

Excelsior Health Care Limited

Stanton Hall Care Home

Inspection report

Stanton By Dale
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection was unannounced and took place on 7 September 2015. At our last inspection on 7 and 14 October 2014 compliance actions were issued as we identified that improvements were needed regarding the management of medicines and the level of staffing. The provider sent us a report in February 2015 explaining the actions they would take to improve. At this inspection, we found improvements had been made since our last visit regarding medicines management, however we found insufficient improvements in the level of staffing.

The service was registered to provide accommodation for up to 45 people. People who used the service had physical health needs and/or were living with dementia. The accommodation is divided into two units. The main building supporting people over 65 years of age and a smaller unit known as the Stanhope adjacent to the main building housing in a separate building supports people aged between 18 and 65. At the time of our inspection 27 people were using the service.

The service did not have a registered manager. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited a manager who had recently started to work at the service. They told us they were going to apply to register with us.

Staff were not always available to support people promptly, however they knew the importance of recognising and ensuring people were kept safe. People's medicines were managed safely and in accordance with good practice.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We were told some people lacked capacity in certain areas but capacity assessments had not been completed to show how people were supported to make those decisions.

People received food and drink that met their nutritional needs and people could choose what they ate. Referrals were made to professionals to maintain people's health and wellbeing.

Staff responded to people in a calm and kind way, but the main interaction with people was focussed on offering support or completing a care task. People did not always receive care that met and responded to their needs and preferences particularly in relation to hobbies and interests.

People were able to raise a complaint and felt it would be dealt with appropriately. There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff and a programme of audits. The provider played an active role in quality assurance to ensure areas of poor practice could be identified so the service could improve. Quality monitoring visits had not identified some of the areas of concerns we found during our inspection visits.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

The service was not consistently safe. Improvements were required to ensure people's risks were managed to promote their safety.

Staff were not always available to consistently respond to people's needs in a prompt manner.

The Staff knew their responsibilities to protect people from harm.

People's medicines were managed safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff received an induction and training when they came to the service.

People's food choices were responded to and people were encouraged to maintain a healthy diet.

People had access to health care professionals when they needed to see them.

People were supported to make decisions and where there was a lack of capacity the staff followed the requirements under the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People's privacy was respected.

Good



Is the service responsive?

The service was not consistently responsive.

People did not always receive care that met their needs and preferences, particularly in relation to their hobbies and interests.

Complaints were managed appropriately.

Requires Improvement



Is the service well-led?

The service was well led.

People were asked for their opinion of the service. Effective systems were in place to regularly assess and monitor and improve the quality of people's care.

Good



Stanton Hall 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 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. Our inspection team consisted of three inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We spoke with eight people who used the service and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with seven members of care staff, the deputy manager and the area manager. We looked at care records of eight people and other records relating to the management of the service.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

Is the service safe?

Our findings

At our last inspection, we found the provider did not always store medicines in line with the manufacturer's instructions and that records were not accurately recorded. This meant that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the required improvements had been made. People told us they received their medicines when they needed them. One person said, "I receive my medication and injections regularly." Records showed that medicines were being administered to people as prescribed. Staff told us and records confirmed they received regular training to ensure they were managing medicines safely. We found that medicines were stored safely and there were effective systems in place to monitor this.

At our last inspection, we found the provider did not have sufficient staff to support people's needs. This meant that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection staff told us there has been an increase in staffing during the afternoon. However in the main building people told us and we saw there were not always enough staff to support people's needs. One person said, "The staff are nice, but they don't spend a lot of time with me." Another person told us they used their call bell in their room and often had to wait for it to be answered. A relative told us, "There is regularly not enough staff." We observed a relative requesting staff to support their relation with personal care. This was because staff had not been visible within the lounge for ten minutes and the person had not been provided with a call bell. The person was unable to move from their chair without assistance so relied upon knowing staff were nearby. Other people who had limited communication and mobility within the small lounge were not provided with a call bell. Staff confirmed that one of the people within that lounge usually did have a call bell. The staff took five minutes locating the call bell, which had not been provided leaving the person unable to

call for assistance if required. One person asked us to provide a drink as they were unable to alert the staff as they had no means of doing so. The main building comprised of three areas and staff worked within all three areas. The same staff also supported a person who remained in their bedroom and who required hourly checks and two hourly repositioning which required the assistance of two staff. Staff confirmed and we observed people were left for long periods without supervision or support. For example we saw one person who required assistance waited for five minutes before being supported by staff. During lunchtime we observed a person who required support with their meal, had the meal placed in front of them and then had to wait ten minutes to be supported to eat their food. We observed some people were not moved for several hours, this placed these people at risk of skin damage. Staff confirmed that they would usually encourage position changes however this had not happened on the day of the inspection.

