

Willover Property Limited Stanley 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Stanley House is a nursing home registered to provide accommodation for up to 42 older people with needs relating to physical disabilities and dementia. At the time of our inspection there were 24 people using the service.

What life is like for people using this service:

People said Stanley House was a safe place to live because there were always staff available to support them. Staff were vigilant and knew how to protect people from harm. Staff understood what made people feel safe, for example, one person liked their bedroom door left ajar so staff ensured this was done. People said staff gave them their medicines when they needed them. All areas of the home were clean and fresh.

Relatives told us their family members were assessed before coming to the home. One relative commented on how sensitively this was done which helped them to come to terms with the situation. Staff were well-trained and experienced and understood people's care and medical needs. They worked well with health and social care professionals in the local community. We observed lunchtime which was a lively and social occasion. People had plenty of choice and assistance with their meals if they needed it.

The premises were well-decorated and maintained and people and relatives commented on the high-quality of their surroundings. To make the home an interesting place for people themed corridors based on the seaside and the movies had been created. People had access to two large spa bathrooms with colourful murals, rise and fall baths, and a sensory sound and lights system so people could enjoy a relaxing bathing experience.

The staff were kind and caring and valued the people they supported. The atmosphere was relaxed and people felt at home. After lunch one person came into the small lounge and settled themselves onto the sofa for a nap. "Don't mind me," they said, "I always put my feet up here after lunch because it's so comfy." Visitors were welcome at any time. The home had a children's reading corner where young visitors could gather and look at picture books dealing with topics like dementia in a way that children could understand.

People were encouraged to make choices about their daily routines and lifestyles and staff ensured they consented to any care provided. Staff were knowledgeable about people and understood their preferences. The home had an extensive programme of activities covering weekdays and weekends. We saw twelve people taking part in a quiz run by two of the home's four activity co-ordinators. The co-ordinators ensured even the quietest answers were heard and celebrated. People enjoyed the quiz and reminisced and laughed together.

People and relatives said the home provided high-quality care and they would recommend it to others. The home had an open and friendly culture and people and relatives said if they had any concerns or complaints they would tell the registered manager or staff who were approachable and kind. People were consulted

when changes were made to the home. For example, the new garden area incorporated the features people asked for including a raised fishpond, scented flowers at wheelchair-height, a pergola, and seating areas. The provider and registered manager monitored all aspects of the home to ensure it continued to provide a good service to people.

More Information is in the detailed findings below.

Rating at last inspection: Good (report published on 26 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was Effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.
Details are in our Responsive 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Stanley House is a care home. People in care homes receive accommodation and nursing or 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:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with two people using the service and five relatives. We spoke with two visiting healthcare professionals. We also spoke with the registered manager, the provider, the two deputy

managers, a nurse, two care workers, and the cook.

We looked at three people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People said Stanley House was a safe place to live. One person said, "It's safe here because the doors are locked and there is always staff around."
- A relative told us, "Our [family member] is safe and all the staff are warm, welcoming, compassionate and approachable."
- There were systems in place to ensure people were safeguarded from abuse. If there were any concerns about a person's well-being the registered manager referred them to the local authority and took other action to ensure the person and others were safe.
- Staff were trained in safeguarding. They were knowledgeable about the types of abuse and knew who to go to if they needed to report any concerns they had.

Assessing risk, safety monitoring and management

- A relative told us staff were vigilant and knew how to protect people from harm. They told us, "If [family member] begins to get up the staff notice straight away and come and help. Even the cleaners are on board to help."
- People's risk assessments explained how staff could support them safely. For example, one person's risk assessment for staying safe in their bedroom told staff what equipment to use and how to assist the person to move around safely.
- People's risk assessments were personalised. For example, one stated that '[Person] likes their bedroom door left slightly ajar' in order to feel safe.
- If people needed close observation staff used the home's 'Safe and Seen' recording system to ensure the person was regularly checked and was safe.
- Systems were in place to ensure the premises were safe and staff knew what to do in an emergency and included evacuation plans.

