Ms Kim Sanders

Stanbridge House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected Stanbridge House on 19 January 2016. This was an unannounced inspection. Stanbridge House is a residential care home that provides accommodation and support for up to 27 people. The people living there are older people with a range of physical, mental health needs and some people living with dementia. On the day of our inspection there were 26 people living at the home. Stanbridge House does not provide nursing care. Stanbridge House is a large detached House with an attached ground floor wing. People's bedrooms were situated on the ground and first floor. The house is set within a large landscaped garden with accessible pathways.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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

Summary of findings

associated Regulations about how the home is run. On the day of our inspection the registered manger was on holiday but the deputy manager was available to provide the information we needed.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. However there was no formal specific recording where someone may lack capacity to make day to day decisions regarding their care and support. This is an area that needs improvement.

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Although staff said that in general they felt supported to carry out their roles they identified that there were few formal supervision sessions with a manager and no formal staff meetings. We confirmed this via looking at records and identified this as an area that needs improvement.

People who lived at Stanbridge House told us they were safe. One person said "I feel safe, I've got people around me". A relative said "My [family member is safe, they can ring their bells, they are answered very quickly, if you ask for help they always come and are always checking on them". People said they felt safe as they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet. One person said "The food is excellent and always homemade, staff are always offering you a cup of tea".

People were cared for by kind and compassionate staff. People told us how well the staff knew them. One person said "Every carer here is kind". Another person said "Staff are caring in every way. I have no complaints. People told us that they were offered choices daily and their privacy and dignity was respected.

Care plans provided detailed information about people and were personalised to reflect how they wanted to be cared for. Staff followed clinical guidance and ensured that best practice was followed in care delivery. Daily records showed how people had been cared for and what assistance had been given with their personal care. There was a range of social activities on offer at the home, which people could participate in if they chose. The home had a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly.

The home was well-led by the registered manager and deputy manager. A positive culture was promoted. People and staff told us that first and foremost Stanbridge House was a home where people were put first. The registered manager told us "We try to make it as homely as possible and to personalise it, it's all about the client". There was a range of audit tools and processes in place to monitor the care that was delivered, ensuring a high quality of care. These included monthly reviews of care. People could be involved in developing the home if they wished through questionnaires and residents meetings.

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?

Good

The home was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. However capacity assessments were not recorded in people's care records.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and training. There were limited formal supervisions and no formal team meetings.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Is the service caring?

Good

The home was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care. People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care that was delivered was person centred. Staff were aware of people's preferences and how best to meet their needs.

There were activities available for people to participate in.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Summary of findings

Is the service well-led?

Good

The home was well-led.

People were asked for their views about the home. Relatives were also asked for their feedback.

The registered manager had created a transparent open culture that placed the person at the centre of their care.

Quality assurance systems were in place to enable the provider to continually monitor all aspects of the home.

Stanbridge House

Detailed findings

Background to this inspection

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

The inspection took place on 19 January 2016 and was unannounced. Two inspectors undertook this inspection.

We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We looked at the Provider Information Return (PIR) that had been submitted. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection

We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, four staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. On the day of our inspection, we spoke with eight people using the service and four relatives. We spoke with the deputy manager and four care staff, the chef and a kitchen assistant. We spoke with the registered manager on the telephone as she was away on the day of our inspection. We also spoke with a GP.

The was last inspected in November 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Stanbridge House. One person said "yes I feel safe, I've got people around me". Another person said "Yes I feel safe. I've nothing to fear, the staff look after us well". A further person said "The care offered here makes me feel safe". Relatives also told us their family members were safe living at the home. One relative said that their family member was safe, as they could "Ring their bells and they are answered very quickly, if my [family member] asks for help they come, they are always checking on them".

