

Excelsior Health Care Limited

Stanton Hall

Inspection report

Main Street
Stanton By Dale
Ilkeston
Derbyshire
DE7 4QH
Tel: 01159325387
Website:

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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?

Requires Improvement



Overall summary

This inspection took place over two days. We arrived unannounced on the 7 October 2014 and returned announced on the 14 October 2014.

Stanton Hall provides accommodation and nursing care for up to 45 people who have nursing, dementia or life limiting care needs. Accommodation is provided in both the main house and the Stanhope unit, an annexe adjacent to the main house. There were 25 people living at the home when we visited. The service had a registered manager. 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.

At the last inspection the provider was not meeting the requirements of the law in relation to obtaining people's consent, the care and welfare of the people who used the service, the management of medicines, the recruitment

Summary of findings

of staff and how the quality of the service was monitored. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that improvements had been made in relation to obtaining people's consent, the care and welfare of the people who used the service and the monitoring of the service. Improvements were still needed with regard to the management of medicines and the recruitment of staff.

People did not always receive their medicines as prescribed and not all of the medication records required by legislation were up to date. This demonstrated a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they were happy with the care and support they received, but they felt that more staff were needed at times. Particularly after lunch times. The manager told us that staffing levels were determined by the dependency levels and care needs of the people who used the service. On the day of our visits five of the nine members of the nursing/care team told us that there were not enough staff on duty to meet the needs of those in their care. Our observations during our visits showed us that, at times, there were limited numbers of care staff available to support the people who used the service. This demonstrated a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they felt safe living at Stanton Hall and the staff team were aware of their responsibilities in keeping people safe from harm.

We found that the provider's recruitment procedures had not always been followed. This meant that people were potentially put at risk of harm. Staff had received appropriate and relevant training to be able to meet the needs of the people who used the service.

People's needs had been assessed before they moved into the home to ensure that their needs could be met and plans of care had been developed from this. The people who used the service and their relatives/friends had been involved in this process. The registered manager and the staff team were aware of the individual needs of those in their care.

People's nutritional needs had been assessed and a nutritionally balanced diet was provided.

People who used the service and their relatives told us that they were treated with respect and staff maintained their dignity at all times. People were supported to make complaints and when complaints were made, these were taken seriously.

Monitoring systems were in place to monitor the quality of the service provided.

Staff meetings and meetings for the people who used the service and their relatives were being held and surveys were being completed. This ensured that people were encouraged to be involved in how the service was run.

We found two breaches of regulation at this inspection. You can see what actions we told the provider to take at the back of this 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 always safe.

People were not always protected because safe systems for the management of medicines were not always followed.

Recruitment processes were not robust. Support for people was limited because of the number of staff available.

People told us that they felt safe living at the service.

Requires Improvement



Is the service effective?

The service was effective.

People's health care needs were met and they were provided with a balanced and healthy diet.

People were supported by staff who were experienced, knowledgeable and appropriately supervised.

People told us that staff obtained their consent before they offered their care and support. For people unable to give their consent decisions were made in their best interest.

Good



Is the service caring?

The service was caring.

People's privacy and dignity were respected.

Staff understood people's individual needs and treated them in a kind and caring manner.

People told us that they were supported to make decisions about the care.

Good



Is the service responsive?

The service was not always responsive.

People had plans of care which they and their relatives had helped to develop. These showed the staff the actions to take to meet their needs.

People were able to choose who provided their care and contact with those important to them was encouraged.

People's Interests and hobbies had been taken into account and individualised activities had been provided.

People felt comfortable raising any concerns and were confident that these would be addressed.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

People who used the service and their family and friends were given the opportunity to have a say about how the service was run and their comments were acted on. This was through meetings, surveys and daily dialogue.

The provider had systems for monitoring the quality of care being provided, though these did not always identify shortfalls in a timely manner.

Requires Improvement



Stanton Hall

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service, (the commissioners are the organisation that had funding responsibility for some people who used the service). We also contacted a healthcare professional from the local Doctors surgery to obtain their views about the care provided at the service.

We visited the home on 7 October 2014, unannounced and again on the 14 October 2014 which we announced. This was to make sure that the registered manager was available to speak with us. We spoke with five people living Stanton Hall and four visiting relatives. We were also able to speak with members of the staff team. This consisted of two registered nurses, seven members of the care team, a member of the housekeeping team, the chef, the registered manager and the area manager. We reviewed a range of records about people's care and how the home was managed. This included four people's plans of care, the staff training records, six people's medication records and the quality assurance audits that the registered manager completed.

The inspection team consisted of an inspector and a pharmacist advisor.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We completed a SOFI observation for three people who used the service.

Is the service safe?

Our findings

At our inspection in June 2014 we were concerned about the medication records because on two occasions, the records had not corresponded with the amount of stock being stored. We set a compliance action as Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 had been breached.

At this inspection we found further concerns within the medication records. A controlled drug had been incorrectly recorded within the controlled drugs register. This had not been picked up by the twice daily audits that had been carried out. The nurse had signed to say that they had administered a person's medicine when they had not and a cream prescribed for another person had not been accurately recorded within their medication records.

Fridge temperatures were taken to ensure that medicines were kept in line with the manufacturer's instructions. On six consecutive days the temperature of the medication fridge was out of normal recommended range. This meant that this could have had an impact on the effectiveness of the medicines stored there during that time. There was no evidence of any actions being taken to address this.

