Methodist Homes

Stanton Lodge

Inspection report

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Date of inspection visit:
27 July 2016
29 July 2016

Date of publication:
22 September 2016

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?	Requires Improvement

Summary of findings

Overall summary

Stanton Lodge is a domiciliary and extra care agency that provides personal care to people living in one purpose built complex. The building contains a number of individual flats that are purchased privately and people can purchase care and support packages from this agency, whose registered office is located within the building. The service is primarily aimed at supporting couples where one person has dementia. At the time of our inspection 15 people were living at Stanton lodge and five people were being supported under the regulated activity of personal care.

This inspection took place on 27 and 29 July 2016. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

At the time of our inspection a registered manager was not in post at the service. The registered manager had left employment with the service and had notified The Care Quality Commission (CQC) of this change. A new manager had been employed and had been in post for eight days at the time of our inspection and was in the process of applying to CQC to be the registered manager. 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. The manager was available throughout the inspection.

The new manager had recognised the historical challenges the service had faced and was in the process of identifying shortfalls and making improvements. People using the service, their relatives and staff had experienced a period of instability from the service, but told us they had seen improvements and felt that positive changes were now being made.

Quality monitoring of the service was in place; however there were gaps in the recording of events including safeguarding and complaints. The manager had addressed this and an action plan was in place.

Systems were in place to manage risk and protect people from abuse. Staff were aware of their responsibilities and knew what actions they needed to take to ensure people were protected.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

People who use the service and their relatives were very positive about the care they received. Comments from people and their relatives included "I have always regarded the staff as being my extended family, I'm

looked after well" and "The carers are really good, I can't fault them, they always ask, even if the person can't make choices they still ask".

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed.

Health professionals we spoke with told us partnership working had not always been well-led by the service resulting in several visits being made in the same day and time being wasted. We raised this with the manager who explained that people living at Stanton Lodge are in their own private flats, and it is not always within the service's remit to make these appointments.

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.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

There were systems in place to ensure that people received their medicines safely. Risk assessments were in place to ensure that people received safe and consistent care.

Staff had been recruited following safe recruitment procedures. This ensured they were safe to work with people before they began their employment.

Is the service effective?

Good

The service was effective.

People were supported by skilled and knowledgeable staff. Staff were supported to develop their professional skills to ensure they were competent to meet people's needs.

Staff received a comprehensive induction which prepared them to take on their role.

Staff displayed a good understanding of mental capacity and enabling people to make their own choices.

Is the service caring?

Good

The service was caring.

We saw that people were comfortable in the presence of staff and had developed caring relationships. People and relatives were very positive about the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support and were involved in planning and reviewing their care plan.

Activities were offered that enabled people to spend time with others and maintain and develop links within the community where they lived.

Staff showed good communication skills when passing on information to each other and management. Communication books were in place and there was a staff handover before every new shift started.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There had been a period of instability with different managers coming and leaving the service. A new manager was now in place and people, their relatives and staff spoke positively about the improvements that had taken place.

Audits to monitor the service had been completed but documentation around safeguarding and complaints had not always been recorded. The manager had addressed this and put measures in place to ensure in the future this was completed.

Health professionals raised concerns around the co-ordination of partnership working with the service.

Stanton Lodge

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.

This inspection took place on 27 and 29 July 2016. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people living in their own homes in one purpose built complex and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector. People using the service owned their own flats within the same building from which the service office was located. This meant we could see and speak with people at the same time as inspecting the office. The service was previously inspected on 21October 2013 with no concerns. This inspection was the service's first rated inspection.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed the provider information return (PIR) prior to this inspection. 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people being supported by the service, two relatives, five staff members, one volunteer who regularly visited the service and three health professional who had worked alongside the service. We also spoke with the new manager who has put in an application to be the registered manager for the service and the deputy manager. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for eight people, four staff files and a selection of the provider's policies.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Stanton lodge and staff were always available to help them. Comments included "I have no concerns over my safety", "I feel safe", I have got call bells in all rooms" and "I feel very safe, no concerns over safety.