Staff told us what was important when keeping people safe in the home. One said "We help people feel safe here by making sure they are comfortable, they have good care, the doors are shut and we use all the equipment properly". Another told us "In order to keep people safe here we need to know their personalities and treat them how we would want to be treated". Staff understood about safeguarding adults and were able to describe different types of abuse and how they would recognise the signs of this occurring. All told us that if they had any concerns about someone's safety they would report it to the most senior member of staff on duty, the manager or a higher authority if necessary so that they could take the appropriate action. One staff member told us "There is no abuse here but if I suspected it I would report it to the senior carer, management or above them if necessary and they would investigate it". We saw that safeguarding adults training was included in the regular training provided by the home and all staff we spoke with and records confirmed that this had been completed in the last year. The deputy manager showed us that the management team had access to the local authority's safeguarding policy and were aware of the change in practice when reporting safeguarding issues. The management team had completed training in this provided by the local authority.

People told us that there were enough staff on duty to keep them safe. People told us that staff answered their call bells promptly and came to their assistance when needed. One person said "If I were to ring my bell someone will come day or night". Another person said "Somebody comes when you ring the bell and there are enough staff to keep me safe". Staff told us there enough of them on duty to provide safe care. Staff told us that for much of the time there were enough staff for them to complete their work without feeling rushed. For example one staff member told us "We have enough staff and in an emergency or when people are off sick they are always covered internally by a member of the team". Another said "We usually have enough staff but we can have a few hiccups when people are off sick at short notice. However most people pick up extra hours if necessary and the assistant manager would work on the floor if necessary. They are always only a phone call away". However several told us that it would help if they had an additional member of the care staff between 5pm and 8pm when one carer was administering medicines and the other two staff on duty were serving meals both in the dining area and on trays to people in their rooms. Comments included "We usually have enough staff as everyone chips in if people are behind but between 5.00pm and 8.00pm is the most rushed time". This was discussed with the deputy manager who agreed to discuss the issue with the team. On the day of our inspection we observed that staff responded to people in a timely way and that people were supported in a relaxed unhurried way.

People told us that their medicines were administered safely. One person told us "They have to give me medicines at special times and they do it very well." The service had an up to date medicine management policy to inform their practice and it included guidance on the use of 'when required' (PRN) medication, homely remedies and medication reviews. Regularly prescribed medicines were dispensed by the local pharmacist on a 28 day cycle through a monitored dosage system and collected by the assistant manager responsible. They also collected medicines used on a temporary basis and those used 'when required'. We saw evidence that all medicines were checked in and recorded by them. After checking, most medicines were stored securely in the locked medicine trolley attached securely to the wall of the staff office but eye drops were stored in a special small fridge for the purpose in the kitchen. All unwanted medicines were stored securely and recorded and these were returned to the pharmacy for disposal on a monthly basis.

We looked at six Medication Administration Records (MAR) and noted that they included a recent photograph, information on allergies and the name of their GP. They also included a drug information record used for recording changes to medicines including the use of PRN medicines with date, time and amount dispensed. For example we noted that a change in the prescription of warfarin for one resident had been recorded and highlighted. The MAR

Good

Is the service safe?

charts were completed and we found no gaps for signatures. Staff told us that any gaps would normally be identified at the next medicine round and would be addressed immediately with the staff concerned and appropriate action taken if required. The assistant manager told us that they carried out an informal check of the MAR charts every morning and we saw evidence to confirm that the manager also undertook an internal audit every two to three months to check their quality and accuracy. Staff undertook regular face to face training to keep them up to date with any changes and this had been undertaken in the past year. The deputy manager also carried out informal competency checks to make sure they administered the different medicines safely. Those we spoke with appeared confident with the procedures for handling medicines and were aware of some of their potential side effects.

Staff told us about the risks people faced and the action they needed to take to address them and keep them safe. For example one carer told us that as one resident was unsteady on their feet when standing at the sink and at risk of falling, they washed them sitting in their chair where they felt safe. Care records showed us that risk assessments were carried out around different areas of people's care and then the actions taken to reduce these risks. For example where someone was at risk of falls, this had been clearly documented and the ranged of strategies to minimise this implemented for example buying new shoes and slippers, regular reviews with the GP and use of a sensor mat.

Most staff had been working at the home for several years. We looked at the recruitment records of four staff and saw that the service's recruitment processes were safe. Each staff file included a completed application form, checks on identity, two positive references and confirmation that criminal record checks had been received.

Requires improvement

Is the service effective?

