

Abbeyfield Furness Extra Care Society Limited

Staveley House

Inspection report

Staveley House
80 Greystone Lane
Dalton In Furness
Cumbria
LA15 8QQ

Tel: 01229468210

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13 February 2017
14 February 2017

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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

We carried out this comprehensive inspection on 13 and 14 February 2017, the inspection was unannounced.

Our last comprehensive inspection of this home was carried out 22 and 23 October 2014. At that inspection we found breaches of legal requirements because medication had not been managed safely and the systems used to monitor the safety and quality of the service had not ensured that people were protected from the risk of harm.

We carried out a focused inspection of the service on 7 May 2015 to check the actions the provider had taken in response to the concerns we had identified at the comprehensive inspection. At the focused inspection we found that the provider had made the required improvements. The provider was meeting legal requirements and we assessed the quality rating for the service as "good".

When we carried out this comprehensive inspection in February 2017 we saw that the actions taken to improve the service had been sustained and people continued to receive a good service.

Staveley House provides accommodation and personal care for up to 40 people. The home provides permanent accommodation and short-term respite care. The home mainly provides support for older people and people who are living with dementia.

Staveley House is owned and operated by the Abbeyfield Furness Extra Care Society Limited, through a volunteer executive committee and is a member of the national Abbeyfield charity. The home is on the edge of a residential housing estate, on the outskirts of Dalton-in-Furness, Cumbria. It is a purpose built two-storey building, with a range of equipment to assist people to move around the home. There were 36 people living in the home at the time of this inspection.

There was a registered manager employed in the home. 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 and associated Regulations about how the service is run.

People who lived at Staveley House received a high quality of care that met their needs and took account of their preferences about their support.

The atmosphere was caring and inclusive. Staff were patient, kind and caring. They spent time with people and included them in decisions about their care.

Visitors were made welcome and people were able to see their friends and relatives as they wished.

People were provided with a range of activities that they enjoyed. They chose whether to take part in the activities offered and their wishes were respected.

There were enough staff to care for people. The staff were well trained and competent to carry out their duties and to ensure people were safe living in the home.

People enjoyed the meals and drinks provided. Mealtimes were pleasant, sociable occasions and people received support, as they needed, to enjoy their meals.

The home was cleaned to a high standard and there were no unpleasant odours. People were provided with a clean and comfortable place to live.

People's rights were respected. The management team in the home understood their responsibilities under the Mental Capacity Act 2005. People consented to their care and the choices they made were respected.

Medicines were handled safely. People received their medicines in a safe way and as their doctors had prescribed. People were supported to access appropriate services to maintain their health.

People who lived in the home and their relatives valued the service provided. They were asked for their views and action was taken in response to their feedback to further improve the service.

The home was well managed. People knew the management team and could speak to them as they wished. There were good systems for the managers and executive committee to oversee the quality and safety of the service.

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.

People were safe and protected against the risk of harm.

There were enough staff to support people.

Medicines were handled safely and people received their medicines as they needed.

Is the service effective?

Good ●

The service was effective.

The staff were skilled and competent to provide people's care.

People made choices about their lives and their rights were protected.

People were provided with a variety of meals, snacks and drinks that they enjoyed.

Is the service caring?

Good ●

The service was caring.

The staff were kind, patient and caring to people. They took time to sit with people and provided reassurance as individuals needed.

People were supported to maintain their independence and the staff took appropriate actions to support people to maintain their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning and agreeing to the support they received.

People enjoyed a range of activities that took account of their

interests.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

The atmosphere in the home was friendly, relaxed and inclusive. People valued the service and said they would recommend the home to others.

People were asked for their views and action was taken in response to their comments.

Good systems were in place to monitor the quality and safety of the service.

Staveley House

Detailed findings

Background to this inspection

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

The inspection took place on 13 and 14 February 2017 and was carried out by one adult social care inspector.

Our visit to the home on 13 February 2017 was unannounced. At that visit we focused on speaking to people who used the service, their visitors and the staff on duty. We returned to the home on 14 February 2017 to look at records relating to how the service was managed.

