

# Sonic Silver Limited

# Stanton Manor

## Inspection report

Piddocks Road  
Stanton  
Burton On Trent  
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Date of inspection visit:  
18 January 2019

Date of publication:  
25 March 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Stanton Manor is a residential care home that was providing personal care to people aged 65, people living with dementia or people with mental health needs. They were registered to provide care for 29 people and there were 28 living at the home when we visited. The accommodation consists of a large house with communal areas and a smaller home in the grounds where 8 people live.

People's experience of using this service:

The service met the characteristics of good with outstanding in caring.

People received extremely caring and kind support from staff who kept their dignity at the centre of all interaction. They were partners in their care and encouraged to make decisions about this. When they were less able to verbalise, the staff used their extensive knowledge of people's personal histories to support them how they would have chosen. They embraced family and advocate support and input into the care provided. Their priority was ensuring that people were happy and respected in their home.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. 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. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People were able to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager responded to any complaints in line with the provider's procedure.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection: The service was last inspected on 14 June 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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?

Outstanding ☆

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.

# Stanton Manor

## 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.

**Inspection team:** The inspection was completed by two inspectors 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:** Stanton Manor is a care home. People in care homes receive accommodation and personal care. 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced.

**What we did:** We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eight months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with six people's relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, the deputy manager, one senior care staff and three care staff. After the inspection visit we gained feedback about the quality of the home from three health and social care professionals who work closely with them. We reviewed care plans for four people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- ☐ Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- ☐ People we spoke with told us that they felt safe in the home. One person said, "You are never on your own here, especially at night. I like that. It makes me feel safe."
- ☐ When safeguarding concerns were raised and investigated, we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

### Assessing risk, safety monitoring and management

- ☐ Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- ☐ People told us how staff supported them to manage risk. For example, one person described how staff assisted them to move safely and how regularly they monitored their weight.
- ☐ We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin.
- ☐ Staff we spoke with knew about people's individual risks in detail. For example, they told us who required a specialist diet and what it was.
- ☐ The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- ☐ There were plans in place for emergency situations such as fire evacuation and these were personalised.

### Staffing levels

- ☐ There were enough staff to ensure that people's needs were met safely.
- ☐ We saw that staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested.
- ☐ One person said, "If I need help, I only have to call the staff. They don't usually take long to come." Another person told us, "There is always someone in the lounge, so you can get their attention if you need them." Throughout the inspection visit we saw there was always a staff member in the communal area.
- ☐ There were systems in place to plan staffing levels according to individual's needs.
- ☐ The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

### Using medicines safely

- ☐ Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- One person told us, "I get my pills three times a day. They come in a pot and the staff wait while I take them."
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

#### Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. One relative told us, "There are never any smells here. My relative has a lovely room with an en-suite which is always kept spotless." Another relative said, "The home is always sparkling; spick and span."
- Staff understood the importance of protective equipment in managing cross - infection. One person said, "The staff wear their gloves and plastic aprons when they do personal stuff for you."
- We saw staff wearing protective equipment and that it was readily available.
- There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food.

#### Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.
- There was a proactive approach to reflecting on how care could be improved. For example, a protocol had been put in place to phone for medical advice if a medical professional had not been able to attend an individual within two to four hours of being called.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs and choices were met in line with national guidance and best practice.
- ☐ Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.
- ☐ The registered manager had recently introduced a system for analysing and recording people's wellbeing through a clinical frailty scale. They explained to us that it assisted staff to recognise the impact of any deterioration such as a hospital stay for an infection.

Staff skills, knowledge and experience

- ☐ People were supported by staff who had ongoing training. One person told us, "The staff definitely know what they are doing and must be well trained." A relative we spoke with said, "The staff are always able to answer any questions."
- ☐ One member of staff said, "I feel really well supported and have been helped to do my level three national qualification." Staff also told us about the induction training they had to support them into their new job which included shadowing more experienced members of staff.
- ☐ One healthcare professional told us they provided training to the staff when requested. They said they had recently introduced training in managing skin tears. The staff team had put it into place straight away and this has had a positive impact for people as they receive immediate attention. The registered manager also planned some training in recognising and responding to delirium. The registered manager told us that they had requested this because they understood their responsibilities to have up to date skills.

