

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 care home providing nursing care for up to 21 people. It specialises in supporting people who have complex neurological needs including Huntington's Disease, acquired brain injury (for example, due to a head injury or stroke) or people with mental health needs who also have physical disabilities. 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

People told us they felt safe and staff knew what to do if abuse was suspected. Evidence of safeguarding investigations were seen. Individual risk assessments had been completed. Medicines were managed safely, and actions had been taken to investigate any gaps.

People were complimentary about the staff; the staff had been recruited safely. Staff were wearing personal protective equipment, appropriate policies and guidance were available.

People received good care, people and their relatives were complementary about the service provided. People were involved in decisions and choices about the care they received. Care plans had been developed and contained information about how to support people's needs. People were supported with their communication. Activities were available to people, and engagement with the wider community was supported.

People were positive about their care and support and told us the staff were kind, caring and knew them well. People were encouraged to learn new skills and be as independent as possible. Staff supported people to live the lifestyle of their choice. People were treated with dignity and respect.

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.

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

Rating at last inspection.

The last rating for this service was good (report published 16 November 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staff culture at another home on the same site. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We 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 remained good. This is based on the findings at this inspection.

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

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

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

At the time of the inspection the service had a manager in post, but they were not yet registered with the Care Quality Commission. This means the provider is solely legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because the home was dealing with a small outbreak of COVID-19 and we needed to be sure that the provider or manager would be available to support the inspection.

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, professionals who work with the service and 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who live at the service. Some people living at the service were not able to speak with us so we spent time to see how people were cared for by staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six members of staff including the manager, nurse, care staff (including agency) and administrative staff. We reviewed a range of records. This included two people's care records and medicines records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff treated them with respect and helped them to stay as safe as possible. One person told us, "I love it here they [staff] really care for me".
- Staff had received training in how to recognise and report abuse. Staff gave us examples showing how any concerns they had raised had been addressed.
- The manager understood their responsibilities regarding the action to take to protect people from harm.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and plans put in place to reduce the risk of reoccurrence.
- People and / or their representatives were involved in care planning and assessing risk. This encouraged people to take positive risks where appropriate. One person told us, "I like a drink so staff open my [low alcohol drink] for me. I like the taste but not the feeling so low alcohol is better".

Staffing and recruitment

- The provider had a safe recruitment system and full employment checks were completed before staff started to work in the service. The provider is in the process of recruiting additional staff to ensure people's safety needs continue to be met.
- There were sufficient numbers of staff to meet people's needs safely.
- Staff told us they enjoyed working at Stanley House. One staff member said, "It doesn't matter if you are permanent or agency, you are welcomed and supported by the manager". Another staff member told us, "[manager] is really approachable and all the staff team chip in to help each other so we can give the best care possible".

Using medicines safely

- Peoples' medicines were managed safely. There were systems in place for the safe management of medicines including the storage, ordering, administration and return of medicines.
- Medicines were only administered by staff who had the correct training to do so and comprehensive records were maintained.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons had been learned from incidents. Incidents and accident records contained good information in relation to the incident, the investigation undertaken, and the actions taken, including referrals to professionals where required. This supported lessons learned to reduce any future risk.
- Staff were encouraged to learn from mistakes. One staff member told us, "I don't feel under pressure if I make a mistake, we all learn from them and the care is then better".

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A person centred and open culture which supported good outcomes for people had been developed. All of the staff team we had contact with were supportive of the inspection process and the information we requested was provided promptly.
- People were positive about the activities they were able to participate in. One person told us, "I love the knit and natter times, I really enjoy it!".
- Staff told us they felt appreciated and valued for the work they did. One staff member said, "We are happy to travel to come to work because we are valued and respected by [manager] and the other staff".
- The manager understood the importance of people being able to stay in contact with their families and friends throughout the Covid-19 pandemic. People were supported by staff to contact their loved ones using electronic devices to ensure they could stay in contact during 'lock down'.

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; Continuous learning and improving care

- Records confirmed actions were taken as a result of investigations, accidents and incidents or when things went wrong.
- Continuous learning and improving care was supported. The manager acted when things went wrong and understood their responsibilities. Staff reported this was positive and gave examples of learning and debriefing after events.
- A range of policies, guidance and information was available to support the delivery of care and for staff to follow.

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

- Since our last inspection there has been a change to management. The new manager was in the process of registering with the Care Quality Commission.
- We received positive feedback from the staff team about the management. Comments included, "[manager] is very supportive, [manager] knows the people living here really well and will help where they can".

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

- Systems had been developed which ensured people were engaged and involved.
- Records confirmed people were asked for their views in a range of areas including menus and activities.
- Team meetings had taken place recently, notes from these included the dates, attendees and the topics discussed.

Working in partnership with others

- The service worked in partnership with others. Records confirmed professionals were involved in supporting the needs of people.
- The service made referrals to external health and social care teams when people's needs changed. This helped to mitigate risk and improve outcomes for people.
- The manager worked closely with relatives and other stakeholders, keeping them informed of any accidents, incidents or changes in people's care needs.