

R.M.D. Enterprises Limited

# Stanborough Lodge

## 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 ●

# Summary of findings

## Overall summary

About the service: Stanborough Lodge is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Stanborough Lodge provides a service for up to 25 older people, some of whom may be living with dementia. At the time of the inspection there were 24 people living at the service. Accommodation is provided over two floors and people have access to communal areas.

People's experience of using this service:

- People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.
- Staff were skilled and competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People had their nutritional needs met. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences. One visitor said, "[Family member] loves staying here, not because of the look (of the place) but because of the[staff] who are caring for her.
- People received person centred care that met their needs. Care plans gave details of how people would like their needs met. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.
- People, visitors and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. The registered manager and staff worked in partnership with other agencies to ensure people got the care and support they needed. One person said, "I think [registered manager] is a very nice person, I have great respect for job they are doing. It's not small task to manage this place."

Rating at last inspection: Good (report published 26 August 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

## 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 service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Stanborough Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team:

Consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Stanborough Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. Following 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.

#### During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with seven people, three relatives/visitors, the registered manager, a representative of the provider and three members of staff.

We looked at two people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Safeguarding systems and processes.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People's body language and verbal expressions showed that they were relaxed and comfortable with the staff. This showed people felt safe. People who lived at the service told us they felt safe. One person said, "I feel very secure –there is codes on doors between floors and main doors, and there are people we trust around." Another person told us, "I certainly feel safe here." A visitor told us, "I do feel very safe for [family member]."

Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Records used to monitor those risks such as hydration, nutrition and pressure care were well maintained.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire. One person told us, "This is also a very solid building, when we came first time I was very impressed with quality, safety features like fireproof doors [...] windows with safety locks [...] all these things makes me very safe and I can sleep peacefully at night."

Staffing levels.

- People and their visitors told us people received care in a timely way. The registered manager confirmed there was on-going recruitment to maintain staffing levels and the use of agency staff was a rare occurrence. Agency staff were last used in November 2018.
- The registered manager assessed people's needs on a regular basis and ensured there were sufficient staff on duty on each shift. Permanent staff covered shifts if there were unplanned staff absences. One person said, "If I need something I'll ring the bell and [staff] come quickly." Staff we spoke with confirmed there were sufficient staff to meet people's needs

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required.
- Where people were prescribed medicines to take 'as and when required' detailed guidance was available to staff on when to administer them. We observed that people were asked if they required any pain relief before it was dispensed from packets.

- Where errors were found during checks these were investigated. Staff told us that if required the registered manager would get staff to undertake further training and a competence assessment if errors were found.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection.

- Staff understood how to protect people by the prevention and control of infection. A member of staff we spoke with told us, "We have cleaning rotas and we ensure that residents [people] clean their rooms."
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection. The location was clean and tidy.
- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager and staff reviewed risk assessments and care plans following incidents.



# Is the service effective?

## Our findings

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

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

- Assessments of people's needs were undertaken for those who lived in the service. People's care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people well. A visitor told us, "All the staff are friendly and help with everything needed. I cannot ask for more from a care home and it makes me feel happy [family member] is in such good hands."

Staff skills, knowledge and experience.

- Staff had received appropriate training and had the skills required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. Staff we spoke with told us the registered manager responded to any training requests. A staff member said, "We talk to [registered manager] if we feel we need any extra training or need to refresh our knowledge on a particular subject."
- Staff told us they had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Staff we spoke with confirmed there was an open-door policy and they could also speak with the provider at any time. Staff also told us they felt supported. One member of staff told us, "The (registered) manager is very supportive and we get our supervision."

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

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. One person said, "Meals are of generous sizes and with a good selection of homely cooked food. Puddings are fantastic or we can have fruit any time."
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations.

- Referrals to healthcare professionals such as dieticians and chiropodists were made in a timely manner.
- Staff knew people extremely well and ensured that any changes in a person's condition were noted and discussed with the registered manager.

- People's care plans showed the involvement of health care professionals, for example, chiropodists and GP's.

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

- People were involved in decisions about the premises and environment; for example, the colour of their rooms, and support to make their rooms homely with their own belongings.
- We found that some areas of the home were looking tired and in need of re-decoration. Following the inspection, the provider sent us plans for some re-decoration work to be undertaken in the next six months. One visitor told us, "A lick of paint can make a hell of a difference."
- We found that there was little signage to assist people who were living with dementia in finding their way around easily. The registered manager told us this would be discussed as part of the re-decoration plan.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment, such as call bells and sensor mats, was used effectively to meet people's care and support needs.

Supporting people to live healthier lives, access healthcare services and support.

- Where people required support from external healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited the service weekly and we were told that there was a good relationship with the GP. One visitor told us, "[Family member] gets checked by the GP every week and if something is not right they will call and tell me. There were some changes in their medications so GP called me same day. I know that if I wasn't available, one of seniors will be able to take notes and update me later."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager submitted applications to the local

authority to seek authorisation to ensure this was lawful.

# Is the service caring?

## Our findings

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

Ensuring people are well treated and supported.

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and visitors which supported this. One person told us, "All the staff are very kind, even the cleaner always smiles back". Another person said, "It's a very good team. I am treated absolutely beautifully. I feel very content. I know if I ask I will get what I need. Can't think of anything I would change. All slots together beautifully like a big jigsaw
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person told us, "The carers I have are really nice people-they chat with me and we have a laugh, it's not easy to be old. I really feel that they are my friends-there is nothing they won't do for me.
- Staff we spoke with all enjoyed working at the service and ensuring people received good care and support. One member of staff said, "I love my job, we are like one big happy family." Another person told us, "[Staff] are very careful when I have to dress / undress, they are extra careful and gentle, but encourage me to be independent and do as much as possible. I have as many showers as possible, but I like my weekly bath."

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to get up.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice. One person said, "It's very easy to get what you need - just press the button and [staff] will come to help you."
- People were supported to maintain and develop relationships with those close to them.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff knock on my door and ask to come in."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protecting people's choices and preferences.
- An activities programme was on display and people told us that various activities took place. Activities included musical entertainment, reminiscence sessions and cake making. Religious services were held on a monthly basis.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. One person told us, "I attend the activities and I like reading. We have an activity person, they go and collect new stuff for us to do every time, smelling stuff, sensory, a bubbles game and we play bingo. The time goes quickly when we do something."

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One visitor said, "I think management do listen, they often ask us, is everything ok, and if we would change or like things to be done differently, we have plenty of opportunities to talk."
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. • The service was able to access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

# Is the service well-led?

## Our findings

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

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

- Staff told us that they felt listened to and that they could approach the registered manager or the provider at any time. Staff understood the provider's vision and were working to engage the whole team in the continued development of the service.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was well-run. People at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.

Engaging and involving people using the service, the public and staff.

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their visitors all told us they felt involved in the running of the service. One visitor told us, "The management are working very hard to improve this place."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.

- A culture of continuous learning meant staff objectives focused on development and improvement.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive

improvement.

- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.