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

Stanley House provides personal care and accommodation for up to 42 people. On the day of the inspection the registered manager informed us that 34 people were living at the home.

This inspection took place on 27 and 28 June 2016. The inspection was unannounced and was carried out by one 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 for this inspection had experience of the care of older people and older people living with dementia.

A registered manager was in place. 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 and associated Regulations about how the service is run. The registered manager responsible for nursing was managing the service at the time of the inspection.

We carried out an unannounced inspection of this service on 1 April 2015. One breach of legal requirements was found. The provider had not ensured that people were protected against the risks of unsafe care being provided to meet people's needs. After this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We checked that the provider had followed their plan, and to confirm whether they had now met legal requirements. We found improvements in these issues and the breach had been rectified.

People using the service and the relatives we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

Staffing levels were usually sufficient to ensure people were safe though more staff cover was needed in the main lounge for a short time in the evening to ensure people were always protected from risks to their safety.

People using the service and relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines were recorded to evidence that medicines were always supplied to people.

The premises appeared safe with no tripping hazards observed.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service.

Most staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed on relevant issues in order there was no risk of them not meeting people's needs.

Staff generally understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests, though this was outstanding for one person.

People had plenty to eat and drink, everyone told us they liked the food served and people were assisted to eat when they needed help.

People's health care needs had been protected by referral to health care professionals when necessary.

People and relatives we spoke with told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a friendly and caring way.

There was evidence that people and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

There were not always sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were organised to provide stimulation for people.

People and relatives told us they would tell staff if they had any concerns and were confident they would be followed up to meet people's needs.

People, their relatives and staff were satisfied with how the home was run by the registered manager.

Management carried out audits and checks to ensure the home was running properly to meet people's needs.

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 and relatives told us that people were safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were in place to protect people from unsuitable staff. The deployment of staff needed adjusting to ensure that people's needs were met and they were always safe from identifiable risks. Staff knew how to report any suspected abuse to their management, though staff were not aware of all relevant safeguarding agencies they could contact if abuse occurred. Medication had usually been supplied to people as prescribed, though there were a small number of issues regarding medicine recording.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs though more training was needed for some staff to enable them to more effectively meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had plenty to eat and drink and told us they liked the food served. There was collaboration with and referral to health services to maintain people's health.

Is the service caring?

Good

The service was caring.

People, their relatives, and an outside professional told us that staff were friendly and caring. We observed this to be the case in all interactions we saw.
Staff protected people's rights to dignity and privacy. We saw evidence that people and their relatives had been involved in planning their care and decision-making.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had usually been provided to respond to people's needs when needed those staffing levels always needed to be in place to ensure this always happened.
Activities based on people's preferences and choices were available to them.
Staff had usually contacted medical services when people needed support. People and their relatives told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Good

This service was well led.

People and their relatives told us that management listened to and acted on their comments and concerns. Staff told us the management team usually provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

Stanley House

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 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 for this inspection had experience of the care of older people with dementia and end of life care.

Before the inspection, the provider 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 also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes the service's aims and objectives. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with eight people using the service. We observed how people were supported during their lunch and during individual tasks and activities. 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 also spoke with the registered manager, two deputy managers, a nurse, three relatives, a nurse, a health professional, four care workers, an activities organiser and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

At our inspection on 1 April 2015 we found that the provider did not follow care plans and risk assessments to ensure care staff supplied safe care relevant to people's individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements. At this inspection we found that improvements had been made.

People living in the home and relatives we spoke with said that people were safe.

A person told us, "I have a buzzer and they do come quickly. " Another person said, "Yes, I feel safe and have no worries. I am allowed to do as I wish; they know me and respect my wishes. If I use the buzzer they answer it quickly." Another person said, "Yes, I feel safe. I have no worries or concerns about other people here."

We observed that there was support for those who needed it and encouragement to maintain independence which was carried out unobtrusively. Staff understood the help that was needed to maintain safety and wellbeing and it was delivered in a timely manner.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks, including falls, manual handling, difficulty swallowing, and the risk of developing pressure ulcers. The staff we spoke with were aware of their responsibility to report any changes and act upon them.

