged for them to Portsmouth. One person used to go fishing and they were being supported to re-kindle this as an interest. Others were supported to go horse riding.

People said that they were aware of the complaints procedure. One person said, "I have made a complaint. I sent an email to the manager." Other people told us that they did not have any complaints but were aware of the process for raising their concerns. Information about the complaints procedure was displayed at the main entrance. There were a number of compliments made about the home in the form of thank you cards and e-mails that were displayed either in the unit they applied to or in the entrance hall.

# Is the service well-led?

## Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. The manager said that their vision was to care and support people to live a fuller life as possible. People told us that they knew who the manager was and that they were approachable. They felt that their views were listened to and acted on. One person said, “The manager is very approachable and I’m happy to talk with them.”

The registered manager had a good knowledge of the home, people’s needs and knew their visitors. One staff said, “The manager is helpful and supportive.” The manager told us that they had a good working relationship with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that these had been documented and were available to staff who were unable to attend.

The service carried out a number of audits such as ‘quality audits’, medicines, infection control and environmental audits. We noted from the most recent quality audit carried out in November 2014 that it had identified a number of issues. We evidenced from the action plan that the issues had been addressed within their completion dates. For example, it stated that all pressure ulcers should be reviewed and ensure that care records were updated and safeguarding team informed if required. There were also regular audits of health and safety, fire safety and the premises carried out so that people were cared for in a comfortable and safe environment.

The organisation conducted a regular ‘service user meeting’ where representatives from different services

discussed issues affecting their service and feedback on the quality of the service. The feedback from Stagenhoe was positive in that people had enjoyed the seasonal activities organised for them.

The manager told us that they were open to meeting challenges and making changes within the home, to improve the atmosphere in the home and the visibility of staff. They said that they had worked with families, staff and people to continuously seek to improve the quality of service.

There were regular ‘residents and relatives’ meetings held. We noted from the last ‘residents’ meeting that the activity calendar had been changed to easy read text with picture support. One relative said, “They do hold regular meetings for us to give feedback. We don’t have any concerns, but would be happy to talk to the manager if needed.’ They also said that when they received complaints about the food, they worked with the person to ensure that they were happy with their meals.

We looked at the complaints log and noted that all the complaints had been thoroughly investigated and there was an audit trail confirming how the complainant had been informed of the outcome.

Records from a recent staff meeting showed that staff had discussed incidents and clinical matters such as regular audits of slings and training for staff regarding nutrition. Staff were able to discuss the issues and learnt from these to improve the delivery of care.

People said that they accessed the local community facilities, sometimes they went with the relatives and other times arranged by the staff at the care home so that they maintained their links with the locality.