People's flats all had an intercom system so anyone visiting could contact the person's flat directly. People could then open the front door of the building from inside their flat. One concern was raised to us during the inspection by people and relatives about the accessibility of the front door at night. To leave the building people inside pressed a door release button and this operated 24/7 so the door was never locked. The concern raised was around people living with dementia leaving the building at night without their partners or staff member's knowledge and becoming disorientated. Cameras were in place but these were not watched on a continuous basis. We spoke to the manager about this concern and discussed the possibility of an agreement with people to lock the door after a certain time at night, or having a sensor that alerted the night staff member that someone had left the building. The manager told us this would be raised with senior management about any safety measures that could be taken around this; however Stanton Lodge did not have the right to restrict people from leaving their own home. The manager further explained that if the risk increased, conversations would be held with the person's partner or family, about putting in control measures from an individual risk assessment to ensure the person's safety.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns, commenting "We do checks to make sure people are safe, we know the capabilities of each person and report any concerns to the manager, we automatically are always looking when you go into someone's flat", "I would report any concerns to the manager, or would go higher", "We keep people safe by working from the care plans and management policies" and "I would report to the manager, go to the area manager or HR (human resources) for advice, or use the whistleblowing line". Whistleblowing is a dedicated phone number that workers can call to report certain types of wrongdoing, and are protected from unfair treatment in their decision to report events.

Risk assessments were in place to support people to be as independent as possible. People had risk assessments in place for things such as moving and handling and falls. These assessments detailed any potential concerns and actions to take to support the person. We saw these were being regularly reviewed. Personal evacuation forms were in place which detailed the level of assistance a person would need to safely leave the building in the event of an emergency. The manager was in the process of reviewing and updating these forms. The service had an emergency plan in place, which recorded details of what people should do and who to contact. The service completes a fire safety check every 6 months and a fire officer completes one annually. The last recorded fire check for the service was February 2016.

We saw that one person being supported by the service would on occasions offer money to staff and people in the community. The service had documented in this person's care plan that it was being managed by having regular conversations with the person and documenting each time this had happened. Staff were aware that this situation may arise and knew to refuse any monetary gifts this person tried to make in line

with the provider's policy. However no risk assessment was in place for this person who could be at risk of financial abuse. We spoke to the manager who agreed this should be put in place and told us this would be addressed.

When people had accidents, incidents or near misses these were recorded and monitored by the service. Each person had an events record in their care plan which recorded information specific to that person. Staff were aware of the procedure to follow if a person experienced an accident with one staff commenting "We assess the person, a lot are able to get up, there are alarm pull cords in rooms and the flat number comes up on staff phones. If there is an injury we call 999 and inform families". The manager told us about the company's time critical reporting of incidents to a team in head office. This team will then head up this incident and check that it is managed effectively and the person is supported appropriately.

People were supported by sufficient levels of staff, who were on duty 24/7 to support people should they require assistance. The rota showed two staff were allocated to the morning shift and two in the afternoon. One member of staff was on duty at night. Staff told us they had a two week rota in place which rolled over, and was "very fair with the way shifts were allocated". Another staff member said "We have enough staff and enough time to sit and chat with people".

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. One staff file contained a letter asking the staff member to come for a meet and greet with the residents of Stanton lodge prior to their interview.

Peoples' medicines were managed and administered safely. Medicines were stored in each person's flat in a securely locked kitchen cupboard. Each person had a key to this cupboard and a second key was held by the manager so staff could support people with their medicines if they had requested this help. People's care plans contained a self-medication assessment which detailed any support the person may need around managing their medicines or if they were independent in this. Details of who needed support with medicines was displayed in the care office and this listed the times staff needed to attend to administer each person's medicine.

The pharmacy would deliver people's medicines and these were checked and signed in by staff and taken to the person's flat. If a person was unable to order their medicines the deputy manager took this responsibility. Staff told us they also kept an eye on people's medicines and would report to management if they saw anyone's medicines running low.

A medicine folder was in place which contained the provider's policy on medicines and a signature sheet of staff that were trained and authorised to give medicines. One staff member told us "I have been watched giving medicine". Staff competency had been assessed and the manager told us she plans to start including these competencies as part of the staff spot checks.

We found communal areas to be very clean, however we noticed quite a few flats had lots of dead flies in their kitchen window sills. We raised this with the manager who explained that people were responsible for choosing to clean their own flats or purchasing a domestic visit of having a regular cleaner. The manager said that regardless of whether the flats were cleaned by staff or the person themselves she would ensure staff went round and addressed this issue directly.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. An electronic system monitored staff training which flagged up amber when it needed to be refreshed and red if it had expired. The system also recorded what percentage of staff were trained in each subject which included dementia awareness, safeguarding vulnerable adults, mental capacity and equality and diversity training.

