

Standon House Limited

Standon House

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 8 December 2016. The inspection was unannounced. At our previous inspection in January 2016 we rated the service as requires improvement as there were specific concerns with how some people had complex needs received care, how medicines were managed and how people were supported to make decisions. The provider sent us an action plan on 29 February 2016 which stated how and when they would make improvements to meet the legal requirements. On this inspection we saw improvements had been made.

The service provides accommodation and personal care for up to 31 older people who maybe living with dementia. There were 30 people were living at the home on the day of our inspection.

There was a registered manager in post. 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.

Where people lacked capacity to make certain decisions, these were now made in consultation with people who were important to them and made in their best interests. Restrictions had been identified and applications had been made to ensure these were lawful.

Where people needed additional support because they had complex needs, there were plans in place to guide staff how to respond to keep them and others safe. Staff understood what to do to reduce any risk.

Medication systems had been reviewed and were now managed safely to ensure that people received their medicines as prescribed. Medication audits were completed and could easily identify if there were any errors so suitable action could be taken as required.

People were involved in planning and agreeing how they were cared for when they moved into the home. However, where care was reviewed, people were not involved to ensure it reflected their views and continued to meet their needs. People had mixed views about how they were supported to pursue their interests as arrangements were not always in place to promote activities in the home or when out.

Staff understood their responsibilities to protect people from harm and knew how to raise concerns. Risks to people's health and welfare were assessed and staff knew how to minimise the identified risks. The premises were regularly checked to ensure risks to people's safety were minimised.

There were sufficient, suitably recruited staff to meet the support needs of people and staff understood their role. People's needs were met effectively because staff received training and support to enable them to meet their needs. The staff received support from their manager to enable them to identify personal development opportunities and to raise any concerns they had. People felt well looked after and had

developed good relationships with staff.

People were offered meals that they liked and were supported to eat and drink according to their needs. People were cared for by kind and compassionate staff who knew their individual preferences for care and their likes and dislikes. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health.

The provider's quality monitoring system included consulting with people and their relatives to ensure planned improvements were focussed on people's experience. Quality audits included reviews of people's care plans and checks on medicines management and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and were confident the staff knew how to protect them from abuse and knew what to do if they suspected it had taken place. Staffing numbers were sufficient to ensure people received a safe level of care and systems were in place to ensure staff were suitable to work within the care sector. Medicines were stored ordered, administered in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were asked how they preferred to receive their care and where they no longer had capacity, assessments had been completed to demonstrate whether the person could make certain decisions for themselves. Staff had a good understanding of people's care and health needs and had received specific training to meet individual needs. People made decisions about what they wanted to eat and drink and were supported to stay healthy and had access to health care professionals.

Is the service caring?

Good ●

The service was caring.

People felt well cared for and their privacy was respected. People were treated with dignity and respect by kind and friendly staff and were encouraged to maintain their independence. Staff knew the care and support needs of people well and took an interest in people and their families to provide personalised care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had mixed views about the opportunities to engage in their interests and were not always involved with the review of their care. Family members and friends continued to play an important role and people spent time with them. People were able to raise any concern they had and were confident that this

would be acted upon.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the service was managed well and that the registered manager was approachable and listened to their views. Quality assurance systems were in place to monitor the service and to help improve standards of service. Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

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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.

The inspection visit took place on 8 December 2016 and was unannounced. The inspection was undertaken by one inspector.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). 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. However we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with six people who used the service and seven relatives. We spoke with the registered manager, the assistant manager and seven care staff and a health care professional. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we reviewed four people's care records and daily records to see how their care and treatment was planned and delivered.

We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

On our last inspection visit we identified concerns with how medicines were managed as some tablets were not stored safely and medicine records had not been completed correctly and did not demonstrate that people had received their medicines as prescribed. These issues constituted a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

People received their medicines as prescribed when they needed them and we saw they were given time to take them and offered a drink. The staff explained what they were for if people had forgotten. People were asked whether they had any pain and whether they wanted pain-relieving tablets. People were able to retain responsibility for their medicines. One person told us, "I have my own box and I have a key so I can keep them all safe and locked away. I prefer to keep them myself." A risk assessment had been completed to demonstrate they understood what medicines to take and how this was monitored to support them to remain independent in this area.