For example, a person was assessed as being at risk of developing pressure sores. The risk assessment included relevant information such as the provision of a specialist mattress and the need to protect the person's skin by the application of barrier cream. There was also information as to the need to regularly reposition the person in bed. We looked at records and these indicated these measures had been carried out. Where a person had a wound, a wound care plan was in place which identified the dressing and bandaging required and when this needed to be changed.

There was information in a person's care plan that they should be assisted to eat soft foods in an upright position to ensure they were protected against the risk of choking.

We spoke with the cook who showed us relevant information as to people's nutritional needs to ensure the food provided was safe for them to eat. We checked the nutritional needs of one person which stated that, dependent on their current health needs, they may need different forms of diet. This was included in the information the cook showed us. This showed that relevant information was available to staff to keep people safe. We observed staff following these safety issues.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was regular servicing of equipment such as hoists and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place.

Staff were aware of how to keep people safe. For example, to put equipment away to make sure there were no obstacles in the way of people's mobility and to make sure that people were not rushed when personal care was provided. There were systems in place to keep people safe such as window restrictors to ensure people could not fall out of windows.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This showed that the necessary documentation for staff was in place to demonstrate staff were safe to provide personal care to people.

Staff told us they believed there were sufficient staff on duty to ensure people were safe. Most people and their relatives also told us that staffing levels were sufficient to keep them safe. However, one person told us there was a gap in staff availability which occurred during the staff handover in the evening between 8.45 p.m. and 9.45 p.m. It was said that those people who stayed up were left on their own in the main lounge without a staff presence, though, "At other times there are plenty of staff." The person said another person fell from a chair and people had to shout for staff to help him. The registered manager said this issue would be followed up to ensure that there was a staff presence in the lounge at all times where people were present. After the inspection, the registered manager sent us information which stated that there would be a designated staff member in the main lounge/dining room area at all times in the evening to support people's safety needs.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own. We saw evidence of a recent incident where the registered manager had cooperated with the local safeguarding team with regard to a safeguarding incident.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "We have had training and know that we have to report this to management." However, not all staff were aware of all the relevant agencies they could report abuse to. The registered manager said this would be followed up with staff to ensure they were well aware of how to contact other relevant agencies if needed. The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations.

People told us they had mostly received their medicines at the time they were supposed to get it. Relatives told us as far as they were aware, there had been no problems with their relatives receiving medicines from staff.

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by nursing staff that had been trained and assessed as being able to do this safely.

We looked at the medication administration records for people using the service. These showed that

medicines had, in the main, largely been given and staff had, in the main, largely signed to confirm this. The application of creams had not been individually signed by staff which made it difficult to ascertain whether creams had been applied as required to ensure people skin was protected. The registered manager said she would follow this up with the small number of recording issues on medicine sheets where medicines had been omitted without stating why they were not supplied to people.

We observed some people being given their medicines by nursing staff. This was carried out properly and people were given fluids in order to be able to take their medicines more comfortably. There were regular medicine audits undertaken so that any errors could be identified. Temperature checks for the fridge holding medication had been carried out and these were in line with required temperatures to make sure the effectiveness of medication was safely protected.

There were checks in place for the room where medicines were stored. This ensured that medicines were kept safely and not exposed to heat which can result in them not working safely and effectively as they should.

Good

Is the service effective?

Our findings

The people and relatives we spoke with said people received the care and support they needed. A relative told us, "The care they give here is really good. Staff know what they are doing."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We are always encouraged to do training. It just makes sure that we are aware of all the things we need to know." Staff told us there were always opportunities to discuss any issues with senior staff to help them provide effective support to meet people's needs.

The staff training matrix showed that staff had training in essential issues such as dementia, protecting people from abuse and moving and handling techniques. A deputy manager explained that she was in the process of ensuring that staff had care certificate training, which covers essential personal care issues and is nationally recognised as providing comprehensive training. Nursing staff explained specialist training that they had attended. We saw evidence of a programme to support newly qualified nurses to ensure they were able to meet people's needs. There was also information on people's health conditions in their care plans to assist staff to be able to understand the implications of these conditions.

