

Mr & Mrs S Blundell

Stanford House

Inspection report

15 Dudley Road
Sedgley
Dudley
West Midlands
DY3 1ST

Tel: 01902880532

Date of inspection visit:
21 October 2021

Date of publication:
23 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stanford House provides accommodation for up to 10 people who require personal care. On the day of our inspection there were six people living at the home. People who lived at the home had varied needs associated with old age and frailty and some people had mental health needs.

People's experience of using this service and what we found

Since the last inspection, systems and processes to provide good governance of the service had not been consistently completed. Audits that were in place had failed to identify a number of areas of concern that were found on inspection, such as medication management and ensuring care records provided staff with the most up to date information regarding the people they supported.

Systems were not in place to ensure any concerns of a safeguarding nature were reported to the appropriate authorities in the absence of the registered manager. Medicines management arrangements were not robust and required improvement. Accidents and incidents were responded to appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported his practice.

Staff reported they would benefit from more up to date training, as training had not been updated during the pandemic.

We were not fully assured on some areas of infection control management and reported our findings to the registered manager.

People were supported to access healthcare services and the service worked alongside healthcare professionals to meet their needs.

People and relatives were complimentary of the service. People felt safe, supported by a consistent group of staff who knew them well.

Staff enjoyed working at the service and healthcare professionals were complimentary of the care provided to people living at Stanford House.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, infection control and management oversight of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to Regulation 17 (good governance) at this inspection. The provider responded to the concerns on the day of the inspection. Please see the action we have told the provider to take at the end of this report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stanford House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not consistently safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Requires Improvement ●

Stanford House

Detailed findings

Background to this inspection

The inspection

The inspection was carried out under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the act. We looked the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

The inspection team

The inspection team consisted of two inspectors.

Service and service type

Stanford House provides accommodation with personal care and support for up to ten adults. People who lived at the home had varied needs associated with old age and some people had mental health needs or were living with dementia. 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 before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. We used this information to inform our planning. We sought feedback from the Local Commissioners. We took this information in to account when we inspected the service and made judgements in the report.

During the inspection

We spoke with four people who used the service and about their experience of the care provided. We spoke with three members of staff including the provider, a senior carer and a care worker.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and spoke with two care staff over the phone. We also spoke with four relatives over the phone and received additional feedback from three healthcare professionals.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to raise any concerns and told us they would go directly to the registered manager if they were worried that people may be at risk of harm.
- Not all staff spoken with were confident on the actions they should take and who to report any concerns to, in the absence of the registered manager. The registered manager told us they would ensure staff were made aware of this information on the day of the inspection.
- The registered manager advised they were in the process of updating staff training in a number of areas, including safeguarding.
- People told us they felt safe and relatives told us they were happy with the care their loved one's received. One person said, "Yes, the staff make sure we are safe" and another said, "Yes, they do [keep us safe]. When the virus first came out, they kept us all safe. We just had the booster yesterday." A relative said, "They [care staff] care for [person] quite well to be truthful, I like that they make sure they look decent and make sure they have their hair done every week and their medication."

Assessing risk, safety monitoring and management

- People were supported by a group of staff who knew them well and how to manage the risks to them. For example, staff were able to describe how slight changes in one person's behaviour indicated they may be mentally unwell, prompting staff to obtain additional help and support for this person.
- A relative told us how staff had identified a particular risk to their loved one and arrangements put in place to manage this risk. However, there was very little information written in people's care records regarding these risks.
- We saw where a person was thought to be at risk of choking, additional help and guidance was sought.
- Where staff had identified a person was at potential risk, records showed this information had been passed onto the registered manager for action. However, risk assessments had not been updated to identify these changes. The registered manager ensured this was completed on the day of the inspection.

Using medicines safely

- People's medicines were not consistently stored safely. On arrival at the service, we noted medication that was due to be administered had been left out, making it accessible to all service users.
- There was a fridge to store medication, but temperatures had not been routinely checked and the fridge was also being used to store milk. This could potentially cause cross contamination.
- Body maps were not in place to indicate where creams and lotions would need to be applied and where

to place pain relief patches. The registered manager advised they would address all these concerns immediately.

- Protocols were not in place for medication that was prescribed 'as required'.
- People told us they received their medication as prescribed by their doctor and stock levels indicated the correct amount of medication had been administered.
- Staff confirmed they had received training in how to administer medication.
- Where changes in people's medication had been made, care records were updated and reflected this.
- We found overall management of medicines was not consistent and required improvement.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely. The registered manager and care staff did not consistently wear face masks and PPE was not disposed of safely, following government guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- People were supported by a consistent group of staff who had worked at the home for many years and knew them well. A relative told us, "It is a homely set up, no great turnover of staff. You are kept in touch and the main thing to me, you get a feel that staff are genuinely friendly."
- The registered manager worked alongside all staff. She told us, "I work with every one of them and watch them as they are on shift. They are all fantastic and all brilliant."
- People told us they felt there were enough staff who responded to their care needs in a timely manner. One person said, "I think there is [enough staff] there's at least two." We observed staff respond to people's needs and ensure a member of staff was present in communal areas at all times during the day.
- Staff and the registered manager all reported they felt there were enough staff on duty. One member of staff told us, "People are fairly independent" and the registered manager told us, "If someone's health needs changed, I would up the staffing levels. If people have been a bit poorly in the past, I have stayed the night in the flat upstairs."
- Any staff absences were covered by existing staff or the registered manager.
- No new staff had been employed at the service since the last inspection. At our last inspection we found robust recruitment systems were in place and the appropriate checks had been made prior to employing new staff.