Medicines were kept in a locked room and only trained staff were responsible for administering them. The medicines administration records (MAR) were signed and up to date, which showed people's medicines were administered in accordance with how they were prescribed. Where medicines were not administered there was a record of the reason it had not been given. When creams or pain relief patches were prescribed, body maps were included in the instructions to show exactly where they should be applied. Discussions with staff showed they understood why people needed the medicines they took.

On our last inspection visit we identified concerns as some people had complex needs and the support they received had not been reviewed to ensure they were supported to keep safe. Support plans did not include information about how staff should manage incidents where people may place themselves or others at harm. These issues constituted a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made. On this inspection we found improvements had been made.

Staff had a good knowledge of people's needs and any associated risks and explained how they supported people to keep them safe. Where people had complex needs there was guidance for staff to follow and the support plan recorded how people may show any anxiety. One member of staff told us, "It's better now as we work together as a team and do the same things for them." This meant there was a consistent approach when providing support.

When people were assisted to walk or moving and handling equipment was used, we saw staff reassured people they were safe and explained what they were doing. One person told us, "I get around quite well on my own. I think the way they have the place set out helps as I can use the furniture to get around too, so I don't worry if I wobble." Other people had chairs which helped them to rise up and stand. We saw people were given time to become steady before they were assisted to walk and a member of staff told one person, "Take your time and get your balance before we go walking." We saw staff respected people's rights to

assess risks to their own mobility and maintain their independence; their support plan included risk assessments which recorded how to reduce any identified risk with mobility to help keep people safe. Where people were at risk and experienced falls, we saw these were reviewed and action taken. One relative told us, "[Person who used the service] was seen by staff from the falls clinic this week. They have suggested getting a pressure mat so staff are alerted when they try to stand. This is so they can keep them safe and help them to get around if they want to walk."

People felt they were safe and trusted the staff. One person told us, "If I was in trouble I have a call pendant and I can just press this and the staff will come." The staff explained that each person had their own pendant and the alert system identified the area the alarm had been activated. One member of staff said, "It works really well because it means everyone has access to call us at all times. If it goes off in a communal area, we just ask who has called and we've never had a problem identifying who it is."

Staff had a good understanding of how to protect people from the risk of abuse and understood the procedure to follow to report concerns that people may be at risk of abuse. They were confident any concern would be dealt with by the registered manager and one member of staff told us, "If anything was wrong then we would just report this. We know about whistleblowing and reporting things you see. We wouldn't try and cover things up. We know we have to speak out." There were details of the safeguarding team in the office for staff to refer to if they needed to act alone. The registered manager had notified us, in accordance with the regulations, when they had referred concerns to the local safeguarding team.

People were supported by staff who they knew well and we saw there were sufficient staff on duty to meet their needs. We saw call bells were answered promptly and staff were available when people needed support.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

On our last inspection visit we identified concerns where people were not able to make decisions because information was not available to demonstrate how these had been made in their best interests. We also identified that people may be subject to restrictions and applications to ensure any restriction was lawful had not been made. These issues constituted a breach of Regulations 11 and 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the required improvements had been made.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 made their own decisions about their care and support and staff respected their right to decide. We saw staff asked people how they wanted to be cared for and supported before they provided care. We saw where people lacked the capacity to make certain decisions, for example, whether to take medicines or to keep safe when out; capacity assessments had been completed and a best interest decision had been made involving those people who were important to them. Staff understood the requirements of the MCA and one member of staff told us, "It makes sure their rights are protected and we do what they want. We can't just make decisions for them."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had restrictions placed on them, which meant they were unable to leave the home unaccompanied to keep them safe, an application to lawfully restrict their liberty had been made. Staff understood their role in relation to any restriction and told us that whilst waiting for the authorisation to be assessed, they had considered how to keep the person safe. We saw people were still able to have as much choice and control as they were able to in all other areas of their daily life.

People received care from staff who had the skills and knowledge to meet their needs effectively. New staff received an induction into the service and were able to get to know people before they worked with them independently. Staff completed the provider's training which was specific to the needs of people who used the service and was based on the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff working within a care environment. One new member of staff told us, "The induction was thorough and we looked at how to work safely and also covered issues such as equality, rights and responsibilities, and making sure people's rights are upheld. When I started working as part of the team, I was happy I knew what I needed to do."

