

Stanfield Nursing Home Limited

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Inspection report

Stanfield Nursing Home Ltd

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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



Overall summary

This inspection took place on 12 November 2015 and was unannounced. Stanfield Nursing Home is a care home and the provider is registered to provide personal and nursing care for up to 41 people. At the time of the inspection there were 39 people living at the home.

There was a registered manager in post and was present at the time of our inspection.

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.

People were kept safe with the help from staff who understood their needs and the risks associated with them. Staff knew how to identify signs of potential abuse and how to report it. Staff were trained to be able to meet the needs of the people who lived at the home.

Summary of findings

People's medicines were managed safely. Medicines were stored in locked cabinets and there was a system in place for recording and checking medicines so they could be accounted for.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their human rights. Before performing any support the staff asked people's permission and gave them a choice how they would like to be supported. Where people did not have the capacity to make decisions staff followed the principles of the Mental Capacity Act (2005) and best interest decisions were made and recorded.

People were encouraged to join in activities to help maintain their physical and mental fitness.

People enjoyed the home cooked food they received and were supported to eat and drink enough to keep them healthy. The manager had accessed a range of healthcare professionals to make sure people had their nutritional needs met, to assist them to stay healthy and well.

Staff had developed caring relationships with people and knew individual preferences and support plans. People

felt staff were kind and caring and involved them in their care. Staff appreciated people's need for maintaining dignity and respect. Personal care requirements were supported with privately and respectfully. Call Bells were responded to quickly so people didn't have to wait very long for assistance. Emergency calls were dealt with in a calm, manner so not causing undue alarm to people living in the home.

People and their relatives knew how to complain and felt happy to raise concerns with staff, management team and the proprietor. People and relative feedback was sought and the information used to develop the future needs of the service.

Staff understood their roles and worked well as a team. The people benefitted from a low turnover from staff, so had been able to establish continuity and deliver good quality care. The manager had developed quality audits for the service to capture areas for improvement. They had encouraged links with local academic research establishments to enhance the service and ensure people received high quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe using this service. People were supported by sufficient levels of staff, who understood how to protect them from potential abuse and harm. People's medicines were managed safely.

Good



Is the service effective?

This service was effective.

Staff received training and support from the provider so were able to meet people's health and nutritional needs. Staff requested people's consent and supported them to make decisions when required about their care and support needs.

Good



Is the service caring?

This service is caring.

People were treated with dignity and respect. People felt staff were kind and caring towards them. People's preferences about how care was delivered was listened to and followed.

Good



Is the service responsive?

This service is responsive.

People received care and support that was personalised to their individual needs. People were supported to take part in fun and interesting activities of their choice. People and their relatives knew how to raise a concern or complaint and felt they would be responded to.

Good



Is the service well-led?

This service is Well-Led

Quality audit systems were in place to monitor and maintain good quality care. People and staff were confident to raise concerns. People and staff were very complimentary about the registered manager and the provider.

The registered manager demonstrated clear leadership and led by example to deliver high quality care.

Good



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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 12 November 2015 and was unannounced. The inspection team consisted of one inspector.

We looked at and reviewed the information that the provider had sent us. This included statutory notification's received from the provider about deaths, accidents and incidents of potential abuse. A notification is information about important events which the provider is required to send us by law. Before the inspection the provider had completed and returned to us a Provider Information return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and Healthwatch for information about this provider prior to the inspection. We asked the local authority if they had any concerns over this service because they may have contract agreements with the provider. Healthwatch who are an independent organisation who promote the views and experiences of people who use health and social care services.

We spoke with three people using the service and four relatives. We spoke with the staff which included one care staff, one housekeeper, one activities co-ordinator, chef, training coordinator, two registered nurses, the registered manager, provider and a visiting health professional.

We conducted a Short Observational Framework for Inspection (SOFI) assessment as a way of forming an opinion about the care that people who were unable to talk us about their support received. We looked at two people's care records, quality audits, medicine records, complaints and compliment records and training and recruitment files.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us “I’m happy here. I feel safe, staff are always available to help me”. Another person told us how staff helped them get up from the table and helped them sit in their wheelchair; they didn’t have to wait very long for help. All the relatives told us they thought the home kept their relative’s safe.