New staff were shadowed by senior care staff. Staff members explained that this was over a two-week period and had been useful in being shown how to provide care and being able to seek advice on how to effectively meet people's needs. We saw that induction training such as moving and handling and protecting people from abuse had also been provided to ensure that staff understood how to effectively meet people's needs.

We saw that some staff had not undertaken training in relevant issues such as infection prevention and control and medicine awareness. One staff member also said that it would have been useful to have more detailed training on dementia and practical first aid training. The registered manager said she would arrange further training. This would mean that staff would be fully supported to be aware of and able to respond effectively to people's assessed needs.

We saw that most staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The staff we spoke with explained their responsibilities in relation to the MCA. One person told us they were not happy that staff had not allowed her to go out to do some shopping . We discussed this with the registered manager and later on the inspection we were supplied with evidence that a best interests meeting was being set up with the person and their family to discuss how to promote the person's interests at the same time as protecting their safety. Following the inspection, the registered manager informed us that this meeting had taken place and an agreement reached with the person with regard to arrangements for going out.

At this inspection we found evidence of some comprehensive mental capacity assessments for individuals and best interest assessments. Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act. There was a form in place for assessing people's mental capacity. Deprivation of liberty (DoLs), applications had been made with proper authorisations granted to enable staff to take decisions in people's best welfare interests.

At all times during the inspection we observed staff explaining to people what they were intending to do and seeking their consent before providing personal care.

All the people we spoke with said they thought the food was good. One person told us, "The food is good and the people who serve it are very good too." Another person told us, "You certainly don't go hungry here!" A relative told us, "The food always seems really good. I know there is home baking and the smell of it is lovely."

We observed mealtimes at breakfast and lunch. The choices were displayed on the menu boards so people could see what food was available and we saw that staff also asked people what choice of food they would like. Meals were served in a calm, organised environment which was clean and well lit. The atmosphere was pleasant and the staff cheerful. Interactions between staff and people were warm and staff encouraged people to eat who needed assistance. This was carried out at the person's pace so that they had time to eat and were not rushed.

We saw information in residents meeting minutes which indicated that people were asked as to their opinion of the food. There were only positive comments about it.

People with swallowing difficulties were supplied with soft and pureed food and thickened drinks. The food served was of good portion size and was nutritious.

We saw that people were offered drinks frequently by staff and there were jugs of drinks available in communal areas easily accessible so that people could have a drink whenever they want to. People also told us that drinks were available at any time and we saw that staff encouraged people to drink. This prevented people suffering from dehydration.

The cook had a good understanding of the nutritional needs of people and their individual likes and dislikes. She told us that when a newly admitted person came into the home to live, she spoke to them and their family about their favourite foods so this could be incorporated into the menu. We saw evidence that a person that did not eat meat was provided with suitable food that met their needs.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

Staff told us that the GP would be called if a person was not feeling well. Records confirmed people were supported to access other health and social care services, such as GPs, dentists, opticians and physiotherapists. There was evidence of a weekly GP surgery held in the home. This enabled people to receive the care necessary for them to maintain their health and wellbeing. There was evidence of involvement of various health professionals in people's care records to effectively maintain their health.

We spoke with a community nurse about the standard of health care at Stanley House. The community nurse stated that staff were quick to refer people to health care professionals when needed and they carried out any identified tasks to maintain people's health care needs.

We looked at accident records. We found that where people had potentially serious injuries, such as following falls, staff had usually alerted the emergency services and people had been taken to hospital for treatment. We also saw one record of an accident that occurred 11 months previously where the person had complained of pain. They had been supplied with pain relieving medicine but no referral to medical agencies had taken place. The registered manager acknowledged that this should have happened and stated that this would be carried out in the future.

Good

Is the service caring?

Our findings

People told us staff were friendly and caring. One person told us, "The staff are caring, they are patient and not moody." Another person said, "The staff are fine, there is nothing wrong with them at all. They treat me with respect."

