

Stanley House Limited

Stanley House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stanley House is a residential care home providing personal and nursing care to 21 people living with either Huntington's Disease, acquired brain injury or mental health needs who also have a physical disability. Care and support are provided in one adapted building and there were 20 people using the service at the time of the inspection.

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

The manager had made the necessary improvements at the home since our last inspection. Fire safety concerns have been addressed.

Relatives felt the manager and staff team worked in an open transparent way and were approachable.

People's needs were assessed before they moved to the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. Safe staff recruitment systems were now in place to ensure staff's employment histories were recorded in their recruitment files.

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 this practice.

Quality assurance and monitoring systems were now in place to help drive improvements at the service.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 02 April 2020).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stanley 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Stanley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection 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 at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Stanley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, deputy manager, clinical lead, and a nurse. In addition, we spoke with care staff, an activities coordinator and the facilities manager. We reviewed a range of records.

These included people's care records and multiple medication records. We looked at four staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

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.

After the inspection

We spoke with three family members about their experiences.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. [They had previously reported several medication errors]. At this inspection we found the provider had made improvements in the practices of medicine administration.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines.
- Daily medicine counts, and regular audits were now in place to help avoid missed medication.

Assessing risk, safety monitoring and management

- Since our last inspection the provider had changed the care planning process to an electronic system of recording, so information about people's individual risks were accessible.
- Risks to people's health, safety or well-being were identified and regularly reviewed to manage people's changing needs. The deputy manager told us, this was at least monthly or when any changes occurred. Staff knew how these risks affected people's safety or well-being and were aware of how to respond safely.
- People told us, the care they received met their needs and were confident staff supported them in a safe manner. One person said, "I love it here the carers [staff] are lovely...my needs are well catered for." A relative told us, "They are an excellent team of staff, very well up [in terms of their knowledge] on Huntingdon's disease, so they give the best care."
- Regular safety checks and servicing was carried out in areas such as fire and electrical safety, the environment, water quality and temperature checks. People had personal emergency evacuation plans [PEEPs] in place that directed staff how to respond in the event of an emergency. Previous concerns identified at our last inspection had been remedied. We noted fire exits and fire extinguishers were now clear of obstructions and sluice doors were locked.

Staffing and recruitment

- At our last inspection we identified staff application forms did not always contain information about potential employee's full working history. The manager told us, they had taken action to ensure this had been rectified. The four staff files we checked had employment histories, application forms two references and a Disclosure and Barring Service [DBS] check to ensure staff were suitable for employment.
- The manager showed us how they monitored that the nurses employed had current PIN number to demonstrate they were registered with the Nursing and Midwifery Council [NMC].
- The provider was using agency staff, whilst they were in the process of recruiting more staff but the provider assured themselves, they only block booked agency staff from their regular supplier and ensured the agency staff were not working in multiple locations to avoid cross infection.

- The manager told us, the provider utilised a dependency scale to determine how many staff were required to support people living at the home. People we spoke with felt there was enough staff to meet their needs.

Systems and processes to safeguard people from the risk of abuse

- People were supported to raise any safety concerns they may have and to understand how to keep safe. One person told us, they felt confident to approach the manager or any staff member if they had any concerns.
- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us, they would report any abuse concerns to the management team without delay and had confidence these would be acted on. Posters were around the home reminding staff how to report any safeguarding concerns.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

Preventing and controlling infection

- We were 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 assured that the provider was using PPE effectively and safely.
- 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 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.

Learning lessons when things go wrong

- Incidents were noted in the care records and referred to the manager. These records were completed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection shortfalls in the provider's quality assurances were identified, as they had failed to identify deficits in health monitoring, fire safety and staff recruitment. At this inspection we found the shortfalls had been addressed.

- Since our last inspection there had been a change in management. The new manager was in the process of registering with the Care Quality Commission.
- The provider had a clear management structure and staff were clear about their individual responsibilities.
- Staff told us, they had regular supervisions where they could reflect on their practice and had the opportunity to identify any training requirements.

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

- The service was consistently managed and well-led. The manager and staff promoted person-centred care. Staff spoken with were proud to work for the service and felt they could influence improvements. One staff member said, "The manager and the provider listen to my ideas, which makes me feel valued."
- People and relatives told us the service was well run. One relative said, "We have really good communications and interactions with the staff team and manager. They are friendly, openly reassuringly transparent."

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 manager promoted an ethos of honesty and a willingness to continue to improve the service. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The provider's rating was displayed in the entrance hallway.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Relatives spoken with told us their family member was fully consulted in all aspects of their care and their choices were respected.

- Since the beginning the pandemic the manager and provider had been sending newsletters and information relating to COVID-19 to people and relatives.
- There were regular staff team and residents' meetings which included feedback from previous actions completed. Staff and people told us the manager was very approachable and fully considered their views and feedback.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to discuss changes and updates to people's care and support needs.