Staff we spoke with knew how to keep people safe. They were able to describe different types of abuse and what they would do if they thought someone had or was at risk of harm. We saw examples of how staff had reported any bruising found on people’s skin through body charts kept on their care file. These incidents had been brought to the attention of senior staff who investigated, following safeguarding procedures. All staff we spoke with knew what to do if they needed to report incidents or concerns to other organisations, so people would be protected. A member of staff told us that they had received safeguarding training in how to protect people from abuse and if they had any concerns they would immediately report to the registered nurses.

We looked at how staff managed risks so that people were safe with risks to their wellbeing reduced. Risk assessments were available for people whom staff had identified as having potential risks such, as falling. We saw these risk assessments were reviewed monthly by the registered nurses and any changes to the person’s condition amended, and staff informed at the handover meetings. People’s health and risks to their health were understood by staff ensuring they knew how to keep them safe. Each nurse had a specialism lead, one nurse took a lead on nutrition, sharing their knowledge with the rest of the team, so helped ensure people kept a healthy diet and maintain good health.

A senior nurse who took responsibility, to monitor and review any pressure ulcers people may have developed. They were qualified to select suitable dressings for people, so reduce their discomfort and aid the healing process. A care staff told us if they thought someone’s skin looked red or sore, they could ask the senior nurse for her advice, and then the appropriate preventative action could be taken.

We checked two people’s recruitment files to ensure the staff were of good character and suitable to work in the home. The provider had ensured that all staff had undergone a Disclosure and Barring Service (DBS) check before starting their employment in order to keep people safe. The registered nurses working in the home had been checked to see if they had current registration entries with the Nursing and Midwifery Council (NMC). These checks confirmed to the provider that the nurses were qualified to work as a nurse.

Staff, people and their relatives told us they thought there was enough staff on duty, with the right skills, knowledge in order to keep people safe and meet people’s individual needs. A relative told us it didn’t matter whether they visited on a week day or the weekend the staffing levels remained the same. We observed staff being attentive to people’s individual needs, where people requested assistance this was done promptly. Where people required more than one staff to help we saw them tell people they were going to get extra help and returned quickly with another member of staff. The manager of the home helped out as necessary particularly at busy times of the day such as lunchtime. We saw them help when one person became anxious, striding up and down the hallway, they quietly reassured the person and distracted them with an activity of their choice.

We looked at how the provider managed people’s medicines at the home. Nurses administered medicines to people. We saw staff explained to people the medicines they had administered. There was a suitable arrangement for safe storage, management and disposal of medicines. The registered manager had regularly audited people’s medicines to ensure there are no mistakes, or if a mistake had been found it was reported immediately to the GP. The day before we inspected the home had an external pharmacy audit, with only one recommendation to count the “as necessary medication (PRN)” more frequently. The registered manager had put this action into practice with immediate effect. Previously the PRN medication was counted monthly as part of a medicines audit but following the external audit recommendation weekly checks had been put in place by the manager.

Is the service effective?

Our findings

People we spoke with told us they didn't have any concerns with the ability of staff to meet their needs. One person told us "they could not fault the staff they are all good". We spoke with staff regarding their induction process to the home. They described that they had been given the opportunity to shadow more experienced staff before being left to work alone. After the induction programme staff received additional training in a range of areas in order to meet the people they cared for needs. For example dementia training and diabetes care to meet the specific needs of individuals living at the home. They told us that the training had helped them understand why people with dementia could become anxious if they were unsure of their surroundings or parted from their relative. We saw staff assist a person when they lost their partner in the building, they spoke calmly and reassured them they would be back soon. Each nurse was encouraged to take the professional lead on a specific subject to enhance the staff team's knowledge. For example one nurse took the lead on "pressure sore prevention", so could apply their expertise for the prevention of pressure sores. The nurse gave us an example of how if care worker became concerned over someone's skin looking red and sore. They would then ask them to take a look and recommend an appropriate dressing to make the person more comfortable.

Staff told us they received regular one to one meetings which gave them the opportunity to reflect on their practice and identify any training requirements. One member of staff told us they "Felt very supported by the management of the home" and loved working there. Another member of staff told us that they felt they could approach either the matron or the provider at any time if they had concerns. They described how the provider was accessible and often in the home and very involved with people's care.

Staff were knowledgeable about their role and knew people's individual health needs. Staff told us one person had declined their medication that morning so handed on the information to their colleagues. This was to ensure they were aware of the potential danger of someone not taking their insulin. Extra blood sugar monitoring was commenced and recorded to prevent the person becoming unwell.