Our findings

People told us that they thought staff had the right skills and experience to carry out their jobs. One person said of staff and their skills "To me they're excellent". Staff told us they felt supported by the manager and by the other members of the team and that they worked well together. Most staff had been employed at the home for several years and had difficulty remembering their process of induction. One carer recalled that it had included a tour of the building, an introduction to the residents, an opportunity to learn about their roles and responsibilities and a period of shadowing alongside an experienced member of staff. The registered manager told us that they were introducing the Care Certificate for new members of staff. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care covering 15 standards of health and social care. We saw that the registered manager was offering this training to staff to consolidate their skills and knowledge in adult social care.

All staff undertook regular training and we saw from the training records that this included food hygiene, fire training, safeguarding, manual handling and health and safety. Staff had not received training in the mental capacity Act (MCA) but this had been booked for March 2016. Staff had achieved a Diploma in health and social care or the equivalent in level 2 or above, one member of staff was working towards their level 2 and one was due to sign up for it. We noted that the deputy manager had recently completed a course on hypoglycaemia and hyperglycaemia, catheter care, bowel management and dementia and was booked in to do a first aid course with the Red Cross shortly. The deputy manager was also in the process of booking more specialist training in dementia for the team.

Staff told us and we saw evidence that discussions between the assistant manager and individual staff had taken place over the past year on such topics as cleaning commodes, spraying mattresses and bed making. The assistant manager said that such sessions were organised when specific issues about the care provided arose. We saw that group supervisions had been recorded and signed by staff in areas such as serving food on hot plates, assisting people with their hearing aids and recording. Individual supervisions had taken place approximately once or twice a year. Staff told us that they did receive some supervision from the manager but it was not very frequent. Several staff told us that they would welcome more regular formal one to one supervision sessions and comments included "We have supervision about once a year. It should be more as it gives us an opportunity to talk things through and if you are concerned about anything you can get it off your chest" and "Supervision sessions would give me an opportunity to talk in a relaxed setting about issues which give me concern". Regular and good supervision is associated with job satisfaction, commitment to the organisation and staff retention. Supervision is significantly linked to employees' perceptions of the support they receive from the organisation and is correlated with perceived worker effectiveness. The emotionally charged nature of care work can place particular demands on people in the field. It is therefore important to provide regular opportunities for reflective supervision. Aside from these group supervisions and occasional one to one supervisions there were no formal team meetings and staff reflected that they would like more opportunities to meet together to discuss their roles and issues within the home. The registered manager and deputy manager acknowledged that more regular formal supervisions and staff meetings were being planned. This is therefore an area that needs improvement.

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. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and they were aware of people's rights to make independent decisions about their care and support. During our inspection we heard staff asking people for their consent before carrying out activities, waiting for a response before starting the task and respecting their decision. For example one carer told us "If someone refuses to take a tablet we explain what it is for and how it will help them but we can't force them to take it". Another said "If people point blank refuse care and they have the capacity to make that decision we can't make them. We respect their choice but write it down in the care plan and tell the senior staff". A resident told us "I am not restricted in any way". The

Requires improvement

Is the service effective?

management team had received training in MCA and training was booked for staff in march 2016. There was clear involvement of professionals involved with people living with dementia and clear recordings of peoples likes and dislikes. However we did not see any formal recording of any consideration of capacity for people. Not recording assessments of capacity when needed means that people's human rights are not being considered and best interest decisions are not being recorded evidencing how the care and support for a person is decided upon. The registered manager agreed that this was an area of practice that needed to be addressed. This remains an area that needs improvement.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager showed us that referrals had been made to the local authority and people were awaiting assessments.

People told us that they enjoyed the food at Stanbridge House and that they were given choices. One person said "The food is very good". Another person said "They ask me what I want, if I don't like it they ask me what else I would like". A third person said "The food is excellent, always homemade". The menu for the day was displayed in the dining room and people had a choice of two dishes but could request what they wanted. One person who told us that they were particular about what they ate said that kitchen staff went out and bought specifically the things they liked to eat. At lunch time we observed that the tables were attractively decorated with table mats, fresh flowers and condiments, gentle music played in the background.