Staffing levels

- People and relatives said the home was well-staffed. One person told us, "There is sufficient staff." A relative said, "There are enough staff even at weekends. There is always somebody here."
- There were enough staff on duty to meet people's needs. A relative said, "My [family member] requires hoisting and there are always two members of staff to work the hoist."
- We saw there were plenty of staff available to assist people, including those who needed one-to-one support with their meals.
- Staffing levels were based on the needs of the people using the service. Extra staff were used if people's dependency levels changed. A nurse told us, "The staffing levels are good, we have time for people."
- Staff were recruited safely in line with the provider's policy and pre-employment checks carried out to

ensure staff were suitable to work in a care home.

Using medicines safely

- People said staff ensured they had their medicines as prescribed. One person told us, "I get my medication when I need it, the staff are on the ball with that."
- Relatives were also satisfied with how staff managed their family members' medicines. They told us people had their medicines at the right time.
- The home had systems in place to ensure medicines were managed safely. Records were kept to evidence this. Trained and competent staff administered medicines.

Preventing and controlling infection

- All areas of the home were clean and fresh and people and relatives confirmed this. One person said, "It's very clean and there are no smells." A relative told us, "It is clean and the bedrooms are immaculate."
- Staff were trained in infection control and used personal protective equipment like gloves and aprons when they needed to.

Learning lessons when things go wrong

- Lessons were learnt and improvements made when things went wrong. For example, the home's accident and incident book showed what staff did following an incident when a person fell.
- The response included increased monitoring, encouraging the person to use their walking aid, and referring them to healthcare professionals for further assessment.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before coming to the home. Relatives told us both they and their family members were involved in the assessment.
- One relative commented on how sensitively staff dealt with their family member's admission to the home. They told us, "It was very hard to decide to move my [family member] here. The manager helped me to come to terms with it and the staff sorted me out and explained the best way forward."
- Assessments covered people's health and social care needs and protected characteristics under the Equality Act were considered during the assessment process in line with the provider's Equality Diversity and Human Rights policy.
- Improvements were needed to the assessment form to ensure information about people's cultural needs were captured in full. Following our inspection, the registered manager updated and improved the form and sent us a copy to show this had been done.

Staff skills, knowledge and experience

- People and relatives said they thought the staff were well-trained and experienced. Staff told us they had the support and training they needed to provide good-quality care at the home.
- New and existing staff received extensive training opportunities. These consisted of both mandatory and person-specific training. Staff who had previously not worked in care completed the Care Certificate, a recognised introductory training course in care.
- Mandatory courses included health and safety, moving and positioning, infection control, and safeguarding.
- Person-specific training was provided so staff could effectively meet people's particular needs including wound care, and the use of ventilation equipment.
- Some staff at the home were 'dementia champions' meaning they had excellent knowledge and skills in the care of people with dementia and were a source of information and support for co-workers. They provided in-house dementia training sessions for staff and relatives.
- Newly-qualified nurses and given extra support when they took up their posts.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food served. One person said, "The food is fine, it suits me."
- Relatives could join their family members for meals at the home. One relative said, "We've had a meal here and it was lovely."
- The chef was knowledgeable about people's likes and dislikes, and any special dietary requirements they had. They told us, "We're having salmon today but there's three who don't like salmon so they're having

quiche instead."

- Lunchtime was a lively and social occasion. People had a choice of menu items and a choice of drinks. There were plenty of staff available to serve people and assist them with their meals where necessary.
- People's nutritional needs were assessed and they had eating and drinking care plans for staff to follow. If people needed additional support with their nutrition they were referred to dietitians and/or the SALT (speech and language therapy) team and staff kept food diaries and weighed them regularly to ensure their nutritional needs were met.