In the Stanhope unit in the morning there were sufficient staff to support people with their care needs. However during the afternoon and evening, a call to staff from the main building had to be made when people required the support of two staff. The manager explained they used a dependency tool to establish staffing levels based on the number of people and their individual needs. The manager felt the current staffing levels met people's needs; however, they agreed to review the staffing levels.

This is a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that general risk assessments had been completed and they provided instructions on how to minimise risks to people's health and wellbeing. However, individual risks and the review of incidents were not consistently completed to promote people's safety. For example one person had independently left the home on more than one occasion. Staff told us and this person's record showed they were not safe to access the community unsupported. There had been no review of the person's risk assessment to prevent this from occurring again. Another person who enjoyed a cigarette; had no risk assessment to ensure they and others were kept safe during this activity.

Relevant checks were carried out before a new staff member started. Staff told us, "I had to provide two references and complete a DBS check before I started." A

Is the service safe?

DBS provides a check relating to any previous criminal records. The manager had an on-going recruitment process in place and they used regular 'bank' staff. Bank staff are used to cover for sickness and holidays.

People told us they felt safe. One person said, "I feel safe because my bedroom door is shut at night and no one can come in." Staff we spoke with had a good knowledge of

safeguarding and how to report any concerns. Staff said, "I know the different types of abuse and would report to the manager or CQC if need be." We saw that the manager reported safeguarding concerns to the local authority as necessary. The manager told us and records confirmed, equipment to maintain peoples safety had been maintained.

Is the service effective?

Our findings

People told us they had a choice of food and drinks that met their individual needs. One person said, “The meals are very nice, you cannot fault the food.” And, “The food is beautiful you get about two or three choices like today, I fancied meatballs in gravy.” We saw that specialist diets were catered for. For example people who had difficulty swallowing received food pureed or mashed which enabled them to eat safely. One person told us they were on a strict diet and staff helped them to maintain this by keeping a diary and weighting them regularly.

The provider took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and they used this knowledge to assess people’s mental capacity. The manager had made applications to the local authority for DoLS assessments when required, we saw the staff gave people choices and supported people to make decisions. One staff member said, “We need to encourage people to make decisions for themselves when they are able or help them with the decision when they cannot.” We saw that staff sought

people’s consent before they provided care and support. For example we saw one staff member say “Can I just help you move your position, so you can have your lunch?” before they supported the person to move.

People and their relatives told us and we saw staff had a good knowledge and the skills to meet people’s care needs. One person said, “They are well trained and they know me well.” Staff told us they received an induction covering training and were being supported by experience staff before progressing to support people on their own. Other staff members told us they received the necessary training to enable them to support people effectively. One staff member said, “I have had good support, I am still learning, there is always training.” We observed staff using their knowledge of how to use the equipment in supporting people to transfer in a caring and dignified way.

People told us they were supported with their healthcare needs. One person said, “They speak to me about my diabetes and when my blood sugar is high they make a referral if needed.” On the day of our visit a person was supported by staff to attend a healthcare appointment which demonstrated people were able to visit local facilities as well as receive appointments in the home.. Staff told us and records confirmed that referrals had been made to healthcare professionals to support people to maintain their health and wellbeing.

Is the service caring?

Our findings

We observed staff treated people with dignity and respect. Staff were very patient with people, not rushing them and respected individual's privacy when they visited the bathroom. People told us they felt well cared for. One person said, "Care here is brilliant, they are a good team." And, "They are very nice, they are very helpful." Relatives we spoke with also confirmed this. One relative said, "Carers are very good." We observed staff interacting with people in a caring manner and we saw positive relationships had been developed. For example we saw one staff member assisted a person to get comfortable in their chair in an attentive and caring manner. They said, "We will soon have you comfy, there you are."

Staff we spoke with were able to tell us about people who used the service and their interests. For example staff told us one person liked jewellery and this was recorded in their care plan and pictorial information available on their bedroom door.