People who wanted an aperitif such as a sherry, a liqueur, beer or an orange juice had this before their meal. The atmosphere was lively with chatting and laughter. People were offered choices around their meals and the types of drink they wanted. People were offered support to cut up food where needed. Where someone had sight impairment a staff member explained what was on their plate and whereabouts on the plate.

People had assessments of their nutritional needs were recorded in their care records and if people had allergies these were recorded. If someone needed a special diet this was also recorded. People weights were recorded monthly. Where it was identified that food and fluid intake needed to be recorded this had been done. The chef told us that they catered for special diets such as diabetic, high fibre and vegetarian and could provide soft or pureed meals if needed. They told us that people only received fortified drinks if they had been prescribed by their GPs. We saw there was a book containing information on people's special dietary requirements and allergies in the kitchen to ensure that the chefs were fully aware of people's needs when preparing meals. For example we noted that one person was unable to tolerate onions and as a result the cook told us that when cottage pie was on the menu they always made them a special individual onion free version.

People's health needs were met by visiting professionals such as community nurses and GPs. One person told us "If you ask for a doctor you will see one". These health professionals told us that they were contacted in a timely way and that staff were able to identify the need for input which meant people received additional assessment and treatment of their health when needed.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and were complimentary about the care provided. Comments included "The girls are wonderful, so helpful and they spend time talking with everyone"; "I love all the staff. They are so good to me and if there is anything I want they will get it" and "I like it here. They look after you well". Relatives told us that they thought staff were kind and caring. One relative said "I do think staff are kind and caring". Another relative told us "The care is excellent and they treat (her) with respect".

Throughout our visit we observed staff interacted with people in a warm and friendly manner and treated people with respect and kindness. One carer told us "I like to think that people here are treated as though they are your parents". Staff were aware of people's preferred choice of name when addressed and we noted from the records that a check was undertaken to identify those who did not like the use of terms of endearment such as 'dear' or 'darling'. People and staff laughed together and staff used gentle touch to reassure and support people. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. Staff spent time listening to people and responding to their questions. They explained what they were doing and offered support and reassurance when anyone appeared anxious.

People told us that staff treated them with respect and dignity. One person said "Staff always knock before they enter and ask if you're dressed". Another person said "Staff knock on my door, they don't come barging in". Staff discussed people's care needs in a respectful and compassionate way. They were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering and making sure the door and curtains were closed and the person was covered while assisting them with personal care. Comments included "We respect clients' dignity at all times and always close their bedroom door and curtains before starting personal care" and "We respect people's dignity. For example if people have to use the commode, we help them on to it, put the call bell near them and then wait outside until they call us to say they have finished". Staff showed an understanding of confidentiality and told us they would only break the confidence if the information related to the person being at risk in some way.

Staff understood the importance of supporting people to be as independent as possible. One member of staff told us "Being independent is good. If you keep doing things for people they are soon not going to want to do it for themselves". Others stressed the importance of knowing their capabilities and we noted that these were described in each person's 'round sheet' which was a sheet that detailed the personal care that was provided daily. For example we noted on one round sheet that the client normally self-cares but needs assistance to wash and cream feet and will say what cream to use and where to apply if needed. One carer said "We know what people are capable of doing and encourage them to do the things they can for themselves. We don't want them to get into the habit of depending on us for all their care" Another told us "We try not to take away their independence. We coax them to do the things we know they can do".

People told us that they were included in their care everyday around the choices they were given about food, what they were going to wear and what activities they like to pursue. There were also residents meetings where people were encouraged to give feedback about the home and were consulted and informed on any update regarding areas such as the environment, menus and activities. People's rooms were decorated to their own style and personalised with their own pictures and furniture. People were wearing their own individual style of clothes and some people had chosen to wear jewellery and make up and carried their handbags.