We saw from the care records that people had access to other health professionals if needed. They had accessed dentists, opticians and chiropody appointments. A health professional told us the staff were generally very good and followed up any recommendations they made. People told us that the staff had helped them access health services as they required them, arranging appointments on their behalf. One person told us that a dentist had visited the home, although they had preferred to go to the dental surgery as they thought it was not the same.

All the people we spoke with praised the quality of the food that was provided. One person told us they really enjoyed the cooked breakfast, although offered an alternative they found it hard to resist. We spoke to the chef, they showed us they had a written record of people's different preferences and dietary requirements, such as food required to be served smooth in texture to avoid a person choking. Another person had a food allergy, so they provided the person with specialist foods to meet their requirements.

People were offered a choice in menu usually ordered late afternoon for the following day. However if they changed their mind or didn't like what was on offer the chef was flexible to make them an alternative.

Meals were served in a relaxed atmosphere between two dining rooms, although some people preferred quieter areas of the home and this was accommodated. Two family members had their meal served in the foyer as this was their choice. When people required assistance staff sat with them and spoke to them quietly reassuring them and helped them with their food at their own pace.

We saw staff completed food and fluid charts and monitored people's weight to identify any risk of weight loss. Where people were thought to be at risk food supplements had been prescribed so that people remain healthy.

People and their relatives told us they were asked for their consent before being supported with their care needs and requirements. We saw staff approached a person and asked them "Would like a bath?" A time was agreed with them.

Staff were aware of when people were unable to make choices and decisions so that these were made in their

Is the service effective?

best interests. These decisions involved people who knew them well and had the authority to do so which followed the principles of the Mental Capacity Act (MCA) 2005 to make sure people's rights to make decisions were upheld.

The registered manager was aware of the current Deprivation of Liberty Safeguard (DoLS) guidance. They had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people were being advised

by staff not to leave the home alone. This advice was given in people's best interests. The registered manager had completed DoL referrals for people when required to do so under the DoLS. Staff we spoke with had the knowledge about whose care and support may be restrictive. They told us they were following each person's care plans whilst waiting for the assessments to be made by the local authority.

Is the service caring?

Our findings

People we spoke with told us staff were very kind and caring towards them. A relative told us, “The care here is first rate, I can’t think of a member of staff, who is bad, they are all kind”. Relatives told us how staff had helped their relative settle into the home. Initially their relative was very scared and isolated, but gradually they had become more outgoing, comfortable living there and with staff encouragement starting to join in activities. They felt this had been achieved because all the staff team including the housekeepers had gone out of their way to talk to them. One housekeeper told us they stayed over their shift time to spend time in the garden with the person, because the person enjoyed their company.

A relative told us staff had arranged for them to come into the home and have breakfast with their relative because they had work commitments, which limited their availability to visit. They told us they were always made welcome by staff; they felt that they cared for not only the relative but the whole of the family. We saw relatives being given a hug by the manager when they visited to take their family member to an appointment. On their return from the hospital, the manager greeted them and asked for feedback on how the appointment had gone.

People told us they were happy to ask for help from staff. We saw one person ask for help to get out of their chair, this was done promptly and staff chatted to them as they helped them transfer to their wheelchair. The staff explained how they were going to use the specialised equipment to reassure them. The person was smiling and laughing with the staff, talking about their plans for the day.

We saw people being assisted eating their breakfast, staff were kind and patient, taking time not to rush people. Staff sat next to people and asked what they would like for breakfast and helped them in a dignified way. They checked if people would like a drink or any further assistance. They took into account individual preferences and choices.

Relatives we spoke with told us they were involved with planning and reviewing their relative’s care. On the day of the inspection we saw one person started their introduction to the home. The person was anxious, so staff took time to reassure them, and encourage them to join in the music session. Within a few minutes we saw they were joining in, looking less anxious and more relaxed.

We noted that on a thank you card the staff had received a relative had said “I would like to thank everybody for the care and kindness showed to my Mum. In a loving compassionate home”.

All the relatives we spoke with told us staff treated people with dignity and respect. Staff spoke to people in a respectful way, when asking people about their personal care requirements this was done very discreetly so not to draw attention to the fact they required the bathroom. We saw staff knocked on people’s bedroom doors and checked people were happy before they entered.

Relatives told us the provider had an “open door policy” and they could visit any time.

Is the service responsive?