The registered manager checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. One member of staff told us, "If people have a specific support need or health condition, then we get more training. We are never asked to do something we don't understand." The staff told us the training was effective and one member of staff said, "We were asked about what sort of training we preferred. I prefer to be told something face to face rather than to do it on the computer; the way we do training now is better now as it makes more sense."

People felt the food was good and they always had a choice. One person told us, "I like my food really hot and that's how they bring it to me. If I wanted it heated back up, I could always ask for them to put it in the microwave. I've never liked cold food and they know this and when you take the cover off the plate it's always steaming." We saw alternatives were offered to people who did not like any of the meals that had been prepared. One person asked the staff to decide for them; the member of staff replied, "If I was to choose something this would mean it was my choice. I'd like you to decide what it is you want and we will make it for you." People could have drinks when they wanted and were offered them throughout the day. One person told us, "I like two cups of tea and the staff always make sure I get that. They are rather lovely and remembering this, shows they care."

At meal times staff encouraged people to move into the dining room and provided an opportunity to socialise. Some people chose to stay in their chair or bedroom and meals were served to them. There was a range of assisted plates and utensils to help people to retain their independence during meal times. The meal times were relaxed and people chatted between themselves and with staff.

People were regularly weighed and care staff recorded whether people ate well where this was necessary. People who were at risk of poor nutrition were referred to other health professionals, such as dieticians. Staff recorded how they followed the healthcare professionals' advice and monitored the actual volume of fluids and amount of food people ate.

People were supported to maintain their health. One relative told us, "You just can't fault the staff. I have peace of mind and I know the staff look after [Person who used the service] and whenever they are ill they call the doctor." Staff were knowledgeable about people's individual medical conditions and knew the signs to look out for, and when they needed healthcare professionals' advice. One healthcare professional told us, "There's really good communication with staff and they always contact us if they are worried about anything. If people need repositioning to prevent their skin becoming damaged through pressure, we have no concerns with how this is carried out and it's recorded."

Is the service caring?

Our findings

People were supported with kindness and compassion and told us they had developed good relationships with staff and were happy living at the home. One person told us, "The staff are lovely. When I moved here I was very unsettled but the staff were very caring and helped me to feel comfortable and at ease here." Another person told us, "The staff are lovely, we have a laugh and a dance together; they really have a good sense of humour." We saw when people were supported to move around the home, the staff sat with the person and checked on their welfare. Before they left, the staff asked if they had everything they needed and whether they wanted a drink.

People could choose which area of the home to sit in. One person told us, "We do tend to like sitting in the same seat but it's not set in stone. It all depends what's happening and some of us like to spend time on our own in our bedrooms." People could choose how to personalise their bedrooms. One person told us, "I have my own television in my room and brought my own pictures in. My bedroom looks very homely and is just how I like it. I'm very happy with it."

People were well cared for and treated with respect and dignity. Staff offered reassurance by touching people's arms or hands when talking to them and were comfortable displaying affection. The staff were respectful when talking with people, calling them by their preferred names. Staff were observed speaking with people discretely about their care needs, and knocking on their door and waiting before entering. People were able to have visitors in private and go to their bedroom. One relative told us, "It's up to [Person who used the service] where we visit. There are no restrictions. If we want some private time then that's no problem and the staff will help [Person who used the service] to their bedroom."

The staff recognised people's diverse needs and promoted their independence. People were able to retain responsibility for managing their medicines or money and how to they like to spend their day. One person told us, "I can stay in my room, and choose when to go to bed. There is a routine here because of meal times, but if I want mine later, then that's not a problem."

The staff understood people and as staff walked through communal areas, they took the opportunity to exchange words with people and ask how they were. Staff understood that some people were unable to communicate verbally or had a hearing impairment. We saw for one person had a hearing impairment, the staff used a small white board to write down important messages and what was happening that day. When the person understood family would be visiting later, they thanked the staff and were reassured. Staff members maintained eye contact with people and spoke with them at their level, kneeling down when this was suitable.

People could receive visitors when they liked and keep in touch with people who were important to them. One relative told us, "We can speak to our family in America and we just use the wifi here, there's no problem doing that and it's lovely that we can see and speak to each other." People told us their families were welcome to visit when they liked, as often as they liked and visitors were seen being welcomed into the home. They told us their relations were happy living at the home.

