

Standon Hall Home Limited

Standon Hall Care Home (The Beeches)

Inspection report

Standon
Near Eccleshall
Stafford
Staffordshire
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Website: www.caringhomes.org

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected Standon Hall (The Beeches) on 25 November 2014 which was unannounced. At the last inspection on 29 May 2014, we asked the provider to take action to make improvements to the way they supported people who had behaviours that challenged, safeguarded people from abuse, how they managed cleanliness and infection control. We found that these actions had been completed.

Standon Hall (The Beeches) is registered to provide accommodation and personal care for up to 34 people. All the people who lived at the home had a type of dementia. This meant that for most people, their dementia was characterised by confusion, disorientation

Summary of findings

and forgetfulness. At the time of our inspection there were 21 people who used the service because part of the building had been decommissioned as it was not in a suitable state of repair.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We could not be assured that people received their medicines as required because medicines were not always recorded safely.

People's risks were assessed. We saw that staff carried out support in a safe way whilst they ensured that people's independence was promoted.

We saw that staff followed infection control procedures to keep people safe from the risks associated with infection.

We saw that there were sufficient staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the dependency needs of people who used the service.

We saw that staff treated people with compassion, dignity and respect. Staff listened to people and encouraged them to make decisions about their care.

Some people who used the service were unable to make certain decisions about their care. We found that mental capacity assessments had not always been carried out in line with the Mental Capacity Act 2005 and we could not be assured that decisions were made in people's best interests when they are unable to do this for themselves.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff told us that they felt supported by the registered manager.

The provider promoted an open culture. Staff told us that the management were approachable and that they listened to them. The provider encouraged staff to be involved with the development of the service provided.

Systems were in place to monitor the quality of the service provided, but some improvements were needed to ensure that actions were in place where concerns had been identified.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

We found that improvements were needed to the way the provider managed medicines.

People were kept safe because staff followed procedures. Risk assessments were in place and relatives told us they felt their relatives were kept safe.

Improvements had been made to the way the provider managed the risk of cross infection. We saw that staff followed infection control procedures.

Requires Improvement



Is the service effective?

The service was not consistently effective.

We saw that people who had behaviour that challenged were supported effectively to meet their needs.

Staff received training and support which helped them to carry out their role effectively.

The provider needed to make improvements to the way they gained consent from people and how people's mental capacity was assessed in line with legal requirements.

We found that people were supported to eat and drink sufficient amounts and where concerns had been raised professional advice had been sought.

Requires Improvement



Is the service caring?

The service was caring.

We observed staff treating people with care and compassion and people told us that they were happy with the care and treatment.

We saw that people were given choices and staff listened to people in a patient and caring way.

Staff treated people with dignity and respect. Staff explained the support provided and gave encouragement to people when supporting them.

Good



Is the service responsive?

The service was responsive.

People were supported to be involved in hobbies and interests that were important to them.

Staff responded to people's needs in a timely way and staff gave both physical and emotional support to people.

Good



Summary of findings

People we spoke with were aware of the procedures to complain and the registered manager had a system in place to assess any complaints received.

Is the service well-led?

The service was not consistently well led.

Staff were aware of the values of the service and were positive about their role. We saw that staff were involved in the service and actively sought to make improvements.

We saw that the registered manager led the staff team well and was approachable. The registered manager had a clear understanding of their responsibilities.

The provider had systems in place to assess and monitor the quality of the service but we found that the issues identified in the medicines audit had not been actioned or recorded.

Requires Improvement



Standon Hall Care Home (The Beeches)

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 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.

This inspection took place on 25 November 2014 and was unannounced. The inspection team consisted of two inspectors and a specialist dementia advisor.

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 reviewed the

information included in the PIR along with information we held about the home such as feedback from commissioners and notifications of incidents/safeguarding concerns that had occurred at the service.

We spoke with two relatives, five staff and the registered manager. We were unable to speak with people who lived at Standon Hall (The Beeches) because they had difficulties communicating. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and also looked around the service.

We viewed five records about people's care and records that showed how the home was managed which included staff training and induction records for staff employed at the home and audits completed by the registered manager. We also viewed seven people's medication records.

Is the service safe?

Our findings

At the last inspection we found that improvements were needed to ensure that staff understood the reporting procedure where people may be at risk of harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made. Relatives we spoke with told us that they felt assured that their relatives were kept safe. One relative told us, “I am happy that [person who used the service] is kept safe. I have no concerns”. Staff we spoke with told us how they ensured people were kept safe. All the staff had a good knowledge of the procedures they needed to follow if they felt that someone was at risk of harm. One staff member said, “There is a zero tolerance for abuse and the people living here are vulnerable and we make them feel safe in the same way as a close family member would care for them”.

