

Stanway Green Lodge LLP

Stanway Green Lodge

Inspection report

Stanway Green
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Date of inspection visit: 9 September 2015

Date of publication: 27/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Stanway Green Lodge provides care for up to 30 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 26 people living in the service when we inspected on 9 September 2015.

There was 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.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff understood how to minimise risks and provide people with safe care. Procedures and processes were in

Summary of findings

place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was friendly and welcoming.

Care and support was individual and based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions.

Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with changes regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff morale was high and they understood their roles and responsibilities. The management team including the provider demonstrated good leadership skills and staff said they felt valued and supported.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the service. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and acted on.

Good



Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Good



Summary of findings

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

Stanway Green Lodge

Detailed findings

Background to this inspection

This unannounced inspection took place on 9 September 2015 and was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

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

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with nine people who used the service and received feedback from three people's relatives and one person's friend. We reviewed three people's care records and other information, for example their risk assessments and medicines records, to help us assess how their care needs were being met.

We spoke with the provider, the registered manager, a domestic member of staff, the cook, the activities coordinator and four care staff. We reviewed feedback received from four health and social care professionals.

We looked at records relating to the management of the service including safety of equipment, staff recruitment and training. We also looked at the systems in place for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service were relaxed and at ease in their surroundings and with the staff. They told us they were safe living in the service. One person said, "It's a very nice home. I feel all nice and safe". Another person commented, "Yes I feel very safe here."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks that affected their daily lives. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as dementia, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Staff understood people's needs and risks to individuals were managed. For example, staff took practical steps to

minimise the risk to people when being hoisted and transferred to their wheelchair. We saw that staff explained their actions throughout and checked the person's well-being. This meant the person understood what was happening. We could see the person appeared comfortable and was safe during the process.

There were sufficient numbers of staff to care and support people according to their needs. This included answering call bells in a timely manner. One person said, "I have only used my call button once, when I slipped out of bed. I couldn't get up, so I needed help but the carers came very quickly." Another person said, "I can't use my legs now so I need to be hoisted up, but when I use my buzzer [call bell] the carers are here very quickly. I am never left waiting."

The provider was able to demonstrate how they regularly assessed staffing levels in line with people's needs so that there were enough members of staff to provide good care at all times. Where people needed support to attend an appointment or to access the community, staffing levels were adjusted to take account of this. People told us and we saw that staffing levels were flexible to meet their changing needs. One person said, "I have been taken by the staff and [provider] before to go to my hospital appointments. They know I don't like to go on my own. It's never a problem for someone to come with me."

Discussions with the staff and management team told us that agency staff were rarely used to provide cover, as existing staff including the management team covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs. Our conversations with staff and records seen confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "I take so many pills now it is a hard job to keep track. Here the girls [staff] bring them when I need to take them and remind me what they are for. They are patient and kind and wait till I have finished taking them all. It takes time but they never rush me." We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Is the service safe?

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Regular audits on medicines and

competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

People told us that the staff were skilled and competent to meet their care needs. One person said, “The staff here are marvellous; well trained and have a gentle and kind approach. Treat me with the greatest respect.” Another person commented, “No complaints they [staff] get the job done and properly.”

However some people said that communication and understanding could sometimes be a problem. One person commented, “The staff are nice, but I can’t understand all of them.” Another person said, “The new staff are still settling in so you have to give them time to learn and get to know you and how you like things done. I keep telling them what I want it so it makes it easier each time.” A visitor to the service told us, “There have been lots of new carers recently, although it is a bit difficult understanding them all, as they seem to come from all over.” The provider told us that there had recently been a change in personnel with existing staff leaving to pursue careers in nursing and continue their professional development. The provider had recently recruited several new members of staff to fill these vacancies. They said they were aware of the communication difficulties and this was being addressed through the staff induction process. They explained how staff were receiving additional support where needed with communication. This included ongoing monitoring and supervisions to encourage feedback and check competency. As well as shadowing more experienced staff to assist with their learning and understanding. Discussions with staff and records seen confirmed this.