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

- ☐ People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- ☐ One person told us, "I come in for breakfast. I like porridge and sometimes cheese on toast. There is a choice at lunchtime, but I just ask if there is nothing there that I like."
- ☐ Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
- ☐ People were involved in designing menus which were discussed at resident meetings.
- ☐ Special diets were catered for and this included suitable alternatives for people who had diabetes. People who were at risk of losing weight were closely monitored. One healthcare professional told us, "The staff at this home have committed to the fortification of diets rather than supplement drinks and foods. They weigh people on a monthly basis and give us all the information we need on an ongoing monitoring basis." Fortification of meals means adding nutrients to make them richer and higher in calories; for example, fresh cream and butter.

- We saw drinks and snacks, such as fruit and chocolate, offered throughout the day of the inspection.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- There were good relationships in place to ensure that people saw healthcare professionals when required. One health professional told us, "Communication between ourselves and Stanton is always good and we know that if they call us, it is out of genuine concern. They can justify in a rational manner why they need to contact us giving us the evidence we need to base decisions upon as to whether a visit is needed or simply offer advice."
- People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. One person said, "If I want to see the optician or the chiropodist, they get booked." A relative told us, "They soon picked up on a recurring health problem for my relative and got that sorted. They notice when it is coming back quickly now and get treatment before it takes hold."
- Some people needed regular support from district nurses and there were arrangements in place for them to visit. There was also regular support from nurse practitioners and doctors within the home.

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

- People were involved in decisions about the premises and environment. There was a homely environment and people had access to crochet blankets on their chairs to add to their comfort.
- There was signage throughout the home to assist people who were living with dementia to orientate.
- Some of the home had recently been renovated; for example, converting a bathroom to a modern wet room. A programme of further refurbishment was planned.

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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff constantly obtained consent from people during the inspection. For example, when a member of staff assisted someone with a meal they asked them, "Can I help you with that?" When people said no to something this was respected and an alternative suggestion made.
- When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
- DoLS authorisations were in place when some people had restrictions in place that they could not consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.
- There were capacity assessments in place to support the decision making.

# Is the service caring?

## Our findings

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- □ There was a very strong person focussed culture in the home because all staff took pride in delivering exceptional care to people.
- □ On several occasions staff told us, "Our saying is that we are all visitors in their home and this makes us remember what is important."
- □ One healthcare professional we spoke with told us, "You can speak to any member of staff, even the cook, and they will know about people. It's like a little family, a real home from home."
- □ People we spoke with confirmed this. One person said, "The staff here are like family to me." Another person said, "The staff are like the sister I never had."
- □ Relatives also spoke highly of the warm atmosphere and kind approach of the registered manager and the staff in the home. One relative said, "When we first came to look around the home we were greeted with open arms and as soon as we spoke with the registered manager, we knew it was the right one for us. There has been a consistently high level of support for our relative throughout. The registered manager is on top of everything every day and staff know that and meet their expectations. This is because they all know it is done with the intention of looking after people well."
- □ We had already received feedback from families and other social care professionals through our website since our last inspection visit. One professional told us, 'I was both impressed with how the staff in the home communicate with family and how they really support the people who live there in a personalised manner.' One relative told us, 'The care shown to my relative was exemplary, and the staff are so compassionate that I felt that they wouldn't have given any better care to their own parent. They also treated me and my family with kindness.'
- □ We observed care throughout the inspection that was prompt, compassionate and showed an in depth understanding of people's personal histories and current conditions. For example, one member of staff was sat on the floor beside someone offering them comfort by holding their hand and talking with them. The person next to them had recently moved into the home and was confused about where they were and where they lived. The member of staff spoke with them gently about their home and their life and marriage. The person settled and started to enjoy the conversation about their wedding day. This demonstrated a real skill in diverting someone to reduce their distress without ever confusing them further by contradicting anything they were saying. It also showed us that staff had time for prolonged and meaningful interaction with people throughout the day.
- □ We saw that staff had this opportunity on other occasions when they could take a lot of time supporting people. For example, when one person had slipped in their chair staff recognised that they needed to be assisted into a better posture. When staff tried to engage with the person to move them the person was

sleepy. A member of staff brought them a cup of tea and waited and reassured them while they drank it. They then applied eye drops and wiped the person's eyes. Finally, after ten to fifteen minutes of support the person was more alert and was assisted by two staff with equipment to reposition themselves. This demonstrated that the staff had a good understanding of the risk to the person of being in an unsafe position in their seat, but that they had the time and kindness to support the person at their own pace to reduce the risk of harm to them.

