

Mrs Audrey Robinson

Stanbeck Residential Care Home

Inspection report

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Tel: 01900603611

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This comprehensive inspection took place on 11 April 2017 and was unannounced. We last inspected Stanbeck Residential Care Home in May 2016. At that inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that the provider had complied with the requirement notices in relation to those breaches.

Stanbeck Residential Care Home is situated in a residential area of Workington. It is approximately half a mile from the centre of town and is on a bus route serving the town centre. The home has a large garden and patio areas and provides accommodation for up to 13 older people. Bedrooms, accessible by a lift or stairs, are for single occupancy with ensuite toilet facilities. There is a dining room on the first floor that leads out to a patio and a lounge is on the ground floor with direct access to the garden.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the (CQC) 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.

During the inspection we saw there were sufficient numbers of suitably qualified staff to meet people's needs and promote people's safety.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

When employing fit and proper persons the recruitment procedures of the provider had usually been followed. However we saw for one person recently employed that one of the checks the provider usually completed had not been done in line with the company's procedures.

We saw medicines were being administered and recorded appropriately and were being kept safely. However we found that supporting information or 'protocols' were not made clear to guide staff to administer medicines which were prescribed to be given "when required" or as a "variable dose". Clear guidance is needed to help ensure people are given these medicines safely.

We have made a recommendation that written protocols for staff to follow would help ensure people are given these medicines safely and in the way they were prescribed.

People's rights were protected. The staff team were knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to and was required to maintain their safety and welfare.

Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them. People living in and visiting the home spoke highly of the staff and told us they were very happy with their care and support.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access activities and pass times of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Prescribed medicines were stored safely and managed safely but guidance for as required medicines was not always recorded.

Checks of suitability were made usually in line with the provider's policies to ensure that people being employed were fit and proper persons.

People told us they were safe and very well cared for in this home.

Is the service effective?

Good ●

The service was effective.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving where required appropriate others.

Staff had received the relevant training to fulfil their roles.

Is the service caring?

Good ●

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

Staff demonstrated good knowledge about the people they were supporting, their likes and dislikes.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good ●

The service was responsive.

We saw there were some activities which people took part in.

People and relatives felt able to speak with staff or the management team about any concerns they had.

Care plans and records showed that people were seen by appropriate professionals when required to meet their physical and mental health needs.

Is the service well-led?

Good ●

The service was well led.

There were adequate processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Stanbeck Residential Care Home

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 was 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 unannounced inspection took place on 11 April 2017. The inspection team consisted of an adult social care inspector. There were 11 people living in the home at the time of this inspection.

Before the inspection, the registered manager completed 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. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any 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.

During the inspection we spoke with the registered manager, deputy manager, three staff members, two people who used the service and two relatives. We observed how staff supported people who used the service and looked at the care records for eight people living at Stanbeck.

We looked at the staff files for staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We looked at the overall training record for all staff. We also looked at records of maintenance and repair and other quality monitoring documents.

Is the service safe?

Our findings

People living and visiting at Stanbeck that we spoke with told us they felt people were kept safe. A relative we spoke with told us they had no concerns about the safety of people at the home. One person who had not been at the home long told us, "It's good I've been made very welcome and the staff are kind".

At the last inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because some risks associated with people's care and treatment had not been appropriately recorded and that people were also put at risk of not receiving their medications correctly.

During this inspection we found improvements had been made to people's records to include all risks associated with their care and treatment. Care records relating to any risks including medications we looked at were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

We also found that the administration and storage of medicines was appropriate and safe. However we found that there was no information to guide staff to administer medicines which were prescribed to be given "when required" or as a "variable dose" (PRN). Care plans with guidance for staff and protocols for the use of PRN medicines were not always in place. The lack of written protocols for the use of this type of medication increases the risk of medicines overdose and potential of misuse.

We recommend that written protocols for staff to follow would help ensure people are given these medicines safely and in the way they were prescribed.

At the last inspection we found a breach of Regulation 13 Safeguarding services users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the provider did not have a robust process in place, including the training of staff, to manage any safeguarding concerns appropriately.

During this inspection staff we spoke with had received training in safeguarding and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

During the inspection we saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. Staff we spoke with told us they felt that staffing levels were sufficient for the current number of people living in the home and for their level of needs. There were consistently two members of staff on duty at night and this was seen as adequate to meet the needs of the people living in the home at the time of the inspection. We were told that this number of staff could, if required, be increased

based on the needs of people should they vary.