People told us staff supported them to be actively involved in decisions about their care. One person said, "Staff were really nice, they brushed my hair, washed it and cut all the grey out and coloured it." People also told us they had a choice in their care. One person said, "I choose when to go to bed and get up." We observed staff offering choices to people. For example one person had crumpets; they had requested no butter on them. The staff said, "Are you sure you don't want any butter on your crumpets?" The decision was no and the staff member respected that and move on to offering a drink option.

Relatives told us they felt welcomed to visit at any time and those who wished to be involved in the care planning had been involved. Relatives and records confirmed they had been kept informed about the care provided. The provider offered an information booklet to all residents and relatives who used the service which provided information and the organisations vision and values. This enabled people to be aware of what the service offered and how to contact the provider.

Is the service responsive?

Our findings

The service provided a mixed experience in being responsive to people's needs. In the main building we saw people had to wait to be supported. We observed and staff confirmed that they focused on care tasks. For example during the lunch period the staff had provided a meal to one person leaving other people waiting. One person became vocally aggressive to another person; staff were not immediately aware so unable to respond. Staff confirmed these were the usual arrangements for the lunchtime. Another person told us they had used their call bell to attract attention as they wished to get up early and had to wait. Staff confirmed the call bell had been used and the staff said, "This person starts pressing their call bell early, we go to them and ask them to wait." This meant that people's preferences are not always responded too in a timely way.

People we spoke with were unable to confirm if they were involved in the assessments and planning of their care. However relatives we spoke with told us they were kept up to date about any changes in their relations needs. Staff told us they accessed people's care plans to gain information about how each person should be supported to ensure their needs were met. One staff member said "I read the care plans; they help me to get to know about each person." Records confirmed that plans were regularly evaluated and reviewed. This meant that information about people's needs was kept up to date.

Within the main building people and their relatives told us there were not enough stimulating things to do. One person said, "There is nothing to do; it makes it a long day." And, "I would like to be taken out and spend some money on clothes." Staff told us and we observed that staff were unable to support people to participate in hobbies and interests that were important to them as they had to focus on care tasks. One staff member said, "In the morning there is no time for interaction." And, "We try to do interaction more in the afternoon as we are so busy in the morning."

In the Stanhope unit, we saw that people were supported to participate in their preferred hobbies and interests. One person said, "I get loads of help they have introduced a garden club." We observed people being supported to participate in games, receive a manicure and engage in meaning full conversations.

The Provider had a complaints procedure in place and a copy was displayed on the wall in the signing in area of the main building. We saw that any complaints that had been received had been responded to appropriately. One relative told us they did not know who to complain to as there was no current manager, however the provider had recruited a new manager and they would be looking to engage with relatives.

Is the service well-led?

Our findings

The service had a newly appointed manager and a deputy manager who had been supporting the service in the absence of a manager. People, their relatives and the staff told us the deputy and provider had an open door policy. One person said, “The manager is always about the building.” And, “If there is anything concerning you can talk to the manager about it.”

Staff told us the management team were supportive. One staff member said, “I receive fantastic support from the manager and the seniors.” Another staff said, “I get good support from the management.” Staff member told us they had regular supervision and annual appraisals which were used to develop their individual training plans. The provider had introduced a training board to map and monitor training to ensure all staff were up to date with their training needs. New starters had been enrolled in the care certificate programme, this demonstrated the provider was supporting new training initiatives. Staff also had a handover meeting between each shift, to discuss people’s changing needs. Staff told us, “The handover is good, I always feel I am in the loop and know what is happening.”

People and their families had an opportunity to share their views through an annual questionnaire. Another questionnaire was sent out to professionals and staff, this gave them the opportunity to provide feedback and make suggestions on the service. The questionnaires were analysed to identify what improvements were required.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example the service had introduced end of life folders to support people when they required this area of care. The folders provided information on relaxation techniques and guidance to support people and their relatives during this time.

The manager understood the responsibilities of the service registration with us. They had reported significant events in accordance with their registration.

Relatives told us there had not been a relative’s meeting for some time. The service has been without a manager for six months, however they had recruited a new manager was now in post and they told us they would be resuming relatives meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	The provider based staff on a dependency tool, however did not take into account the layout of the building and higher dependencies of some people. There were not sufficient staff to keep people safe at all times.
Treatment of disease, disorder or injury	