Other people commented, "The staff are very polite, courteous, kind, thoughtful and helpful. The laundry staff are good too. They always present my laundry beautifully." And, "They listen to you, if you don't want to do something then you don't have to."

We observed that staff being respectful and caring in their dealings with people living in the home. There was a consistently cheerful atmosphere. All staff, whether they were care staff, kitchen staff, activity or domestic staff interacted, in a warm way with people and this created a positive and relaxed atmosphere. People coming into the dining room to breakfast were all greeted by their names and in a friendly and welcoming way.

Relatives of people living in the home we spoke with also said that staff were always friendly and caring. One relative told us, "The way they treat my husband is fantastic. I could not ask for better care for him." The healthcare professional we spoke with also said that staff were consistently friendly and respectful towards people.

We also saw comments from relatives in the information available by the front door of the home. Very positive comments included, "Staff are wonderful with everyone. Very caring", and, "Wonderful caring staff. Nothing ever too much trouble."

The conversations we heard between people and staff were polite and caring. For example, a staff member was observed to sit down and speak with a person who was upset to provide reassurance.

We saw evidence in care plans that people, or their relatives if they did not have capacity to do this, signed to state their agreement with the care plan. However, some people told us they could not remember being involved in setting up of the plan when they first were admitted into the home. The registered manager said this would be followed up to ensure that people or their representatives always had involvement in setting up their care plans to make sure their needs were recorded and acted on.

We saw people eating slowly and it was apparent that staff assisting were aware of people's needs and complied with their pace without trying to hurry them. Other examples were when we saw a staff member assist a person with a walking frame and this was carried out in a gentle and patient way. Staff asked people if they had finished their meals and if they could take their food trays. People were able to complete their meal in a stress-free and unhurried manner, whilst still being able to retain their dignity.

The philosophy of care at Stanley House was set out in the literature of the service. This emphasised respect for people, encouraging independence, respecting privacy and for people's rights and needs to be

respected. This orientated staff to provide a caring service.

We saw that people from all cultural communities had been consulted about issues of importance to them. For example, a care plan of a person included the need for the person to pray in the morning before having breakfast. This set out that staff should allow the person time to do this alone. People from all communities were asked about their food preferences and we saw an arrangement whereby a person's relative brought in foods from their cultural background which they enjoyed. This showed us there was respect for people's cultural and religious needs.

Staff told us that they respected people's privacy and dignity. They gave us examples of this such as protecting people's dignity during personal care by covering any exposed areas. We saw, 'please respect my privacy' posters on bedroom doors to signal to everyone not to enter the room when personal care was being provided to people.

We saw staff protecting people's independence. Staff said they promoted people's independence by seeing what people could do for themselves, such as being able to wash their hands and faces and encouraging them to do this. A staff member assisted the person by informing her of the food that was on her breakfast tray and helped her to locate her spoon so that she could independently eat her food. One staff member told us, "People are adults and they have the same rights as you or I and we always remember this."

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people who used the service had the opportunity to make choices about all issues. For example, people were asked what food they wanted to eat. The activities person asked people if they either wanted the TV on in the lounge or to have music of their choice instead. Staff asked people where they wanted to sit in the lounge.

We observed a notice on a person's bedroom. This stated the person wanted to have breakfast in bed and to get up at a later time near to midday. This showed us there were systems in place to ensure that people's preferences were respected and followed.

Relatives told us they were able to visit regularly and were always warmly welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

These factors showed that staff were caring and respectful in their dealings with people and respected their rights to choose their lifestyles.

Good

Is the service responsive?

Our findings

People told us that staff looked after and responded to their care and health needs.
One person said, "If I use the buzzer they answer it quickly." Another person said. "They don't forget if you ask for something." Another person said, "If I am unwell they will sort everything out for me."

Another person told us, "I feel safe here. I can't get my buzzer sometimes. I am very well looked after really." This person was receiving care in bed. The call bell on the wall was out of reach. A member of staff came in to attend to the lunch tray and rectified this. The registered manager said she would follow up the issue of the location of call bells so that people could use them.