During our inspection we observed how staff supported people, spoke with 17 people who lived in the home and with three people who were visiting the service. We also spoke to three members of the home's management team, two members of the executive committee, three members of the care team and three ancillary staff.

We looked at the records relating to the care of five people. We also looked at staff recruitment and training records and records relating to how the registered manager and registered provider monitored the safety and quality of the service.

Before our inspection we looked at the information we held about the service, including notifications the registered manager had sent to us about significant events that had happened in the home. We also contacted local health and social care agencies, who had knowledge of the home, to gather their views about the service.

Is the service safe?

Our findings

Everyone we spoke with told us that this was a "good" service and said they were confident people were safe living in the home.

People who lived in the home said they had never had any concerns about their safety and told us they felt safe living at Staveley House.

All of the staff we spoke with said they had completed training in how to identify and to report abuse. They told us that they would report any concerns to a member of the home's management team and were confident appropriate action would be taken. One staff member told us, "[The registered manager] is 'on the ball', she wouldn't stand for anything like that [abuse]".

We saw that there were enough staff working in the home to provide the support people required promptly. Throughout our inspection we saw that the staff were very patient when supporting people and gave people the time they needed.

People we spoke with told us that there were always enough staff to provide their care. They told us that, if a staff member was unexpectedly absent due to illness, the staff could be "busy", but said there were always enough staff to support them. We spoke with one person who had chosen to spend time in their own room. They told us that the staff "popped in" regularly to check if they were comfortable or needed any assistance. They told us, "I feel really safe. That's one of the best things, the staff check on you and I know there is always someone there".

The home was equipped with an emergency call system that people could use to alert staff if they required assistance. We observed that when people used the call bells to summon staff they were answered promptly.

People were protected against harm because risks to their safety had been identified and managed. We saw clear risk assessments that gave the staff information about how to support people in a safe way. We saw that the risk assessments took account of people's preferences and wishes. People were advised about how to maintain their safety but their choices about their lives were respected.

Most people who lived in the home required support to manage their medicines. We observed a senior staff member administering medicines. We saw they discreetly explained to people what their medicine was and asked if they wished to take it. Medicines were only given with the individual's consent. Accurate records were maintained of the medicines that were given to people.

Some people had medicines that they took only when they required them, such as pain relief and indigestion remedies. We saw that people were asked if they needed these medicines. The staff member who was administering the medicines was knowledgeable about how much time needed to be allowed between doses of "as required" medicines.

One person had said they did not need to take an indigestion medicine at the time it was offered. They told us that, if they needed the medicine later in the day, they could ask a member of staff and their medicine would be given when they needed.

Medicines held on behalf of people were stored securely and maintained at the correct temperature to maintain their effectiveness. Staff who handled medicines had been trained to do so safely. We saw that staff who handled medicines had their competence checked regularly by a senior staff member observing their practice. This helped to ensure people received their medicines safely.

People who wished to, and who were able to do so safely, were able to manage their own medicines. The staff in the home supported people to do this safely by carrying out checks on the medicines to ensure they were stored and taken in a safe way. People received their medicines safely and as their doctors had prescribed.

We saw that the premises were safe for people to use. The home was well maintained and provided a safe and comfortable place for people to live. There was a new balcony area on the upper floor of the premises. This was fitted with a transparent safety barrier to protect people from the risk of falling while giving a view of the surrounding countryside. We saw that the barrier also protected the area from the wind and ensured people would be safe and comfortable using the balcony.

During our inspection we found that the home was cleaned to a high standard and there were no unpleasant odours. We spoke to the housekeeping staff who were on duty. They told us they were given the time and equipment they needed to maintain high standards of cleanliness. One staff member told us, "This is the cleanest place I've ever worked". People who lived in the home and the visitors we spoke with told us that the home was always cleaned to a high standard. One visitor said, "I've never noticed any smells here".

We looked at records around staff recruitment. We saw that safe systems were used to check that new staff were suitable to work in the home.

Is the service effective?

Our findings

People we spoke with made many positive comments about the staff who worked in the home. They told us that the staff were "very good" and said, "The staff work very hard to provide good care".