On the day of our inspection no one was receiving end of life care. The home does not provide nursing care but the deputy manager told us that they had provided end of life care for people with the support of community nurses. The deputy manager told us that where possible Stanbridge House was "A home for life". This showed us that staff were committed to providing care and support to people who wished to be cared for at the home at the end of their lives.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and knew them well. One person said "I've only got to say if I need something, staff come and sit and chat". People gave examples of how staff knew them and their preferences around choices of food, activities and clothes. One person gave us an example of how staff checked they had enough wool to do her knitting and if they needed more staff would go out and get it for them. This person said of staff "They are very accommodating, they go and buy me kits" This person also told us that if they had trouble sleeping "Staff say ring the bell for a chat and a cup of tea". Another person gave us an example of a staff member noticing they had a mark on their jumper while getting dressed and immediately asked the person if they would like support to change it and put the other one in the wash.

Staff demonstrated that they knew people well. Because staff knew the details of people's needs this meant that they were able to provide a high standard of care. We found that staff gave care which was individualised and responsive to people's needs and personalised to their wishes and preferences. One carer told us "Everyone is different and we treat them as individuals. We know about their families and they tell us about their lives and when they were young and it's really interesting". Another said "The best thing about this home is the quality of care we provide. We make sure that all the little details are addressed".

People were encouraged to make choices. For example the assistant manager told us how they managed to accommodate one person's preference to have help with their personal care from an older carer. Other choices made by people included where they spent their time, how they liked to receive their personal care and choices in respect of food and participation in activities.

There were individualised sheets for each person within a file that enabled staff to have easy access to information about how people liked their care to be provided. For example we noted on one sheet that the person liked to have a bath every day and staff should tell them when the bath was running. They also liked their hair washed three times a week with their own shampoo kept in their room, and staff should use spray on taps, giving them a flannel to cover their eyes.

Care records were reviewed monthly and notes of any changes or priorities for the person recorded. These reviews were carried out with the person. Care records contained details of the person's life history, basic details of social interests, communication needs, personal care needs and health needs. Each record had a section entitled 'About Me' and this detailed the person's, family, job history, likes, dislikes, hobbies and interests. People's needs around their healthcare were documented. For example for someone who had a catheter the care of this was detailed and clear directions of how to support the person with this recorded. For someone who was at risk of falls, clear guidance was recorded regarding the use of equipment and staff support. Guidance such as ensuring footwear was fitted well was also recorded. For someone who was living with dementia clear guidance was given to how to communicate with the person and aske staff to be patient and reassuring. This person had support from the local mental health team and staff were aware of this and that should this person's mental state deteriorate they would contact the team regarding support for that person.

People told us there were enough activities on offer for them. One person told us that they enjoyed now and again going to the music sessions but that their preference of activities were "Reading the newspaper, watching television and chatting to the girls at lunchtime." Another person said "I like the exercise classes with [the teacher]". A relative told us "Mum makes use of the activities and likes going out. Staff encourage [the person] to be sociable and always make an effort with activities." We saw there was a programme of activities organised for people. It included pampering sessions, musical entertainment, sing-alongs, bingo, gentle exercises and regular bus trips. A hairdresser visited regularly and twice a week, people had the opportunity to select items such as sweets and toiletries from the shopping trolley. There was an easily accessible garden with new benches and raised beds which residents could enjoy in the summer months. A recent activity had involved planning individual hyacinth bulbs and we could see that people had these in their rooms. Activities were also supported for people on an individual basis. For example one person was a keen knitter and had taken part in Age UKs Innocent big knit project and had sent in 62 hats by the end of 2015, staff sat and chatted with this person and helped get equipment when needed. People told us that staff were available to chat to them and keep them company if they didn't' want to join in with group activities.

Good

Is the service responsive?

The registered manager was in the process of introducing booklets called 'My life story' and exploring people having memory boxes which are particularly useful for people living with dementia. A memory box helps recall people and events from the past. These memories, thought to be lost, can stimulate the person emotionally and prompt conversation with staff and loved ones.We saw that this initiative had been discussed at a residents meeting and that a staff member had been employed to help implement these. This staff member also ran sessions which included reminiscence work.