Staff providing consistent, effective, timely care

- Relatives told us they were satisfied with the quality of medical care at the home. One relative said how well staff at the home worked with healthcare professionals in the wider community. They told us, "The medical side here is brilliant. The doctors come here if they need to and the staff ring us and keep us up to date."
- The two visiting health care professionals made many positive comments about the home, the staff, and the quality of care provided.
- One visiting health care professional told us, "I think this home is superb. The staff are positive and proactive and know the residents as people. The care is excellent and the communication superb. They report changes to us and to relatives and avoid people having to go to hospital unnecessarily."
- People's healthcare needs were assessed and records showed their health care plans were regularly reviewed and updated in association with visiting health care professionals.
- People had regular appointments with healthcare professionals including GPs, district nurses, dentists, dietitians, opticians, chiropodists and physiotherapists.

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

- All the people and relatives we spoke with said they thought the premises were of a high standard. "Look around," one person said, "It's a lovely looking place!" A relative said the home was well-laid out because people always had staff nearby whenever they needed them.
- Since we last inspected two large spa bathrooms had been created with colourful murals and rise and fall baths. One of these had a ceiling hoist and a sensory sound and lights system so people could enjoy a relaxing bathing experience.
- People including those living with dementia, had the reassurance of familiar pictures and items to engage them. Themed corridors based on the seaside and the movies had been created.
- All areas of the home were accessible to people with limited mobility, including the secure and secluded gardens. There was a range of lounges and dining areas so if people wanted to spend quiet time alone or with relatives they could do so.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where appropriate people had been referred to the DoLS team for assessment.
- Staff were trained in the MCA and understood what it meant to deprive someone of their liberty.
- Staff sought people's consent before assisting them with their care needs. A relative said, "They [staff]

always explain to my [family member] what they are going to do."

- People had mental capacity assessments which explained what decisions they could make on their own, for example what to wear and to eat, and decisions they might need support with.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The staff were kind and caring and valued the people they supported. One relative said, "They hug [family member] and this makes them feel special. I think [family member] feels loved here."
- People and staff got on well together. Staff engaged in banter with people, which people enjoyed, and provided people with reassurance when it was needed.
- The atmosphere was relaxed and people felt at home. After lunch one person came into the small lounge and settled themselves onto the sofa for a nap. "Don't mind me," they said, "I always put my feet up here after lunch because it's so comfy."
- Visitors were welcome at any time. One relative said, "I can visit when I want to. Our grandchildren [from babies to teenagers] can visit."
- The home had created a children's reading corner where young visitors could gather and look at picture books. These dealt with topics like dementia in a way that children could understand. The registered manager said the reading area was popular with families who could, if they wanted to, use the books to explain the aging process to children

Supporting people to express their views and be involved in making decisions about their care

- People made choices about their daily routines and lifestyles. One person told us, "I get up when I want to get up and it's my choice to get up when I want to."
- People's preferences were recorded in their care plans and staff followed these to ensure people had their care and support in the way they wanted it.
- People, and relatives where appropriate, were involved when people's care plans were written and reviewed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and knew what was important to them in terms of their self-worth. One relative said, "My relative is clean, tidy and well dressed. Their hair has always been their pride and joy and they love having it done here."
- Another relative said that when they visited their family member was always dressed nicely. They said this was important to them as a family as it showed the person was being cared for.
- Staff knocked on people's bedroom doors before entering and understood the importance of respecting people's privacy. They encouraged people to maintain their independence and, as much as possible, to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People were supported by staff who were knowledgeable about them. One relative said, "They [staff] know my relative well and keep me up to date with how they are."
- People's needs were promptly met. A relative said, "They [staff] are very obliging and deal with any requests straight away."
- Staff had the information they needed to support people in the way they wanted. People preferences were included so staff could provide personalised care and consideration was given to people's cultural needs and how best to meet these.
- One relative told us how their family member's health had improved since being at the home. They told us, "[Family member] hasn't had any falls since living here, is moving around better, and no longer needs the hoist."
- The home had an extensive programme of activities covering weekdays and weekends. A relative told us, "I can't fault the activities. They do baking, reading, singing, arts and crafts, and go shopping."
- We saw twelve people taking part in a quiz run by two of the home's four activity co-ordinators. The co-ordinators ensured even the quietest answers were heard and celebrated. People enjoyed the quiz and reminisced and laughed together.
- The registered manager understood their responsibilities in line with the Accessible Information Standard. Information was provided to people in a way they found accessible and included large print. Where required, advocates could support people to access information.
- One member of staff could use sign language and the local SALT team supplied Lightwriters (text-to-speech communication devices) to assist people in communicating.