We looked at two staff files for recruitment we saw for one person recently employed that one of the checks the provider usually completed had not been done in line with the company's procedures. One reference had not been sought from the most recent previous employer in accordance with the homes recruitment policy. The registered manager addressed this during the inspection. Disclosure and Barring Service (DBS) checks had been conducted to ensure persons being employed were fit and proper.

Is the service effective?

Our findings

People we spoke with told us the food was usually good. The food served at lunchtime was freshly cooked and there was a choice of different meals. We also saw that alternatives such as sandwiches could be provided if the choice available was not to people's liking. Comments people made about the food varied: "Sometimes it's alright" and "It's very good food". A relative we spoke with said, "There is a good choice of food". We saw that food and drinks were made available at any time throughout the day. We saw some people who chose to get up later in the day were offered breakfast at whatever time they got up.

At the last inspection we found a breach of Regulation 14 Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because assessments of people's nutritional needs people had not demonstrated that appropriate food and drink had been provided to meet those needs.

During this inspection we saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. Staff we spoke with were able to tell us about training they had received. Two staff we spoke to said they were up to date with all of their training. We also spoke with a member of care staff currently being inducted into the role who expressed how informative their training had been and felt very supported by the staff team.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest decisions had been made and the process recorded for people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged.

We saw that relatives or relevant persons had been consulted where people lacked the capacity to do so and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home and people were able to spend time in private if they wished to.

Is the service caring?

Our findings

People who lived at Stanbeck Residential Care Home we spoke with told us they felt they were "well cared for" and that the staff were "very kind". One person we spoke with said, "I have never been better looked after. Another person told us, "The staff are all very helpful." A relative we spoke to said, "We feel that our [relative] is very well cared for. We have no concerns at all".

The atmosphere in the home was calm and relaxed. We saw that the interactions between staff and people living in the home demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We heard conversation and laughter between staff and people living in the home. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service responsive?

Our findings

We saw people could engage in activities of their choice. There was no organised activity or structured activities on the day of the inspection but we saw that activities had been organised that people could attend if they chose to. However we saw that people were encouraged by staff to partake in socialisation in the dining room. We observed staff engaging with people while music played and a number of people chose to sing along. We saw that the people that did engage in this really enjoyed themselves. We noted that a number of people preferred to spend time individually in their own rooms.

The home had secure outdoor areas and gardens where people were able to spend time out of doors in the summer. However at the time of the inspection we noted these areas required some work to ensure they were safe and fit for use. The registered and deputy manager told us of the imminent plans to ensure this work was completed to ensure people could use the areas as soon as the warmer weather arrived.

At the last inspection we found a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service did not have a plan of care and support that had been specifically personalised for them.

At the time of the last inspection the service had introduced electronic recording of care plans and through discussions with the registered manager and deputy manager it was evident that these had not been entirely successfully. At this inspection we found that records of care were in the process of being transferred back to paper base.

We looked at the care records for eight people living in the home. Some of these records had been fully transferred to a paper version. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

During this inspection we saw that information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories.

We also saw that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services.

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "If I have a problem I just tell them." The registered manager told us they preferred to deal with people's concerns as and when they arose.

Is the service well-led?

Our findings

People we spoke with told us they thought the home was well managed and staff said that they enjoyed working in the home. One staff member said, "I am happy working here" another staff member told us they "Loved working in the home". We also noted that some staff had family members living in the home. Results from a recent quality survey identified that people "strongly agreed" that home was well led.

At the last inspection we found a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found there were suitable processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the registered to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

Since the last inspection we could see the changes that had been implemented to improve the safety and quality of the service including the changeover of electronic recording to paper base. These improvements meant that during this inspection we found that all the essential fundamental standards had been met.

The premises were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home.

Relatives and advocates of those living in the home were regularly involved in consultation about the provision and its quality. We saw that regular reviews were held. This meant that people and or their representatives could make suggestions or comment about the environment they lived in.

As well as informal discussions with people and their relative's about the quality of the home, surveys were undertaken to find out what people felt about living at Stanbeck Residential Care Home. We saw that people's views about the quality of the care and the home had been obtained via questionnaires. We looked at what people had said and what actions or responses had been made by the provider and registered manager to improve the quality of the service. People who used the service had commented positively and said the care received was excellent and they were happy with the care provided. Comments included; "It's a fantastic home", "Lovely, caring staff" and "It's a family living atmosphere".