A relative said, "It's 100% care here. They definitely look after him. He wasn't well one day and I told a staff member and he came to see what was the matter immediately."

We saw many instances of staff responding to people's needs. For example, a person said they felt cold and a staff member immediately got him a blanket to cover his legs. They thanked staff for doing this. A staff member asked a person if they had any pain when supplying them with their medicine. This was to ensure that they could be given painkilling medication to respond to their condition.

We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. There was also information about people's interests and lifestyle preferences. When we spoke with staff about people's needs and interests, they were familiar with them as were able to provide information about people's likes and dislikes. Care plans were seen to be in place and were reviewed at least every month.

We saw that turn charts recording action needed to protect people's skin were completed by staff to ensure appropriate care was provided. We saw another care plan which set out end of life care to ensure that staff respected people's wishes and that treatment was in place to deal with pain relief.

Staff told us that management staff had asked them to read care plans and there was a sheet at the front of care plans for staff to sign to indicate they had read them. This meant they were in a position to respond to people's needs. They said if people's needs changed then they were informed of this through staff handovers. We observed a staff handover session where relevant information was provided to staff such as encouraging people to eat by supplying favourite foods, and details of people's changing needs. This meant that people's new and changing needs could be responded to.

Relatives told us there were sufficient staff on duty to meet people's needs.
Staff also told us that there were usually enough staff to be able to respond to people's needs, although there were comments received that it took some time for people's needs to be met if there was only one staff member in the main lounge. We asked a staff member why no one was sitting on the patio outside when it was a warm and sunny day. The staff member said that there was not sufficient staff numbers to

monitor the lounge area. We looked at staff rotas. We found that staffing levels had not always been maintained at the same level. The registered manager stated that recently there were higher staffing levels and if there was staff sickness then every effort was made to maintain these levels. The registered manager said this issue would be reviewed so that there were always sufficient staff in place to meet people's needs at all times.

A person told us, "We have lots of activities, games and things. The staff like to keep you happy and occupied." We saw a date and weather board, which was maintained by one of the people living in the service. There was also a seasonal summer reminiscence box containing seaside related items and a large communal jigsaw which invited people to add a piece. There were books and DVDs available in lounges and people had a choice of where to sit, if they wanted a quieter area.

Activities were varied, appropriate and well run. We spoke with an activities coordinator who showed us different activities throughout the week. These included singing, pamper sessions, gardening, artwork, games and trips out. There was a display board showing pictures of recent outings. We saw activities workers engaging with people in various activities such as singing, quizzes and crafts sessions. Staff told us that they had been to see a musical play at the theatre and there had been a trip to the pub and the cinema. A staff member told us that there could be more frequent outings because some people would enjoy having more trips out. The registered manager said that this would be looked into and we were later sent information that more frequent trips had been organised.

One person showed us his art work, which staff helped him with. Another person's art work was on display in the home. This told us that people's interests and hobbies had been promoted and there was a real interest in ensuring people had proper stimulation, if they chose to take part.

A person told us, "I would feel comfortable approaching staff if I had a complaint." Another person said, "I did make a complaint. I took it to the manager. They responded quickly to the issue and resolved it. I would be comfortable doing so again." Another person said, "I have had no need to complain as the staff do listen here."

One relative told us that when she raised some minor issues with management staff this was attended to quickly. Another relative said, "I have never needed to make a complaint. If there have been some minor things then I have gone to the office and they have been sorted out very quickly."

We looked at the complaints book which contained a small number of complaints. Proper investigations had been carried out on the issues concerned and action was identified when needed, although the complainant had not been informed in writing as to the outcome of their complaint. The registered manager stated that this would be followed up. This would provide information to the complainant as to how their complaint was dealt with and further evidence that the service fully responded to complaints and concerns.

In the minutes of residents meetings we saw that people had been encouraged to speak out if they had any worries or complaints. This indicated that the provider wanted to take action if people or their relatives had any concerns about the care provided.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider. There was no information about the local government ombudsman should the complainant that the local authority had not followed proper process in investigating their complaint. The registered manager said this would be included in the

procedure.