All of the staff we spoke with told us they had received training to give them the skills and knowledge to support people to a high standard. One staff member told us, "There's always training going on". The staff told us they had received training including in supporting people who were living with dementia, safe moving and handling, fire safety, infection control and protecting people from abuse. The care staff we spoke with also said that they were supported to complete qualifications in health and social care.

Training records we looked at confirmed that the staff had received training appropriate to their roles. There were good systems in place to identify when training needed to be repeated to ensure the staff maintained up to date skills and knowledge.

The staff told us that they felt well supported by the management team in the home. They said they had regular meetings with a senior staff member where they could discuss any concerns and talk about their own practice. Staff were also assessed as they carried out their roles, to check their competence in supporting individuals. During our inspection we saw that people received a good quality of care because the staff who supported them were knowledgeable and well trained.

People told us that they enjoyed the meals provided in the home and could choose if they wanted to have their meals in the communal dining room or in their own rooms. One person told us, "I choose my meals, they are very good". We observed the midday meal being served in the dining room. The dining room was a large, pleasant space and tables were laid with appropriate cutlery, crockery and condiments that people could use to season their meals. We saw that people were offered a choice of hot and cold drinks to have with their meal.

Where people required support to enjoy their meal we saw that this was provided in a patient and caring way. We observed one staff member who was sat with a person, assisting them to enjoy their meal. We saw that staff member engaged the person in conversation, was unhurried and the individual was able to enjoy the meal at their own pace.

People told us, and we also saw, that drinks and snacks were provided throughout the day. One person told us, "There's a trolley that comes round with a choice of tea, coffee or cold drinks and some of the nicest home-made cakes or biscuits that I've tasted". People were provided with meals, drinks and snacks that they enjoyed and mealtimes were pleasant and sociable occasions.

The home had a kitchen area in one of the first floor communal rooms that people who lived in the home and their visitors could use to make drinks as they wished. One visitor told us that they regularly used the kitchen and appreciated having the facility available.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The staff and management team in the home had a good understanding of the MCA and how to respect people's rights. People were assumed to be able to make day-to-day decisions about their care and the choices they made were respected.

When people moved into the home they were asked to sign their care records to show they had consented to aspects of their support. People signed to agree to the staff in the home contacting their doctor if they required and also to agree to their planned support. Throughout our inspection we saw that the staff asked for people's agreement before providing their support.

People who lived in the home told us that they were supported to see their doctors, as they required. One person told us, "I've been poorly and the staff got the doctor to come". Another person said, "I haven't needed to see my doctor, but I'm sure the staff would ring for them if I wasn't well".

The records we looked at showed that people were supported by a range of appropriate health care services including local GPs, the district nursing team, opticians and chiropodists. We saw that where people had complex needs they had been supported by appropriate specialist health services. People were supported to access a range of services to maintain their health.

Some people in the home were living with dementia. We saw that some of the décor and fittings in the home had been designed and adapted in line with good practice in supporting people who were living with dementia. We saw that these were aimed at supporting people to find their way around the home, to identify their own rooms and to help to maintain people's independence.

Is the service caring?

Our findings

Everyone we spoke with told us that this was a good home and said people living there received a high quality of care. People told us the staff were "lovely" and "caring". One person who lived in the home told us, "We're very well looked after" and another person said, "It's a lovely home, very caring". People also told us, "All of the staff are lovely" and said, "This place really is wonderful".

Relatives of people who lived in the home told us that the staff treated people with kindness and were very caring. One person who was visiting a relative told us, "This home is great, I love it. It's the best home in the area".

All of the staff we spoke with told us they were confident people were well cared for in the home. They told us that they had the time to spend with people and they understood that this was an important part of their role. We saw one staff member who was sat chatting with a group of people in one of the communal sitting rooms. We heard a lot of laughter as people enjoyed chatting with the staff member. We also observed that, when staff went into people's rooms to carry out tasks, they spoke with the person and engaged them in conversation. All of the interactions we saw and heard were kind, caring and respectful. One staff member told us, "I think this is a good home. I wouldn't work here if I didn't think people were well cared for".