Discussions with staff and records seen showed that staff were provided with the training that they needed to meet people’s requirements and preferences effectively. This included supporting people with their diabetes and people living with dementia. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. They described how the management team encouraged them to professionally

develop and supported their career progression. A newly appointed member of staff told us they were looking forward to their upcoming training and were being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. This was confirmed in records.

People were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people’s capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People’s relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People’s nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. One person told us, “I am on a restricted diet, but it is for my own good.” Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people’s care plans and used to guide staff on meeting people’s needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people’s files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in

Is the service effective?

determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants, community matron and their doctor. Where the staff had noted concerns about people's health,

such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “They are lovely, always smiling and friendly. They can’t do enough for you. They don’t take advantage and are very respectful.” Another person commented, “I like my own company. The [staff] are all very nice and look after me very well.” A third person shared their experience of using the service with us they said, “This is a very nice home, it’s a safe environment and the care staff are very good. They keep the home clean and the food is very good. I can come and go into the garden if I want and [provider] comes to see me very often.”

Feedback from relatives about the staff approach was positive. One relative commented that, “The staff have helped encourage [their relative] to participate in activities and become more sociable. [Relative] is supported with care and kindness.” Another relative told us, “The staff are very attentive and kind.”

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff showed genuine interest in people’s lives and knew them well. They understood people’s preferred routines, likes and dislikes and what mattered to them.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. Records seen showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person said, “I like to have my bath in the morning and not in the afternoon or at night. So that’s what happens. Never been an issue.” We saw in this person’s care plan that their bath time preference had been accommodated.

Information about advocacy was available in the service to enable people to have a stronger voice and support them to have as much control as possible over their lives. Throughout the day we saw that people wherever possible

were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People’s choices were respected by the staff and acted on.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, “They [staff] always knock on the door first before coming in and asking what I need help with. They don’t take over assuming they know best but listen to what I say and then help me.” A staff member told us that people’s choices were respected and shared examples of people who required support when they were incontinent during the night. They explained how people were regularly checked to ensure they were ok and offered support and encouraged to change where required, but if they refused this was respected.

We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids and sitting in arm chairs. People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, “I used to be able to wash myself and now I need help, but I can still do some bits myself on a good day. The staff know this and ask me what they can do and wait for me to do what I can. They step in when needed and I am never rushed. I appreciate this I think the staff understand that this matters greatly to me.”

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed.

Is the service responsive?

Our findings

People received care and support specific to their needs and requests for assistance were answered in a timely manner. One person we spoke with who had recently arrived at the service told us how they were settling in they said, “Staff are attentive and kind and on hand if you need them.” They continued, “I think it is a safe place, and I think I have the best room in the home! But there are so many different staff. Why can’t they have name badges on? As I feel so foolish having to ask them their names all the time! They know my name but badges would help me know theirs.” We fed this back to the provider who said they thought this was a good idea and would look into this. Following the inspection the provider told us that a sample of different style name badges for the staff had arrived and they planned to talk with people who used the service about which ones they liked. This showed us that people’s feedback was valued and acted on.

People were supported to participate in activities which were important to them. We saw the art work of one person who used the service displayed in the entrance of the building. The provider told us how this person was being supported to run Art classes in the service, after people had expressed an interest in their work and learning more about Art. One person said, “I enjoy the weekly quizzes and games they are a good laugh. Another person commented, “I like the baking and the big parties held here. There is one coming up soon [rock and roll party]. That should be good. Everyone gets involved.” A third person told us, “Snakes and ladders and bingo is not my thing, but I do like to chat, the carers come in and talk sometimes, but they’re so busy really. I’d like more of that.” The provider told us that they were currently developing the activities programme to reflect both meaningful group and individual activities for people. This included looking into areas such as classical music and photography where people had expressed an interest. Where people had said they wanted to spend time with a member of staff chatting in their bedrooms or outside in the garden as they did not want to join in the activities. The provider was looking into how they could facilitate this through one to one sessions to ensure people’s social needs were being met and reduce the risk of isolation.