At the last inspection we found that improvements were needed in the way the provider managed infection control within the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made. The provider had purchased new flooring in some parts of the home and there were plans to replace flooring in other areas of the home. We saw that sanitising hand gels were in place for people and staff to use. We observed staff wearing aprons and gloves when supporting people and these were disposed of appropriately. Staff we spoke with told us why they needed to wear personal protective equipment and that they had received training in infection control.

We checked whether the stock of people’s medicines balanced with the medication administration records. We looked at seven people’s MAR’s and found that the amounts in stock did not balance. The nurse on duty told us, “We have just started a new MAR for people and the agency staff booked these in but hasn’t carried forward the amounts from last time”. It was not clear what medicines should have been in stock and there were gaps in the recording. One person had been prescribed a medicine to help when their behaviour challenged and they became anxious. We found that there was less medicine in stock than stated on the MAR which meant that there was a risk that this person had received too much of their medicine.

The nurse we spoke with told us that this person had not been at the service very long, they said, “It doesn’t look like we have written down what we received when they came here”.

We found that another person’s records did not match the amount that was in stock. There was more medicine left than the MAR stated had been administered. We asked the nurse if they knew what had happened, they told us, “I cannot be sure if the dates and carried forward amount are an error by the hospital or by us. It is so frustrating when medicines are not recorded properly”. This meant that the records did not balance with the amount available in the service and we could not be assured that this person had received the right amount of their prescribed medicine.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person had been assessed as at risk from poor pressure areas and had been assessed as requiring a specialist mattress and cushion to lower the risk. We saw that this person was sitting on a specialist cushion in the lounge. Another person had a risk assessment in place to ensure that they were assisted to mobilise safely. We saw this person being supported by staff to mobilise which followed the guidance provided. The staff knew about each person and what their specific needs were in relation to their safety and welfare.

We saw that incidents and accidents had been documented and changes had been made to people’s risk assessments where required. We spoke with staff who explained their actions in the event of an incident/accident. We saw that the registered manager checked the incident forms for trends and patterns and actions were taken to lower risks of further incidents. We saw evidence that reminders had been sent to staff to ensure that they understood the procedures to follow when there was an accident.

We observed that there were enough staff available to meet people’s assessed needs. When people required assistance we saw that they did not have to wait and there were always staff available in the communal areas. The registered manager told us that the staffing levels were assessed against the dependency levels of people and they took account of feedback from staff. The register manager

Is the service safe?

said, “We are continually assessing people’s needs on a daily basis. Where possible permanent staff cover any shortfalls on the rotas to ensure consistency but we occasionally use agency staff”.

The provider had a recruitment policy in place. Staff we spoke with told us that they had completed application forms and they had been subject to checks that ensured they were suitable to support vulnerable people. The records we viewed confirmed that all the necessary checks had been undertaken by the registered manager.

We saw that ‘as required’ (PRN) protocols were in place for people. The protocols gave staff clear guidance of why and when these medicines needed to be administered. Due to people’s communication difficulties the protocols contained details of how staff would recognise signs that individual people were in pain and how this affects their behaviours. We spoke with the nurse on duty who explained why people had various PRN medicines which confirmed what we had seen in the records. The nurse told us, “We can tell when people are in pain or are anxious as we can see the physical signs. People can’t always tell us their needs because of their dementia so it is important we know them well”.

We observed medicines being administered to people. The nurse checked the MARs which ensured they were administering the correct medicines and these were recorded after the person had taken their medicine. We saw that one person needed their medicines to be administered covertly by disguising them in food or drink. The nurse told us that this was carried out after they had tried to encourage the person to take their medicines. We saw records that showed that the decision to administer these medicines had been made by the G.P and the family were also involved. The provider had gained advice from the pharmacy which ensured that the medicines were appropriate to be crushed and that the medicines were still effective.

We saw that medicines were stored securely and when medicines were being administered they were locked in a medicine trolley within a locked room. Temperature checks had been carried out on the room where the medicines were stored and on the fridge where temperature sensitive medicines were stored. This ensured that medicines were stored safely.

Is the service effective?

Our findings

At the last inspection we found that improvements were needed in the way the provider supported people who had behaviour that challenged. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made. We observed staff were attentive to the needs of people who used the service. Staff knew people well, understood them and knew how to meet their needs. Staff had received training so that they could understand and help people whose behaviour challenged. Staff told us that they felt able to care for people with dementia and other mental health related conditions. They said that the training and support was, 'Good.' We saw a change in a person's behaviour and they were becoming agitated. A staff member reacted immediately to the situation and went to sit with the person and spoke in a calming reassuring manner, which helped to calm the person. We saw that there were behaviour charts completed for some people and the staff told us that they learnt how to support people from becoming anxious. A number of re-direction techniques were noted throughout the day and staff were able to tell us about the triggers for some people such as loud noise, activity, and personal care.