Staff were supported to access higher level training and during our inspection we saw staff meeting up with their NVQ assessor. Certificates were displayed outside the care office for staff that had completed NVQ's in levels two, three and four. A notice had been put up in the care office to remind some members of staff that training was due for them and had been booked. We saw for the majority of staff their training in 'managing behaviours that may challenge' had expired. The manager was aware of this and was in the process of addressing it and told us training was currently being looked at by head office and this course would be booked. The manager said in the meantime it was under consideration for staff to possibly complete a distance learning course around this subject.

New staff were supported to complete an induction programme before working on their own. The manager said that during induction new staff were allocated a buddy to shadow for a period of one week, and where needed it was possible to have extended shadowing. One staff member told us "I shadowed, I came with no care experience at all, and shadowed. I was encouraged to ask questions, everyone was really informative, I didn't feel uncomfortable to ask, and I was introduced to people". We looked at the induction workbook that new starters completed and saw it included reflection pages, for staff to take time and think about what had been learnt. Checks were recorded during the induction to ensure the new employee understood their role and a completion form was then signed by the staff member and manager.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. One person living at Stanton Lodge was under the Court of Protection but the service was not providing any care to this person at the time of our inspection.

When we spoke with staff they understood the principles of MCA and were able to demonstrate how they would support someone who lacked capacity. Comments included "We go on the lines that everybody has capacity until it's proven otherwise", "We give choice as there are still ways they can inform us of their decisions" and "The ability to make choices for yourself and assume a person can make decisions unless stated otherwise". The deputy manager informed us that best interest's assessments were in the process of being reviewed, as some decisions had been taken with people who were no longer part of that persons care.

One person's care plan recorded that their medicine was being given covertly (administration of any medical treatment in disguised form) in a crushed format and put into a drink. The care plan stated that professional advice had been sought and the GP had advised but there was no best interest's assessment in place to show it had been discussed and signed authorisation had been obtained. A mental capacity assessment had been completed for this decision and we saw on the person's MAR's that it was printed to give the medicine in this way. Staff we spoke with were all aware that the person had their medicine in this way and were following the same directions. When we raised this with the management they immediately placed a call with the person's GP and signed authorisation was faxed over and recorded in this person's care plan. Archived records were also sourced which showed the process when this decision had originally been discussed and made.

People had the choice of purchasing meals through the service if they wished. The meals were prepared in the adjoining building's kitchen and brought over on a hot plate. A three weekly menu was in place and the choices were displayed on a noticeboard in the entrance. People who chose to have the meals on a regular and ad hoc basis told us "The food is very good" and "They are lovely meals". We saw in care plans that people's dietary needs had been recorded and a nutritional assessment was in place highlighting if people needed support around meals or if there were any associated risks. Staff told us that if a person's GP raised any concerns around a person's diet they would implement a food and fluid chart to monitor a person's intake.

People's care records showed relevant health and social care professionals were involved with people's care. Staff demonstrated a good awareness of people's health needs and how to raise any concerns in order to access treatment. We saw in one person's care plan communication strategies were in place from the speech and language team (SALT) to help staff effectively communicate with the person. Staff had been encouraged to do things such as gaining the persons attention before starting a conversation and using short sentences, and allowing time. People told us that staff were good at noticing changes in their health and one staff commented "We know people so well, we see any changes".

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. During the inspection we observed many caring interactions from staff towards the people they supported. Comments from people included "They are wonderfully caring, they are definitely in the right job", "I have always regarded the staff as being my extended family, I'm looked after well" and "Staff are very pleasant, very supportive, they come and spend time and chat with me". One relative told us "The carers are really good, I can't fault them, they always ask, even if the person can't make choices they still ask". Another relative said "We don't want to lose the staff we have, everyone is on first name terms, and it keeps consistency". We looked at a compliments folder which contained cards from people and relatives praising the staff and the service for the care shown and their hard work.

Staff enjoyed getting to know the people they supported and told us "We swap around so we can all support everyone", "We have time to go and have a cup of tea with people, we are privileged that we can know our residents that way", "We are lucky that we have time to talk to people, we have the most funniest residents" and "It's nice that we get to know people well". The deputy manager told us "We have excellent carers, it's a family atmosphere and the residents adore the care team".