- People's diverse needs were understood and responded to. Over a meal a member of staff made a joke which people at a dining table laughed at. However, the member of staff noticed that one person did not respond. So, they went over close to the person and repeated it to them and they then laughed and joined in. This was because the staff member understood that the person may not have heard the joke, but knew them well enough to recognise that they felt left out from the enjoyment.
- Some people were unable to verbally communicate any longer and we saw staff support them with a meal by speaking and maintaining eye contact throughout. We could see the person's eyes respond smiling as the staff member interacted with them.
- People told us that they had been asked about their life histories. One person said, "My family have just done a big sheet on me and what I like and what I did in the past." A relative we spoke with also said, "The staff took a life story recently and apparently it helps them to understand [Name] and what things may be important to them or may make them anxious; they said it is particularly for when their dementia gets worse."
- Throughout the inspection visit we found that staff knew people very well and could talk to them at ease about interests, previous employments and families. They also used the information they knew about people to support those no longer able to express their wishes. One member of staff explained to us that one person was previously a music teacher and now enjoyed peaceful time in their room listening to classical music. They were very settled in this environment, but anxious in company and staff understood and facilitated this.
- People were supported to follow their choice of religion. At the time of our inspection the only religion people practised was Christianity and a local church visited regularly. One person said, "The Church Service here is nice and the choir from the Church or the School come and sing to us. We all enjoy that." One relative told us that their relative had been an avid church goer and that staff were aware of this and always supported them to attend the service.

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

- People were treated with the upmost respect. The ethos and values of all staff working in the home was to uphold dignity and enable people to lead as independent a life as possible.
- People told us staff understood how to respect their privacy when they were supporting them with personal care. One person said, "The staff are very respectful. They hold up a towel for me to go behind when I have a shower. I can have one whenever I like."
- Relationships with families and friends was central to supporting people to live a dignified and fulfilled life. One relative told us, "When it was my relative's 90th birthday the staff helped us to set up a birthday party in the dining room which twenty seven family members were able to attend. It was a really lovely event."
- We spoke with staff about other events and support people who lived at the home had been given to develop and maintain relationships. One person who previously lived at the home had been a carer for another family member with disabilities. The registered manager organised for this person to live with their relative and they were supported by staff to be with them and comfort them at the end of their life rather than be separated.
- At Christmas one person living with dementia was supported to buy and present a bouquet of flowers for their spouse. Another person's relative was invited to spend the Christmas meal with their family member at

the home.

- The home had been recognised as a place that embeds dignity and understands dementia by their local authority. They had been given a level 2 Dignity award and also qualified for a Dementia quality premium. These demonstrated a high standard of emotional support and quality of life, nurturing close relationships with people's family and friends, as well as providing meaningful activities and social opportunities.

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

- People were supported to make decisions about their care at all times. One person told us, "The staff are always asking me if I am happy and if there is anything I need." Another person said, "The staff know what I need, I just have to ask."
- When people had difficulty communicating verbally staff used creative and innovative tools to assist them to make decisions. They had a key ring with pictures on it which people used to point at. They also had photographs to assist people to choose meals. Some people had communication books which assisted staff to understand how to communicate and what certain gestures might mean.
- Staff welcomed input from advocates and people's relatives to assist them to understand what their choices might be when they were less able to communicate this. All of the relatives we spoke with told us that they were listened to and felt included in planning their loved one's care.
- Some people had more formal advocacy arrangements in place. An advocate offers independent advice and support to people. The registered manager and staff team worked co-operatively with the advocates to plan good outcomes for the individuals. For example, they planned holidays and days out with them.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were supported by staff who knew them well and understood their preferences.
- ☐ People had care plans which were personalised, detailed and regularly updated. In the PIR the provider told us, 'We are proud of the electronic care system that we have recently introduced. It has enabled us to provide much more information onto the system. It is more person centred and because the care device is mobile it enables staff to spend more time with the clients as information is added at the time it happens, clients are more involved in having input onto the system'.
- ☐ We saw that this system was well used and staff had a good clear understanding of it. One newer member of staff told us, "The care plans summary on mobile device is really useful as other places I have worked, staff haven't always had time to read care plans. For example, one of the people was talking to me about their condition and because I am new and couldn't remember. I was able to look it up and have the conversation with the person. I have read all of them regularly."
- ☐ Staff were able to input swiftly throughout the day so that people's records were current. This gave them a good insight into people's needs. For example, if someone had not eaten a large meal staff on the next shift could see that easily.
- ☐ People's communication needs were assessed and it was clear how information should be shared with them. There was information displayed in the home in pictures and symbol so that those people who were no longer able to read could also understand it. For example, there were photograph albums of activities and outing people had enjoyed so that everyone could share the experience. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
- ☐ Activities were planned with people to ensure they were engaged and interested. One person told us, "We have been out on trips. It's good to get out now and then. We went to a park and it was beautiful." A relative we spoke with said, "My relative has been out on trips with them to some lovely places and they probably wouldn't have done that otherwise." Some people had been supported to have a short break away with staff support.
- ☐ Activities within the home were based on personal histories and current ability; for example, some people preferred individual support in their room like having a book read to them. One relative told us, "There is always something to do. In the summer there is a lovely fete that all the families support; a real community event."