Staff we spoke with told us that they received regular training. One member of staff said, "I think the training is good and we get refresher to help us keep up to date". We viewed the training records which confirmed that staff had received training such as; safeguarding vulnerable adults, conflict and challenging behaviour awareness and Mental Capacity Act 2005. Staff told us that they received regular support and supervision with the registered manager and they felt that this was useful as it gave them an opportunity to raise any concerns.

We spoke with relatives who told us that they had been involved with making decisions about the care and treatment of their relative and they were asked before decisions were made. One relative said, "I think they are very good at keeping me informed about things. They always ask if it's ok before they do something for [person's name]." We saw that some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place signed by the GP and it was recorded that a discussion had been held with the person's next of kin about this. A relative we

spoke with told us that they [the family] had recently been invited to discuss a DNACPR with the GP and they felt involved in the process. We found that some decisions had been made for people without an assessment of people's mental capacity being carried out. Decisions were recorded as being in the person's 'best interests' but a mental capacity assessment had not been carried out on the person to determine whether the person could make their own decision. We spoke with the registered manager who told us that they had not completed any mental capacity assessments and these were normally completed by the social worker before the person came to the home. We could not see evidence in the records that these assessments had been carried out. Staff we spoke with were able to outline some understanding of the Mental Capacity Act 2005, but this had not been followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were aware of which people had a Deprivation of Liberty Safeguards (DoLS) in place, why this was required and how they needed to be supported. The Deprivation of Liberty Safeguards (DoLS) ensures that when people have their liberty restricted this is done in a manner that protects their human rights. We observed staff supporting a person who was subject to a DoLS order and the actions they took confirmed that they followed the guidance in the order.

People were supported to eat and drink sufficient amounts. We saw that care staff helped people to eat their meals with gentle encouragement or, where required, assisted the person to eat. This was carried out in a dignified way when they required assistance. Staff gave people a choice of the meals on offer by taking a picture of the meals to show them and asked people what they preferred. Everyone made a choice and got the meal they wanted. Staff were observant and monitored how much people had eaten and, where people hadn't eaten much of their meal they were offered something else. People had their individual needs assessed and monitored with risk assessments and nutritional care plans in place. A staff member explained how another person would often not sit at the table long enough to eat a meal. They said that this person was offered food later and usually ate whilst walking around, 'On the go.' Where people had lost weight, staff monitored their weight more regularly and people were referred to the GP and/or dietician for advice. We observed people being offered drinks throughout the day and staff helped people with their drinks.

Is the service effective?

We saw that people had received visits from various professionals which included the GP, the Community Psychiatric Nurse (CPN), the optician, the dentist, the psychiatrist and chiropodist. Some people had been referred to a local rehabilitation centre for physiotherapy and/or occupational therapy which helped them with their

physical needs. We saw that people were monitored throughout the day to ensure their welfare and wellbeing. Daily care records were completed that showed when people had been supported with their needs. This meant people had their health care needs monitored.

Is the service caring?

Our findings

Relative's we spoke with were happy with the care that staff provided. One relative told us, "I am really happy with the care provided. Staff are very kind and helpful". We saw positive compliments received from relatives, one compliment said, "Thank you for all the excellent care you have taken of mum. Staff were just wonderful". We saw positive interactions that showed staff were compassionate and treated people in a caring way. The small things staff did showed that they cared for the people they were looking after. Where people were distressed or agitated staff acted in a kind responsive manner to calm the person. When we asked a staff member how they communicated with a person who could not communicate very well, the staff member showed us by touching and stroking the person's hand and asking them if they would like a cup of tea. The person responded by nodding.

We saw that people were given choices throughout the day. People who had communication difficulties were shown picture cards; staff were patient and waited for people to make their choices. Staff listened to what people wanted and gave encouragement when they supported people with their needs. Staff asked questions such as, "Is this music too loud for you?" and "Is this dining room too

crowded for you?" Staff we spoke with knew the routines, backgrounds and preferences of people and explained how they could read the body language for people who were unable to express their wishes and desires.

Relatives we spoke with told us that people were treated in a dignified way and staff were always respectful. We saw that staff knocked on bedroom doors prior to entry and that consent was routinely sought from people living at the home prior to care being given. Staff were polite, respectful and treated people with dignity and respect. We observed staff asking people how they were and what they wanted to do such as; "Has the hairdresser just done your hair? You look beautiful" and "You look a little sad, are you okay?" We spoke with staff who told us that they ensured people felt comfortable when they were supporting with personal care. One staff member told us, "I make sure they don't feel embarrassed and give people as much privacy as they need. I want people to feel comfortable".