People told us that they were happy to raise concerns if they had any. One person said of staff and management "They're all very approachable" Another person told us if they had a problem "I would go to the registered manager or the deputy manager. They would listen I know they would". A third person said "I'm not backwards at coming forwards if I'm not happy, staff listen and respond". Relatives also told us that they would have no issues about raising concerns and that they knew they would be responded to. One relative said of staff "They keep me informed. I have no complaints and I wouldn't want anything different". Another said "You can talk to the [deputy manager], they're always here, and they've always got time for you". The complaints policy was displayed in the entrance Hall of the home and people were given a copy when they moved in.

Staff were aware of the complaints policy and procedures. They knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take the complaint seriously. They told us they encouraged people to speak up if they had any concerns and confirmed that people were confident to do so. One member of staff told us how senior staff had responded effectively on the day of our inspection to a concern expressed by some residents about the noise in the dining room. We noted that this had been addressed immediately and to the satisfaction of all by a change in the seating arrangements. People were also asked for their opinions and involved through residents meetings that took place once a quarter. These meetings included discussions about activities, menu choices and updates about for example work going on to renovate the garden.

Good

Is the service well-led?

Our findings

People told us that Stanbridge House was well managed. One person said "If you want anything there's always someone to help you out". Another person said "I defy someone to find a better home than this, out of all the homes I've seen I think this is the best". A third person told us that management "Look out for all eventualities". A relative told us that they'd been "delighted" about the care and support provided at Stanbridge House. Another relative said "I'd recommend this place".

Staff told us that the manager was approachable and they would go to them with any queries or concerns. Comments included "I couldn't wish for a better boss. She is very supportive and if I want anything she will get it"; "The manager is lovely. You can't fault her. She is here for the clients and the staff. If you have a problem you can go to her and she will sort it out"; "The manager is friendly, approachable and popular and cares about everyone here" and "The manager is very nice. She is approachable and always puts me at my ease and always explains things well. She praises me when I have done well". Staff also spoke positively about the deputy manager. One staff member told us "The deputy manager is professional, approachable and listens".

All staff we spoke with thought that Stanbridge House was a good place to work. One person said "I love my job. It is a great environment, everyone is so kind and the residents are lovely". Another told us "This is a nice place to work on the whole". Staff also said they worked well as a team. Comments included "The team is very good. We all get on very well together and we have a bit of banter"; "The staff team works hard to keep the residents fine and safe and they are all willing to help each other if needed"; "It is very friendly here. Staff are happy and they all get on and work as a team" and "The majority of the team are very good".

The deputy manager who was on site on the day of our inspection said about Stanbridge House "Everyone that comes in says that it's a happy home". They told us that the culture of the home was "Open and if someone's got a problem they will voice it and it will be dealt with". The deputy manager attributed the homely open atmosphere to having a long term stable staff team that worked together and knew people well. We spoke with the registered manager on the phone and they told us "We try to make it a home from home and it's all about the client". Staff described the strengths of the home as "It's friendly and homely, everything is done well, the clients' needs are met and most importantly they are treated with respect and dignity". We observed that the home had a relaxed, calm, happy atmosphere and observed that staff knew people well.

Staff were aware of the whistle blowing policy and the need to raise any concerns about the quality of care provided or any wrong doing or suspected wrong doing with the manager so they could be investigated and appropriate action taken. All staff we spoke with were confident they would be able to do this.

The registered manager had tools in place that ensured the quality of the home provided was monitored. These included audits of practice of medicines, care plans and catering. These were all positive and did not have any actions recorded. Where accidents and incidents had been analysed this was recorded in people's care files and actions described. For example where someone had repeated falls the action taken to involved GPs, acquire equipment and alternative footwear this was recorded. An external pharmacy also carried out audits which supported the staff to ensure good practice in the area of medicine management.

Questionnaires were sent out yearly to people, relatives and professionals who visit the home. Feedback from these was positive. And included from a family member "I believe my relative is well looked after with compassion, a good sense of humour and dignity. A visiting professional wrote "Keep up the good work". A GP we spoke with told us that the staff at the home worked in partnership with them. The said "I feel that the patients in the Home are always treated with respect and appear happy. A senior member of staff is always on hand to assist when I am visiting patients and are well versed in the patient's condition. The staff try a number of sensible solutions prior to calling the surgery but not so as to put the patient at risk.The staff are very compassionate and are an enthusiastic team."