For people that were not supported with personal care, staff kept a check list that they would tick off when they had seen that person during the day. This way staff could monitor people's wellbeing and be aware if they had not seen that person during the day to ensure they were safe. We saw that people had key holding and access arrangements in place which detailed how each person wanted staff to enter their flat. For example one person had chosen that staff knock and if no reply is heard the staff member should leave it five minutes and then return to try again. Another person preferred staff to repeat the knocking, call out and to enter the flat if no reply is gained after a few minutes.

People were encouraged to personalise their front doors and the walls along the corridor should they wish. We saw some people had pictures or paintings up near their door and others had put ornaments in place. The deputy manager told us "We treat the hall like a street and that's their own front door". Some flats had windows that looked out onto the main corridors. All of these windows were fitted with blinds and it was the person's choice if they wanted to close these for privacy or leave them open. The deputy manager commented that some people liked to leave them open for staff to glance in on them when they passed to check all was well.

Peoples dignity was respected by staff who commented "Staff knock on the door first" and "They are very patient with my wife, they ensure the bathroom door is shut, very discrete, very caring". One staff member told us "I ensure doors are closed for privacy, and never discuss care needs with other's living in the service". Another staff said "We cover people with a towel or dressing gown, knock on doors and wait for them to say come in".

Staff told us that people were encouraged to be as independent as possible. One staff said "We encourage

people to do things if they can, most would like to do something". Another staff gave an example of one person who liked to do their own washing up but did not always manage to clean the items fully. The staff member said staff would give things an initial rinse and then leave the items in the sink so the person could finish it off. One person told us "It's a home, they do what you want, it's very comfortable". People had their own post boxes which were situated in the entrance hall and their post would be put in there for them to access. A laundry room on the first floor was available for people to use if they did not have the facilities in their flat or they could purchase this service to be completed for them.

The service recorded any end of life wishes that people had wanted to share in their care plans titled 'Future wishes and final lap'. If a person did not want to have that discussion that was also recorded. People's preferences around this care included asking who they wanted to be informed when unwell, if they wanted visitors, any music played, or massage given and if a living will or advance directive was in place. One staff member told us "We have had some end of life training, we make people as comfortable as possible, get support from the GP, nurse and we ask families what do you want us to do". The manager also commented "We encourage people to talk about end of life".

We saw a memory tree displayed outside the upstairs lounge which had messages tied to the branches. The manager explained that this had been chosen by people living at Stanton lodge as the way in which they wanted to remember people. The tree provided a tribute to friends, neighbours and loved ones that people, relatives and staff could share and express their feelings.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Personal care support needs were recorded and detailed the specific tasks a person may require support with, for example hair washing or shaving. The plan included how many staff were needed to support this person and gave details on the person's routine in managing this task.

Lifestyle booklets were in place which asked what a person preferred to be called, about their family life, how they managed their lives, and what staff needed to bear in mind when supporting this person. One staff member told us "The service lets us get to know individual needs, it's a family atmosphere". During our inspection we observed one staff member providing care and support in line with the person's care plan. The staff was seen putting on the person's favourite music whilst supporting them with breakfast. This person was unable to state this themselves and the staff told us "This what the person enjoyed previously and is recorded in their care plan for when they became unable to tell staff, so we keep that up for her".

People's needs were reviewed regularly and as required. A monthly review log of care and support was in place which recorded if any changes had been made. If people only received welfare checks or if they were caring for their partner who had dementia a review was also completed to ensure they were managing and did not need any extra support. One relative commented "We have had a review, and made changes along the way. We speak to the deputy manager and it's done the next day, if we make a request its actioned the next day".

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. We saw staff throughout our inspection informing and updating the management of any information that needed to be passed on. Staff told us "We complete a daily write up on each person and what care has been given"; "We read the communication book when we come in and the medicine book, so if any medicines have changed we check this. We check for incidents and accidents and have a handover with the night staff" and "We have a handover and discuss who is going to support who, we have a chance to support everybody".

Although the service was a domiciliary care agency, part of people's care and lease package included the provision of activities. Staff told us they provided activities of people's choice in the afternoons and if people wanted trips out this was arranged for a separate cost. Staff would ask people the activities they wanted to do and an activity planner was put up on the noticeboard, which included events such as gentle exercise, faith group, quiz and a movie afternoon. One staff member said "We provide activities for people, we have had the farm animals come in, two volunteers come in and do arts and crafts with people once a week, people come up with the ideas".