We saw that some staff had volunteered to become dignity champions at the service. We spoke with one member of staff who told us that they ensured that people's dignity was maintained and they had a responsibility to ensure that all staff understood how dignity and privacy is maintained. This member of staff told us that they would raise any concerns with staff and ensure that people are treated as staff would expect to be treated themselves. This meant that people were assured that their dignity was considered in their daily care.

Is the service responsive?

Our findings

Care staff were responsive to the needs of people because they knew people well and were aware of each person's needs. Social interaction was observed as small groups of people sat together and staff mingled with them all in turn. Discussions were held with each group or on a one to one basis. There was a programme of activities and people's hobbies and interests were documented in their care plans. Two activities staff were employed on a part time basis to help deliver a programme of activities and entertainment to people. We did not find that there were any dementia specific activities such as; reminiscence boxes and items that can be used to stimulate touch and past memories.

Many people living at the home originated from agricultural backgrounds, staff encouraged some people to walk around the grounds of the property and there was also an enclosed garden where some people engaged in activities such as sweeping. We saw that the dining room had been recently re-decorated and people living at the home had contributed to the colour scheme and some people had also helped to paint the room. Staff told us that one person had been a painter and decorator and when he saw the staff painting the area he became involved with the activity. This led to a group activity of painting with increased numbers of people involved

People's needs were met by staff promptly, at lunchtime for example; one person who was unable to ask for assistance to use the toilet was observed by staff who recognised this person's actions and prompted and assisted them

discreetly. Many people living at the home were not able to manage call bell systems as such they are reliant upon staff to respond to their non verbal communication at times, to pre-empt care needs and to retain knowledge of routines and preferences. Some people who remained seated for substantial periods were offered comfort blankets and one person was also offered a soft toy which appeared to reduce her levels of stress and agitation.

Relatives we spoke with told us that they had been involved in people's care plans and they were informed when there were changes in people's care. The records showed that people's personal preferences were documented in their care plans. Staff we spoke with knew people's preferences well and we observed staff supporting people in line with their likes and dislikes documented in the records.

A relative told us, "I am very satisfied with the care. Staff know [person's name] very well and respond well to them. I have only ever had a few minor grumbles, they listened to me and these were sorted out straight away. They are very good; they always make you welcome whatever time of day you visit." Another relative said, "We visit quite often and the staff seem to know [person's name] really well. We have nothing to complain about but I think it would be sorted out anyway. They always have time to listen. I know about the Residents Association because my relative enjoys going to this." We saw the provider had a complaints policy in place and complaints that had been received were logged. The provider had investigated complaints in line with their policy and provided feedback to the complainant.

Is the service well-led?

Our findings

We saw that the manager undertook various audits to monitor and assess the quality of the service provided. These included infection control, health and safety, complaints and care plan audits. We saw that action plans had been put in place when concerns had been identified with people's weight loss and these were analysed for trends and referrals had been made to the appropriate professionals for advice. However, we found that the concerns we had identified with the recording of medicines had been identified by the registered manager's audit but we could not see that any action had been taken to resolve these concerns. We asked the registered manager what actions had been taken as we did not see any documented. We were told, "We have recently completed competency checks on the nurses but I haven't documented it as an action". We saw evidence that a competency check had been undertaken but we could not be assured what actions were in place to make improvements to the way medicines were recorded.

We found that the atmosphere at the home was welcoming with good interactions between people and staff. Staff told us that they took pride in the reputation and presentation of the home and spoke with us about some areas that they felt needed improvements. Staff felt able to feedback their opinions to the registered manager but were aware that due to resources, some improvements were still outstanding, such as replacement flooring and concerns raised about the uneven paving outside the service. We spoke with the registered manager who was able to evidence that documentation had been forwarded to the provider for works that needed to be carried out. One

member of staff had sought the support of the registered manager so that they could undertake a weekly night duty which meant this member of staff gained a greater insight to the holistic routines of people over a 24 hour period. This had been supported by the registered manager and had helped the member of staff provide improved outcomes for people who used the service. This showed that staff were supported to be involved in the development and improvement of the service.

Staff that we spoke with praised the registered manager and felt that they managed the service in a person centred way, and felt the home had improved under their leadership. One staff member said, "I have faith in the manager and I know if I need anything they would be supportive". The registered manager said, "I feel that there is an open culture and I act on any concerns raised so that staff feel supported in their role". Staff and the registered manager had a clear understanding of the values and the ethos of the service. We were told, "The values are to promote the wellbeing of our residents and to provide the best care possible". We saw that the values were included in the 'service user guide' and the duty of candour for the service was on display in the main building.

The manager had completed the PIR which contained information about the service and how the manager planned to make improvements. We checked the information we held against the information we viewed and found that the registered manager had forwarded information about the service as required such as; notifications of deaths and serious incidents. This meant that the registered manager was aware of their role and responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

People who use services were not protected against the risks associated with the management of medicines because medicines were not recorded appropriately.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.