Improving care quality in response to complaints or concerns

- People and relatives told us that if they had any concerns or complaints they would tell the managers or the staff. One person said, "I have no cause to complain. I'd rather talk about things if I was worried."
- If people or relatives did raise any concerns these were swiftly resolved. The registered manager ensured complainants were kept up to date with any investigations carried out and the resolution shared with them.

End of life care and support

- The home specialised in high-quality end of life care and had a designated bed, known as an enhanced bed, funded by the health authority. This was set up to prevent or shorten hospital visits for people needing care and support at the end of their lives.
- A visiting health professional told us, "The staff are excellent with people [needing this service] and they look after the whole family, all generations of them. We have had great feedback from families on the care

their family member received."

- Staff received extensive training in end of life care in house, via the enhanced beds team, and during visits to hospitals where they learnt about people's specific needs and equipment so they would be able to support people effectively.
- The home had been awarded the DELQUA (Derbyshire End of Life Quality Award). This was achieved through meeting a set of standards accredited by external healthcare specialists and professionals.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives said the home provided high-quality care and they would recommend it to others. One person told us, "It's like being in a hotel every day. It's lovely." Relatives' comments included: 'We can't think of anything to improve here'; '10 out of 10'; and 'It's the nicest home I have seen.'
- The home had an open and friendly culture and people and relatives said the registered manager and staff were approachable. One relative told us, "I would go straight to the office if I had any queries." Another relative said, "The manager has an open-door policy. Any problems and I'd talk to her."
- Staff said they would recommend the home to their own family members. A nurse said, "From the top management down, it is a very caring home." The cook said, "It's a lovely place to work. There's a great atmosphere here every day."
- The provider, managers and staff listened to people and if improvements were needed they carried them out. A visiting health professional told us, "I love this place because it keeps getting better. The registered manager and staff are very proactive, if we ask them to do something differently they do it, they want to improve they don't get defensive."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager had quality assurance systems in place to monitor the home and the care provided. Records showed audits were comprehensive and if action was needed to address any issues, this was taken.
- The provider and the registered manager involved the people using the service in audits and took their views into account. A new central heating system had been installed and the provider checked people were satisfied with this. People were but wanted the home to be even warmer so the provider ensured that the heating was turned up for them.
- Staff understood their roles and responsibilities and who to go to if they had any concerns about the well-being of the people using the service. There was always a senior member of staff on call out of hours who staff could contact for support and advice if they needed to.
- The registered manager understood regulatory requirements and had completed statutory notifications appropriately as well as completing CQC's Provider Information Return [PIR]. The information given in the PIR reflected what we found on the inspection.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager knew people and relatives well and spoke with them to get their

views on the service provided.

- People, relatives and other visitors were invited to provide feedback on the home by completing feedback cards. These could be completed anonymously if people preferred.
- People were involved when changes were made to the home. The gardens were re-designed following consultation with people and incorporated the features people asked for including a raised fishpond, scented flowers at wheelchair-height, a pergola, and seating areas.
- Managers welcomed the views of staff and any suggestions they had for improvement. A nurse said, "I am listened to. If I have any suggestions I can say, if I have any concerns I can say."

Continuous learning and improving care

- The registered manager was committed to continual learning through staff training and development programmes. The home worked in partnership with local teaching hospitals to provide placements for student nurses.
- The home was accredited for the quality of its end of life care. Staff were involved in external projects and initiative aimed at improving the quality of care and support. These included activity provision, leadership, and nutrition.

Working in partnership with others

- The home had close links with organisations in the community to support them in meeting people's needs, for example, end of life specialists, dementia support teams, and other health and social care professionals.
- The home celebrated National Care Homes Open Day and used this as an opportunity to invite the local community into Stanley House to look around and meet the staff and the people who lived there. Local churches sent representatives to the home and children from a nursery visited.