Improving care quality in response to complaints or concerns

- ☐ People knew how to make complaints and were confident that they would be listened to.
- ☐ One person told us, "I would go and speak to the registered manager if I was unhappy with anything. She would sort it out!" A relative also said, "I can't imagine we would ever have to complain, but we know staff

would listen to us and try to sort it out."

- ☐ When complaints were received they had been recorded and reviewed in line with the provider's procedure.

#### End of life care and support

- ☐ There was nobody receiving end of life care when we inspected. People's wishes about the care they would like at the end had been discussed and recorded.
- ☐ We had received feedback through our website since the last inspection from two families whose relatives had died at the home. One said, 'The care that my mother received here was excellent, especially end of life care. The staff are respectful, diligent and very professional and I cannot thank them enough.' A second said, 'I only have good things to say about Stanton Manor, it's manager and her staff. My relative was a resident there until she died, surrounded by her loved ones, which included the care home staff! I couldn't have asked for better care, kindness and love to help my mum through not just her final difficult days but also the whole 18 months she had been a resident'.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were medication audits monthly which had actions for improvement recorded.
- ☐ The new electronic care planning system allowed for regular review and monitoring. For example, the registered manager showed us how they could monitor what care people had received, what meals they had eaten, any falls and their nutrition.
- ☐ External audits also led to immediate improvements; for example, pharmacy audits. The provider had also been awarded Dignity and Dementia recognition from the local authority. The registered manager told us, "When we went through the process of gaining the Dementia award we had two assessments. After the first one we were given recommendations which we met to achieve it. For example, we improved some of the signage in the home."
- ☐ The provider regularly visited the home and the registered manager and staff told us how supportive they were, including supporting all improvement initiatives in the home.
- ☐ The registered manager ensured that we received notifications about important events so we could check that appropriate action had been taken. They were always detailed and open and this was reinforced by a healthcare professional who told us the leadership in the home was honest and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held responsibility for certain roles such as medicines management and they were clear about this and told us how they had been supported to develop expertise.
- ☐ Staff spoke very positively about the culture of the home and the support they received from the registered manager. One member of staff told us, "This is the best home I have worked in. The registered manager is fantastic. She is there for each person and knows them all so well." Another said, "The registered manager is great; they like things done properly and we all work together to achieve that."
- ☐ This was re-iterated by healthcare professionals we spoke with. One told us, "I would probably rate this home as the most responsive care home in the area. It is extremely well led by the registered manager who is very knowledgeable about the people who live there and always acts in their best interests."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ There were regular meetings with people who lived at the home and their relatives and opportunities to



feedback through surveys. One relative told us, "I have completed a questionnaire recently and the registered manager often asks if we are happy with everything when we come. I think the family made the right choice."

- ☐ All of the people and relatives we spoke with praised the registered manager and the staff team and told us they were listened to and respected.
- ☐ Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others

- ☐ There were strong relationships with local health and social care professionals, schools, churches and social groups.
- ☐ Health and social care professionals told us about good communication, friendly and skilled staff and good leadership within the home.
- ☐ They had also volunteered for projects with other professionals to improve the quality of care people received. In the PIR the provider told us, 'The home recently was awarded a certificate for participating in a project to improve the nutrition of the elderly; we feel this is a very big part in maintaining our client's health and wellbeing.'