Staff talked with us about people’s specific needs such as their individual likes and dislikes and demonstrated an

understanding about meeting people’s diverse needs, such as those living with dementia. This included how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for. One person told us, “My faith is very important to me, and a priest comes in each week for communion.” This was reflected in their care records. A member of staff said, “Some people here like to go to church but can’t always go. So we bring the church here. Two people from the local churches come. Records seen confirmed this.

We observed staff delivering care and support to people in line with their care plans which was responsive to their needs. Care records contained information about people’s physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people’s current needs and how these were met.

Details in people’s records included what people liked to wear, how they liked to be approached and addressed. Information about people’s life history and previous skills and abilities were used to inform the care planning process. This included planning activities which interested and stimulated them. For example, following feedback from people who used the service about activities they would like to do the provider had arranged trips to visit a local farm for people who liked animals. Further trips to a bowls centre were also being planned having proved popular to those people who had expressed an interest in playing bowls. One person told us, “I didn’t fancy that [bowls] when asked if I wanted to go but having heard what a good time the others had; think I might give it a go.”

Relatives told us they were kept up to date about changes in their relative’s wellbeing. This was reflected in the communication logs in people’s care plans. This included being advised of upcoming appointments with professionals such as the doctor and optician and in the adverse event of a fall what actions had been taken. One relative said, “The staff keep me in the loop about what is going. I don’t have any concerns. [Family member] is well looked after.” Another person’s relative described how the staff knew their family member well and had encouraged them to join in with the activities which had reduced the risk of them becoming isolated and withdrawn.

Is the service responsive?

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to the menu and the choice of activities provided following suggestions made. Good practice was fed back to the staff through team meetings and in one to one supervisions to maintain consistency.

People and the relatives we spoke with told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person's relative told us that they were aware of the complaints procedure and told us about a laundry issue they had reported to the manager and how it had been dealt with

straight away. They said, "It never got to a complaint because it was dealt with there and then. I was impressed how seriously the manager took my concern. Not had any further problems. I wouldn't hesitate to speak to the management or any of the staff if I needed to."

The provider's complaints policy and procedure was made freely available in the service and explained how people could raise a complaint. Records showed compliments, comments, concerns and complaints about the service were documented, investigated, acted upon and used to improve the service. For example providing further training for staff and disciplinary action, where required. Where positive feedback was received this was routinely passed onto staff through supervisions and team meetings to support embedding this as best practice.

Is the service well-led?

Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people and relatives about the staff and management team were positive. One person said, “Staff are on hand if you need them. I see the [provider] regularly and we have a chat about things; [provider] is very hands on. Which is good for the home. [Provider knows what is going on.” A relative told us how staff including the management team were, ‘Very approachable and available to talk to.’ Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider’s vision and values. A member of staff told us, “The manager is very supportive and approachable; it’s nice.” We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the manager and provider were approachable and listened to them. One member of staff said, “I like working in the home, and everything is in good order here. I see the manager regularly; no problems.”

People were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. Relatives were complimentary about the service and told us they felt listened to. One relative said, “We have met with the management and discussed care arrangements; what is working or needs to change and our comments have been acted on. It is a two way exchange and works well. I have no complaints.”

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service. For example, staff contributed their views about issues affecting people’s daily lives. This included how staff supported people with personal care and accessing the community. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff told us, “I am new here and still learning. But I feel it is ok for me to ask something if I need to. No one tells you off. Very kind staff here who try to help. Most of the time I just ask questions so I can learn more. The team leaders told me to ask if I don’t know and that’s what I do.”

Staff understood how to report accidents, incidents and any safeguarding concerns. They liaised with relevant agencies where required to ensure risks to people were minimised. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people’s behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These included medication audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider’s internal review system. This included feedback from family members, staff and the person who used the service. This showed that people’s ongoing care arrangements were developed with input from all relevant stakeholders.

The provider and management team undertook frequent reviews of their processes and systems to ensure consistency and effective practice were followed. The outcomes and actions arising from the audits and checks addressed any shortfalls identified and fed into a continual improvement plan for the service.