We looked at care records which showed that medical agencies had been appropriately referred to when needed. A health professional told us that staff appropriately alerted her team to any medical issues should the need arise.

We saw records of accidents. We found staff had referred people to medical services when they had a potentially serious accident, although there was one occasion where a person had a fall, had complained of pain and received painkilling medicine though there had not been a referral to outside medical professionals. The registered manager said this would be looked into to ensure referrals were made in the future. Staff told us that they were able to alert management staff to medical concerns and these issues were followed up. A relative told us that she had requested a GP visit because of a potential chest issue and she said that they staff quickly responded to this request. People's needs had therefore usually been appropriately responded to.

Good

Is the service well-led?

Our findings

People who lived in the home and their relatives thought the home ran well. People told us, "I have got no complaints about management. I am quite satisfied. The kitchen staff are good too, in fact all the staff are," "I would be happy to recommend this home. As far as I am aware there is nothing that needs to be improved," "I think it is well run and you can talk to people and they will always get things sorted for you. What I think is good is the food and also the cleanliness, it's all lovely and bright and it has been recently decorated. It is tasteful."

The deputy managers were visible, available and proactive in managing the service. It was clear that they walked the floor and we saw they were supportive to staff as well as knowing people well. Staff interactions were relaxed and cheerful. There was a real sense of a team with staff in all roles being involved in ensuring the comfort and wellbeing of people.

In the reception area, there were opportunities to comment and review previous feedback with a comments book, a display of post it notes praising the care provided by staff and a folder of survey feedback. There was also a display board entitled "You said…we did". This was a display of suggestions with the action and response taken by the service. This indicated an open attitude interested in improving the service.

All the relatives we spoke with also told us they thought it was a well-run home and they would recommend it to any friends or relatives of theirs. Relatives told us when they had spoken with management staff about any issues, these had been followed up effectively and quickly.

Most staff told us they could approach the management team about any concerns they had. One staff said, "If I have an issue I can just go to the office and they always have time for you." Another staff member said, "We get support when we need it." However, we also received a comment that not all nursing staff provided support to care staff when there were high demands on them to provide personal care. The registered manager said this issue would be discussed with nursing staff to ensure that support was available when needed.

Staff members we spoke with told us that the management team led by example and always expected people to be treated with dignity and respect. For example, we saw posters around the home which encouraged this such as asking staff to be aware of how they communicated to people and to share what they learnt about people, for example people's likes and dislikes. Staff said they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Stanley House were always put first.

We saw that residents meetings had taken place. People told us that the home management responded positively to changes. There were relevant issues discussed in the meetings such as gaining people's views of the service about important issues such as activities, food, staff training and facilities. We saw that relatives also attended these meetings to put forward their views. This meant people and their relatives were consulted about how the services offered and they were included in the running of the home.

Staff said that essential information about people's needs had always been communicated to them by way of daily handovers so that they could provide appropriate care that met people's needs. These are examples of a well led service.

We saw that staff were supported through individual supervision, appraisals and staff meetings, although in the staff files we looked at supervision sessions had been infrequent. The registered manager said this would be followed up and sessions made more frequent. Staff supervision records evidenced that supervisions covered relevant issues such as training and care issues. This meant that staff had received some support to discuss their competence and identify their learning needs.

People, staff, relatives or relevant outside professionals had not been asked their opinions of the service in the past year by way of completing satisfaction surveys, although there was a survey in place to find out people's experience of being admitted into the home and whether this could be improved. The registered manager said that people's opinions were sought in other ways, such as face-to-face meetings or residents meetings. She would review this issue to consider whether surveys needed to be issued again to effectively capture people's views of the service.

We saw minutes of staff meetings. These covered relevant issues such as staff training and management expectations as to how to provide effective individual care to people. Staff told us that they could raise issues and suggestions at these meetings, they felt listened to and issues put forward were discussed and taken into account by the management of the service.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included audits looking at infection control, observation of care practice by staff, care planning, fire checks, the premises, maintenance checks and protecting people's skin from pressure sores. By having quality assurance systems in place, this protected the safety and welfare of people living in the service.