Is the service responsive?

Our findings

People had mixed views about how they were supported to be involved with their interests. There were no specific activities arranged on the day of our inspection and we saw people spent their time watching the television, listening to music or looking through a magazine or newspaper. We saw staff spoke with people when they provided support but there was no opportunity for staff to organise any activity or spend extended periods of time with people. One person told us, "It can be really dull here when nothing is happening." Another person told us, "Some days it's nice to be left alone and do our own thing but some days there isn't much of a choice." Another person told us, "It would be nice to get out rather than just look at people wandering past through the window." One member of staff told us, "We always find time to talk with people but we don't have time to do any specific activities; they tend to happen when the activity staff are present."

When dedicated activity staff worked in the home, activities were organised for people and one person told us, "They are very good. I like it when they come and talk with us and we talk about what's happening in the world. I find it difficult to read so it's nice to see what's happening in the local paper when they read to us." Another person told us, "I like it when we have the entertainers and singers come here, especially at this time of year. It's lovely." Some people chose to attend a local day care provision and staff told us that this enabled them to meet with friends and be involved with community events. People were also supported to pursue their religious needs, either outside of the home or by a visiting church and priest who came into the home. One person said, "I like the services. I don't consider myself very religious but I like to be able to join when I want to."

When people moved into the home they had been asked how they wanted to be supported and this had been discussed and agreed with them. People told us they were cared for and supported in the way they wanted and the staff knew their likes, dislikes and preferences. However, people were not always involved with reviews of their care. We saw the care records had been reviewed but people and their relatives told us they hadn't seen a copy. We looked at one record with the person and their family. One relative told us, "We haven't been involved and seen any care record or asked about what [person who used the service] may want. There are some bits in here that don't reflect what [Person who used the service] would have wanted." The staff confirmed that reviews were completed by them and people were not always spoken with about how they wanted their support. Where new information was obtained and there were changes to people's care, this was included in the new support plan but there was no further consultation with people.

People were able to raise any concerns and felt able to speak with the staff and registered manager. One person told us, "The staff always ask if I'm alright and what they can do for me. I don't have any complaints but if I did I'd tell them." Another person told us, "We chose this place because of its reputation and we've not been disappointed." Where people and relatives made comments or raised concerns about how care could be improved, we saw prompt action was taken to resolve any issues and people received a response to their complaint.

Is the service well-led?

Our findings

People were asked for their views on the quality of the service. On our last inspection we saw that people and their relatives had been asked to complete satisfaction surveys. The results from the survey had been collated and there had been a positive response to the questions asked. We also saw compliments and thank you cards from relatives. These comments included; 'I have no doubt that [person who used the service] could not have received any better care anywhere else.' And '[Person who used the service] loves the food and we have no worries any more, they are entirely safe and secure in a very homely, comforting and homely environment.' The provider was completing a new satisfaction survey and told us the results would be reviewed when all the questionnaires had had been completed. One relative told us, "I've filled in a questionnaire recently and I told them I was very pleased with it here. The staff are very caring, pleasant and cheerful. They've obviously been well-trained."

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.

Staff were happy working in the home and one member of staff told us, "We all work so well together because we care and get on well as a team." The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff told us they had regular team meetings and felt well informed about people's needs, the home and the provider's values and plans. Staff meetings were an opportunity to reflect on training and keep informed of events and discuss any concerns.

The staff were proud of the standards they maintained. One member of staff told us, "We have a good mix of people here. Some staff have been here a long time and others are newer. I think this works really well as you have stability and fresh eyes. I'm really proud to work here." The registered manager was proud of the improvements made within the service and told us, "We looked at how we provided the training and value for money. We found that the new style of training in bite size chunks has been more effective and we're really pleased staff have showed they understood."

The registered manager conducted audits of the quality of the service. They checked people's care plans were complete, and checked that medicines were administered safely. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures to prevent reoccurrence could be put in place when needed.

People, relatives and staff spoke highly of the registered manager and the management team and felt the service was well-led. Staff felt supported and could approach the registered manager with any concerns or questions. A relative told us, "It doesn't matter what position the staff holds here, they are all approachable."

We are really happy we found this home and it's definitely surpassed our expectations. We are very pleased the quality of the service here."