Learning lessons when things go wrong

- Accidents and incidents were dealt with on an individual basis and responded to appropriately. We saw two minor accidents had been observed, reported and acted on appropriately. The registered manager said, "We don't have many accidents and incidents as we know people so well."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they felt safe supporting people but would welcome more up to date training. The registered manager confirmed staff training had been delayed during the COVID-19 pandemic but confirmed updates were being booked in for the coming weeks. Staff spoken with confirmed this.
- Staff had not received a recent appraisal or supervision. However, they all advised they felt supported by the registered manager and would be happy to approach her regarding any concerns they may have.

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

- Care records held little information regarding people's needs when they first came to the service, however it was evident from our conversations with staff, that they knew people very well. A relative told us, "The care is very good."
- The Registered Manager assessed people prior to their admission to the service. One relative told us, "We had lots of discussions with the manager, and the manager wanted to see [relative] before they moved in."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff who were aware of their dietary needs and preferences. People told us they could have a drink or snack when they wanted and they were provided with a variety of meals which suited their needs. One person told us, "Yes, it's very good [the food] and we have nice choices." A relative commented, "[Person] is well and has put on weight since being here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff contacted their doctor if they were feeling unwell and we saw people were supported to access a variety of healthcare services to meet their needs. A relative told us, "They [care staff] took [person] to the hospital when we couldn't do it" and another relative said, "They [care staff] make sure the doctor comes in to check on [person]". them".
- A healthcare professional told us care staff responded quickly to any changes in people's needs and were in regular contact with them in order to gain advice and support. They told us they worked well with the care staff, adding, "They are open to us and they do take it [their guidance] on board". A relative told us, "I couldn't fault it, we are pleased with the care."

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

- The home was adapted to meet the needs of the people living there and there was a lift which allowed

people access to different floors.

- Rooms were personalised with peoples belonging and photographs. Relatives spoken with described the service as 'homely'.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. No one at the service was being deprived of their liberty.

- People told us their consent was obtained prior to being supported and we observed this on a number of occasions.
- The registered manager told us two people had a power of attorney in place and was aware of the need to have sight of these documents. They confirmed they had seen these documents but had not kept a copy. The registered manager confirmed they would contact families immediately to obtain copies of this information.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits in place were not robust and had failed to identify a number of areas for improvement that came to light during inspection, including medicines management. The registered manager told us, "We stopped doing them all because of Covid."
- Audits had failed to identify care records in place were not person centred and did not provide staff with clear guidance on how to support people and meet their needs.
- Support from health care professionals had been provided to help develop care plans and bring some structure to the recording of people's needs. However, there was confusion amongst some of the staff regarding this arrangement, resulting in some paperwork being destroyed. This meant there was a risk that information regarding people's care needs, health conditions and personal preferences was no longer available to staff.
- Where accidents and incidents took place, there was no analysis of this information to identify themes and trends and act appropriately to reduce the risk of reoccurrence.
- There was no system in place to monitor and ensure staff training levels were up to date.
- There was no system in place to provide staff with structured one to one supervision on a regular basis.
- Infection control was managed, but here was no formal system in place to oversee this.
- Systems and audits to monitor health and safety of the environment were not always robust.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure that governance systems in place were robust and failed to provide safe and effective oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was also the registered manager of the service and worked alongside care staff to provide care and support to service users. Staff were complimentary of the registered manager and the support she provided. One member of staff said, "If I have any concerns or worries, I can go to [registered manager's name]. I would definitely recommend the service and think people are 100% safe."
- The registered manager, staff and relatives all described the service as a homely environment and told us it felt more like 'a family' as staff had worked there for so long. One member of staff told us, "We are all close and have been here quite a while. It's like a home from home, residents are like family" and another said "I

love how laid back it is , there is no stress and we work as a team [registered manager's name] is very supportive and I know she has paid for taxis for [staff name] so that they don't have to go on public transport." A relative commented, "I have found nothing wrong with the home, the owner is a nice lady and the staff are very nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was responsive to the feedback provided on inspection and demonstrated a willingness to address the concerns identified.
- People knew who the registered manager was and were confident that if they raised any concerns they would be dealt with appropriately.
- Relatives confirmed they were kept in touch regarding any changes in care needs. One relative told us, "They [care staff] are open with us and they do take on board [what we say] Surveys had been submitted to relatives at the beginning of the year and their feedback regarding the service was positive.

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

- People confirmed their views of the service were sought and the registered manager described how the feedback was sought through informal chats with people.
- Relatives told us they were frequently in touch with the service and their opinions of the service regularly sought during these conversations.
- Staff told us they had a good working relationship with each other and the registered manager and any concerns raised would be dealt with immediately.

Working in partnership with others

- The service worked in partnership with other healthcare professionals in order to meet people's needs.
- We spoke with three healthcare professionals regarding the service. We saw additional support had been offered to the service from the local clinical commissioning group and this support had been welcomed.
- A healthcare professional who had a number of years' experience with the service told us, "It's the only home I could honestly say I would be happy for a relative to be placed there. They look after people very well. It's like a home, not a care home."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems in place were not robust and failed to provide safe and effective oversight of the service.