Our findings

People told us staff met their needs and provided their care the way they liked it. People felt staff knew their preferences and these were respected. One person told us it was their choice what time they went to bed and got up in the morning. They said they were provided with their choice of newspaper to read whilst having their breakfast.

On admission to the home each person was assessed, so staff knew what level of support they required. Individual health needs were recorded in the care plan. One person told us that they were asked about their care needs and their choices. They said “it was much better than anywhere else they had lived” Relatives told us they were invited to contribute to this process, so were able to represent their relative’s wishes, especially important, if they did not do this alone. Relatives were invited to attend reviews and health care appointments if the person wanted them to. We saw care plans and risk assessments were regularly reviewed and any changes discussed at the staff handover meetings. This assisted all staff were kept fully informed of any changes and ensured people’s changing needs were consistently responded to. For example we saw the staff at handover exchange information, over a person’s hospital appointment results and how best to facilitate the change in their condition.

Relatives told us they thought staff understood their relative’s individual needs and things that were important to them. For example one relative commented that when they visited their relative they’d noticed staff had helped to put on their favourite perfume. Their nails were also painted and when the person had run out of their favourite red lipstick, staff had gone shopping to ensure it was replaced. This was a very important part of this person’s daily routine and staff knew without this the person may become distressed.

A relative told us the staff always served their relative a cup of tea in a floral china cup because they’d done that all their life. This was important to both the relative and their family member because to them it showed staff understood people’s personalities and preferences.

Family members were welcomed into the home to visit their relatives, one person told us they could bring in the family pet to visit which made it feel like home. One relative told us that staff were so welcoming the grandchildren enjoyed visiting their grandparents.

People living at the home were encouraged to do fun and interesting activities. We saw the provider had arranged for a number of external activities to be brought into the home. For example a local orchestra had played a concert at the home. Individual activities were also available a relative described how the provider had enabled a family to organise a special birthday party for one person. This relative told us provider hosted a party for 25 relatives to celebrate a person’s significant birthday. Relatives told us “[person’s name] was thrilled with it, having all the family around was very special.”

Another relative told us their relative loved folding laundry and because they had difficulty sleeping they would often spend time with the night staff, folding napkins for the breakfast table.

We saw relatives were asked their opinions on the home through an annual survey. All the relatives and people we spoke with said they could approach either the manager or the provider if they had any concerns or complaints. A relative told us although it was some time ago they had raised a concern. Within days of mentioning this to the provider the carpet was removed and new flooring was laid, to resolve the problem.

Is the service well-led?

Our findings

People and relatives told us they liked the manager and the provider. One relative said the provider “has a passion for care, it’s a vocation, and they are a fair but firm employer. All the staff seem happy.”

A member of staff told us the management in the home was very good, you could ask them anything; they are very approachable and listen to you. They are always at the end of the phone, even if they are not in the building.

We saw the manager actively took part in supporting people at lunch- time they helped serve people their meals. They told us it was important to be visible around the home to staff and people living in there. When visitors arrived they took time to greet them and listen to any concerns, they appeared happy to see them. We saw staff knew people’s details and needs without having to look at the care files.

Staff told us they felt supported by the management team of the home and felt staff morale was good. Staff had a clear understanding of their roles and responsibilities. Staff understood their responsibilities in regards to whistle-blowing, should they have any concerns. There was a low turnover of staff and they hadn’t used agency staff for the last eight years.

The manager had worked at the home for twenty six years and developed a good supportive working relationship with the provider. They both worked in the home usually alternating covering the management responsibilities, which staff and relatives felt benefitted the home, as a senior manager was always present.

We saw the manager reviewed and monitored the quality of the care delivered through a variety of quality assurance audits. They had responded to any short -falls identified. For example in the infection control audit they had found access of personal protective equipment difficult for staff, due to the size of the home. They had actioned this by installing apron, gloves and roll dispensers in each person’s room.

The manager and provider were responsive to feedback from people who lived at the home. There was a support group for relatives and people who lived at the home called “The friends of Stanfield House”. They met four times a year to discuss issues important to them. The provider told us that a recommendation was that people wanted to try a variety of different menus, this was then implemented. People told us they liked the new menus.

The manager had a clear vision of how they wanted to develop the service further. They had made professional links with the local university research department engaging in a project of sound therapy for benefit people who live with dementia. The manager had sent two staff to train with the university so they could include this in their weekly activity programme to benefit people living at the service.

Over the next twelve months they wanted to focus on making the service more person centred and look to expand in to caring for younger adults with dementia.