Three regular volunteers were involved in activities at Stanton lodge and we spoke with one volunteer who comes in every two weeks with dogs for people to enjoy. We saw people and relatives stopping by the lounge to say hello and watch the dog with interest. People had their own committee set up and one person

told us they were the treasurer for this committee and another person was the chairman. They contributed money for milk and tea in the communal areas of Stanton Lodge. People could also join in activities at the other locations on site. One person attended a day centre regularly and another person chose to go out once a week with a staff member for lunch. The building had several quieter seating areas at the end of the corridors which had books and plants for people to enjoy. One person who cared for their spouse who had dementia liked to take time out and retreat to these areas for some quiet time. There was a communal garden that led out from the patio doors of the ground floor lounge. The garden was in need of some attention and several people talked about wanting to have the garden back to being a useable space. The manager was in the process of getting quotes from different companies and then planned to discuss with people living at Stanton Lodge what they wanted to do.

People spoke positively about the activities commenting "We went out for a pub lunch recently, we get asked what we want to do, always can have tea and a chat", "I join in with the activities, I can't imagine another place to live", "Every Tuesday we have a sing a long, and I play one of the instruments", "I go down most afternoons to activities, quizzes, if you want to go staff remind you what's on they are very good" and "I have got good friends living here". One relative told us "There is a breakfast club every six weeks, relatives are involved, the activities are really picking up".

During our inspection people living at Stanton, their relatives and staff held a surprise birthday party for the chaplain which is a unique staff role provided within the company. There was much laughter and singing as people surprised the chaplain with songs and cake and several people played musical instruments. We spoke with the chaplain who told us "Stanton is so good in what it offers people".

People told us they felt comfortable to raise concerns if they needed too and were confident these would be addressed. Comments included "If any concerns I would talk to the staff" "I would raise concerns with anyone if needed" and "We haven't found anything to complain about". One relative told us "The deputy manager always comes back with an answer". When a complaint was received a complaints notification form was completed which detailed any immediate action taken, including sending a letter to the person to acknowledge their complaint. One member of staff said "We report any complaints straight away and put it in the communication book so the next staff on shift are aware".

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a registered manager was not in post. The Care Quality Commission (CQC) had been notified of this change. A new manager had been employed and had been in post for eight days at the time of our inspection and was in the process of applying to CQC to be the registered manager. The manager was responsible for overseeing another location alongside managing Stanton Lodge. The two locations overseen were on the same site so if anyone wanted to see the manager she was able to return within minutes and be available at all times. There was also a deputy manager in post who worked solely at Stanton lodge. The manager told us "Residents now know that someone is always on site to deal with any concerns".

There had been a recent history of instability at Stanton lodge with several managers coming and leaving the service within a short space of time. People, their relatives and staff had experienced some uncertainty during this period. The management were aware of the unsettling effect it had created for people, and were working hard to restore people's faith and staff morale. People's comments included "I have been concerned by a lot of the manager changes, I have met the new manager, she's nice but old people like me don't like change", "The new manager has introduced herself but I haven't sat down with her yet" and "New manager has met everyone in a meeting, and is going to talk to us individually, she seems approachable, and should be big improvements". One relative told us "Staff morale is better now". Another relative said "The deputy manager is very good; she's worked very hard to get things back".

Staff also spoke about the instability experienced but the majority told us they had seen recent improvements. Comments included "We have been through so many changes, it's better now, I feel settled and more supported now", "It had been up and down with managers but none of the team has left", "Atmosphere is back where it should be", "I'm feeling more settled with the deputy manager now here on board, she's very approachable. We had a meet and greet with the new manager, which is the first time that's happened so that's positive" and "It has definitely made a difference having management on site all the time because they will chase things up". We saw a sign displayed on the noticeboard from the manager that an open house would be held once a week in the lounge where the manager would spend time sitting and chatting with people if they wished to join her. Although the manager had only been in post eight days she spoke of feeling well supported in this new role commenting "My area manager has been down, I have my one to one's and probation review dates all booked in already. I feel supported; the deputy manager has been fantastic".

Staff had not always received support from regular supervisions. We saw gaps recorded in staff files where staff had not received any supervision for periods of eight, ten and twelve months. One staff member had not received an appraisal since August 2014 which was meant to take place yearly. This meant staff had not always received the support they needed to effectively complete their role. The new manager was in the process of addressing this with staff and had drawn up a plan which allowed for at least one form of contact with each staff member every month in the form of spot checks, supervisions and staff meetings. We saw these had all been booked in throughout the year for staff and staff confirmed these had now been happening, with one staff commenting "We are having supervisions regularly, it was useful, I was able to get

the training that I wanted".