The registered manager of the home had received cards from relatives of people who had lived there, thanking the staff in the home for the care they had provided. We saw that these showed that relatives valued the service and the care their relations had received. We saw one thank you card that said, "We found it a great comfort knowing [relative] was cared for in a kind and courteous manner". In all the cards that we saw, relatives had commented on how caring and kind the staff in the home were.

During our inspection we observed that some people experienced anxiety and looked to the staff for reassurance. The staff were patient and kind and gave individuals reassurance as they needed. The staff gave people the time and explanations they needed in order for them to be able to manage their anxiety. We saw that this helped to support people's wellbeing.

Throughout our inspection we saw that people were asked for their views about their support. People were given choices throughout the day and the staff asked if they were happy with the support they provided. People who were able had also been included in meetings to review and discuss their care. People who lived in the home, and those who knew them well, had been asked what was important about how their support was provided.

We saw that all the staff in the home took appropriate actions to maintain people's privacy and dignity. We observed that the staff knocked on bedroom doors before entering and asked people very discreetly if they needed support. Where people required support with their personal care the staff assisted them to move to their own rooms for this to be provided. The staff also ensured that doors to toilets, bathrooms and bedrooms were closed while people were using them or receiving care.

People were supported to maintain their independence. The home had fittings and equipment to assist people to move around the premises independently. Corridors were fitted with rails that people could use as they walked and there were two passenger lifts for people to access accommodation on the upper floor of the building. The entrance to the new balcony area was fitted with an automatic door that people could operate by pressing a button. This meant people could access the balcony without having to open a heavy door.

Some people used items of equipment to move around the home independently. The staff on duty knew the items that people required and ensured these were available as they needed them. Chairs were placed throughout the corridors in the home, so people could rest if they became tired from walking. People were also able to carry out tasks themselves such as preparing a drink in the kitchen on the first floor and managing their medicines. People were supported in a way that promoted their independence.

When people moved into the home they were asked if there was a person they wished to support them in expressing their views and wishes. We saw people's care records included information about who they had identified to support them in this. The staff in the home also knew how to contact local advocacy services if they identified that an individual required the support of an independent person to assist them in sharing their views or in making important decisions about their lives or care.

Is the service responsive?

Our findings

People we spoke with told us that Staveley House was "a good place to live" and said they enjoyed a range of activities provided in the home.

When we arrived to carry out our inspection on 13 February 2017 there were a number of people gathering in the entrance hall of the home getting ready to go out on a minibus. People told us that this activity was provided regularly and said they enjoyed the trips out.

People told us about other activities they enjoyed in the home including baking, exercising to music, crafts, taking part in quizzes and playing games such as bingo. One person told us, "There's always something going on here".

During our inspection some people were enjoying spending time with friends and relatives who were visiting them. People told us that their visitors were always made welcome and that they could see their friends and families as they wished. One of the visitors we spoke with confirmed that they could visit at any time they wished. They said that, if they were visiting over a mealtime they were able to enjoy the meal with their relative. They told us, "If I visit, say over a lunchtime, I just tell them and they will set an extra place".

The staff in the home planned activities to celebrate special occasions such as a Valentine's tea dance, Christmas party and fundraising bazaar. People told us that their visitors were invited to join these activities and we saw photographs showing people and their relatives enjoying these events together.

One person told us that they had been able to hold their birthday party in one of the communal areas in the home. They said they had thoroughly enjoyed the party and it was important to them that their guests had been able to join them. They told us, "It was a lovely party".

Everyone we spoke with told us they chose if they wished to take part in the activities provided and the choices they made were respected. One person told us, "I like having company when I want to join in with the activities and to be in my own room when I want".

At the time we were carrying out our inspection the home was preparing to accommodate two people who wanted to share a room. The registered manager of the home had arranged to provide two rooms that they could use as they wished. This was in line with best practice and responsive to the wishes of the people moving into the home. It meant they could share one room to use as a bedroom and have the other for a private sitting area, or each have their own room if their needs or wishes changed after moving into the home.

People we spoke with told us that they were included in deciding what support they wanted and how they wanted this to be provided. Each person in the home had a care plan that gave guidance for staff on how to support them. We saw that people had signed their own care plan to show they had agreed to their support.