Staff meetings had been taking place on a regular basis and we reviewed the minutes for these. Staff had completed an annual survey and the results had been shared and discussed with staff at one of these meetings and an action plan decided on in moving forwards. Staff were aware of their responsibility to keep informed about their practice and policies relating to the service were kept in the manager's office available for staff to view. Where changes and updates had been made to these policies we saw a policy review confirmation sheet for staff to sign to confirm they had read the updates.

People were encouraged to participate in the service and meetings were held so people could discuss events relating to the service. The manager told us "We encourage people to do a lot for themselves, one person does an activity for people in the home and they run their own residents meeting". We looked at the minutes for some of the previous meetings and saw discussions had been held around concerns people had and things that had been actioned. Some of the things previously raised were in the process of being addressed by the manager during our inspection. One person told us "Resident meetings are good, we are satisfied with everything". Another person commented "At resident meetings we are listened too, and things are acted on within a reasonable timescale".

People's experience of care was monitored through a feedback survey however people were not sure what happened as a result of completing this form. One person told us "We get a questionnaire but didn't hear back about any feedback results". This meant people were not being included in the outcome of their participation to learn if changes would be made as a result of their feedback. We raised this with the manager who told us in the future she plans to put a copy up of the results so it is available for people to view and discuss if they wish.

Internal audits to monitor the quality of service being delivered had been completed in some areas. For example a health and safety audit had been completed in February 2016 which showed weekly flushing of water outlets was completed. Infection control and medicines audits were regularly undertaken and 10% of staff files and care plans were reviewed monthly. The quality assurance team from head office conducted a yearly audit which was last completed in January 2016, and the area manager would complete audits on different areas during their visits. Information relating to the service including any notifications sent to CQC, medicine errors and safeguarding investigations were sent to head office in a monthly report.

However other areas of monitoring had not always been recorded within the service. There was no documentation of recorded complaints for previous years. The manager explained there had been gaps in the recording but she showed us the new complaints log that had been put in place which would capture all future complaints. The manager said that any informal concerns raised by people would also be logged. Everyone that we spoke with was confident complaints would be handled appropriately.

Incidents and accidents were recorded on individual files, but the manger told us this had not been previously collated on a wider scale to identify trends or patterns. The service knew people well so were able to monitor people on a local level. The manager said going forward this information will be recorded on an incident and accident log and collated. This was the same for previous safeguarding's. The manager had put a log in place to track any concerns and action taken. During our inspection the manager put a lone worker risk assessment in place for the night staff who worked alone to ensure their safety. Although these things had not previously been in place the manager had identified these shortfalls and action had been taken.

The service worked alongside external health professionals to ensure people received care appropriate to their needs. This included GP's, community nurses, speech and language therapists and occupational

therapists. We received feedback from three of these health professionals who suggested at times this partnership working was not always well led. Concerns raised were around visits to Stanton lodge not being well co-ordinated which sometimes resulted in health professionals making several visits to the service in one day rather than being told beforehand all of the people who required a home visit. Another concern raised was about having a staff member present when a health professional visited, who knew the person well and was able to record details of the visit and offer support to the person who may have dementia or another health condition making them vulnerable during such visits. We have fed this information back to the manager who explained that people living at Stanton Lodge are in their own private flats, and it is not always within the service's remit to make these appointments. The duplicate of visits occurs when people request their own appointments, sometimes without staff's prior knowledge. It is also not a standard practice for a member of staff to be present during healthcare professional visits in a person's home, only if it has been requested prior to the visit.

The manager had recognised the historical challenges of the service and had positive development plans to put in place going forward. This included promoting leadership roles among the staff team in areas such as infection control and dementia. One staff was currently training to be a moving and handling trainer. The deputy manager was also booked to attend an investigations training course so any concerns within the service could be effectively managed. The manager's action plan included reviewing all the existing paperwork and updating changes where needed. Medicine administration records and daily records would also be checked and signed off by a manager. The manager was a dementia champion, and planned to further promote dementia within the home by looking at contact support in the community, for people to come in and give talks and support, for people caring for partners with dementia and their relatives.