The care plans gave detailed information for staff to follow. We saw that they were reviewed regularly and changed if the support a person required, or their preferences about their care, changed. This made sure the staff had accurate and up to date information that reflected people's needs and preferences.

The registered provider had a procedure for receiving, investigating and responding to complaints about the service. A copy of the complaints procedure was displayed in the home. People who lived in the home and the visitors we spoke with said they had never needed to make a formal complaint. People told us that they would speak to a member of staff or to one of the home's management team if they had any concerns about the support provided. One person told us, "I can't fault this place". Another person said, "I have no complaints at all, if anything was wrong I would speak up, but there's nothing, nothing at all, it's lovely here".

Is the service well-led?

Our findings

Everyone we spoke with told us that this was a good home. People who lived in the home told us that they would recommend Staveley House as a good place to live. One person told us, "I'd recommend this place to anyone". Another person said, "It's brilliant. I was in two minds, and my family did wonder how I'd get on, but it's brilliant here". A visitor we spoke with told us they were very happy with the care provided to their relative and joked, "I've got my name down for a place here".

The atmosphere in the home was relaxed, friendly and inclusive. We saw that people who lived in the home and their visitors knew the members of the home's management team and approached them as they wished. People we asked confirmed that they knew the registered manager and the other members of the home's management team and would speak to them if they had any concerns or wished to discuss how the service was provided.

People we spoke with told us that they "valued" the service and one person told us they "felt lucky" that the home was in their local area. We also saw that some people had expressed their appreciation of the service by making financial donations to be used to benefit other people who lived at the home. Some people had left bequests in their wills, leaving money to be used to further develop the service. Where money donated or bequeathed had been used to develop a specific improvement or facility, the individual who had donated the money, or the relatives of those who had bequeathed the money, had been invited to celebrations in the home to mark when the facility was ready for people to use.

After we had completed our visits to the home, a relative of a person living at Staveley House contacted us to share their views about the service provided. They had not been in the home while we were carrying out our inspection, but had seen the inspection notice that we had asked to be displayed. The relative wanted to inform us that they were very happy with the service provided. They told us, "I am delighted we found Staveley House". This showed us how much people valued the service, some people had given money as a measure of their gratitude for the care provided and a relative had taken the time to contact us, after our visits to the home, to share their appreciation of the care provided.

People told us that they were asked for their views about the service provided. We saw that regular "residents' meetings" were held where people could share their views on how they wanted the service to be provided. We saw records from the meetings that showed people had been asked for their views about the menus and activities provided and also asked if they had any suggestions about how the home could be further improved. We saw that menus and activities had been developed taking account of the comments from people who lived in the home. We also saw that action had been taken in response to suggestions for how the service could be developed. One person had suggested that some activities could be provided in a different area of the home, so that people who did not want to take part in the activity were not disturbed. We saw that the activity had been moved to another area of the home in response to this suggestion.

The home also had a regular newsletter that informed people who lived in the home and their visitors of events that were planned and gave updated information about the service. A copy of the newsletter and

minutes from the residents' meetings were displayed in the home so people could read them as they wished.

All of the staff we spoke with told us that this was a good service. They said they felt well supported by the management team in the home and told us that they could contact a member of the management team at any time if they had any concerns about a person who lived in the home.

Staveley House was run by an executive committee made up of volunteers who gave their time to oversee the running of the home. A member of the home's management team told us, "I think this is a good home" and said, "The executive committee are very supportive".

During our inspection the home's executive committee were meeting in one of the communal areas in the home. We saw that, during the day, two members of the executive committee made themselves available for people who lived in the home and their visitors to speak to.

Members of the executive committee and the home's management team carried out checks to monitor the quality and safety of the service. Regular checks were carried out on how medicines were stored and managed, quality of care records and safety of the environment. Where the checks identified that the service could be further improved appropriate action had been taken.

Providers of health and social care services are required by law to inform us of important events that happen in their service such as serious injuries and any allegations of abuse. The registered manager had informed us promptly of all significant events in the home. This meant we could check that appropriate actions had been taken.