For one of the people who used the service a course of antibiotics had been prescribed. This was not recorded on their Medication Administration Record (MAR). We discussed this with the registered manager who informed us that this was to be used if the person's condition deteriorated. There was no documentation to give staff clear instructions as to when it was appropriate to start this treatment. The registered manager agreed to arrange the appropriate documentation. This had been addressed at our second visit.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed three members of the nursing team administering medicines to the people who used the service. Nursing staff asked permission from people first asking, "Is it OK if I give you your medicines now." For those that needed assistance, this was done in a non-intrusive manner. People were also gently encouraged with fluids. The medicines plan of care had documented their preferred method of having their medicines administered,

for example tablets one at a time on a spoon. People prescribed "as required" medication were asked if they needed their medicines; if they refused them they were told that they could have them later if they changed their mind.

Visiting relatives told us that sometimes there were enough staff and sometimes there were not. One person told us, "There is a lack of staff after lunch, I had to go and find someone because [name] was getting out of his chair and he shouldn't on his own." Another explained, "It is alright when the right amount of staff are on but when people call in sick, they call one of the carers to help in the main house and then they are short." One of the people who used the service told us, "They all disappear when you want the toilet."

The registered manager told us that staffing levels were determined according to the dependency needs of people who used the service. However when we spoke with nine members of the nursing/care team, five told us that there were not enough staff on duty to meet people's needs. Two told us that an extra person on the afternoon shift was needed and two told us that the staffing levels were about right. Comments included, "There is generally enough staff on but, some shifts are harder than others." "There is no time to spend with them [the people who used the service]." "It is better now that there are three staff on nights, it helps the days, the mornings are better, but we need one more in the afternoon."

The registered manager told us that a member of the staff team was required to stay in the lounge area at all times to provide support to the people who used the service. Throughout our two visits we found that this was not always the case because staff were at times required to leave the lounge to assist people with their personal care.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection in June 2014 we were concerned about the recruitment processes that had been carried out because an up to date check with the DBS (Disclosure and Barring Scheme) had not been carried out prior to the person commencing work. A DBS check provides information as to whether someone is suitable to work with vulnerable people. At this inspection we found again that a person had commenced work without the provider first

Is the service safe?

obtaining an up to date DBS check, however a risk assessment had been completed and they explained that they had not been allowed to work alone until this had been received.

People told us that they felt safe living at the service and four visiting relatives felt that their relatives were cared for safely. One person told us, "I feel safe with the staff who look after me." A visiting relative told us, "I feel she is very safe here, she is very well looked after." This told us that people felt safe from harm or abuse. Staff were aware of how to keep people safe and they had been provided with training in the safeguarding of adults. They told us what they looked out for if they felt that someone was at risk of harm or abuse. This included checking for any bruising of the skin or a change in a person's mood. They told us that they would report any concerns straight the way to the nurse in charge or the registered manager and if no action was taken they would report it to the area manager. They told us that they were able to do this because the relevant contact details were available to them. The management

team were aware of their responsibilities within safeguarding and knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities.

During our visit we observed the staff supporting people to move around the home with the use of hoists and stand aids. Whilst observing two members of staff who were assisting a person to get up from their chair, it was evident that they were about to use an inappropriate handling technique. This was not in line with their moving and handling risk assessment. This was also observed by the registered manager who immediately intervened to ensure the safety of the person. This meant that people were at risk of injury due to poor moving and handling techniques.

We looked at four people's plans of care and found that risk assessments had been completed. These included moving and handling assessments, and skin integrity assessments. These had been checked every month to make sure that they were still suitable and current. The completion of these documents meant that the risks to the people who used the service were, where ever possible minimised and their health and welfare better protected.

Is the service effective?

Our findings

Visiting relatives told us that they were confident that people's health care needs were being met. One relative told us, "They get the doctor when they need to, we are quite happy."

People who used the service were supported with their healthcare needs. People had access to all the necessary healthcare professionals including doctors, chiropodists and opticians. One of the people who used the service told us that they saw the doctor when they needed to and we observed the manager contacting a person's doctor, after a concern about their health had been identified.

Staff we spoke with told us that they had received an induction into the service when they first started work and their training records confirmed this. One staff member told us, "There was an Induction pack that I went through and I shadowed the manager." This provided the staff with the skills and knowledge that they needed to meet the needs of the people in their care.

There was a comprehensive training programme for the staff to complete following their induction. We looked at the training records and found that staff had received training in areas including moving and handling, safeguarding adults and health and safety. The manager had also identified the need for staff to have health specific training and was in the process of arranging this. An example of this was looking at training to support people with Parkinson's Disease. One staff member told us, "Before I even started I got all the mandatory training including moving and handling."

Staff met regularly with the manager to discuss how they were performing and to discuss any learning or development issues.

Staff had recently received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to their care and support, and safeguards people from having their liberty deprived. The manager

had a good understanding of their responsibilities within DoLS. Best interest meetings had been held when someone was thought to have had their liberty deprived and appropriate referrals had been made to the local authority.

People who used the service told us that the meals served were good. One person told us, "The food is really nice, what I like the most is the dinners." A visiting relative also commented on the food. They said, "It is good, it is hot and there is plenty of it."

When people first moved into the service a nutritional assessment had been completed. This enabled the staff to identify whether people had any nutritional or dietary requirements. We found that some people required a fortified (high calorie) diet and for those people, their meals were fortified with cream and butter. We found that other people had been identified as at risk of choking and required a soft diet. For those people, their meals were pureed or made fork-mashable.

We checked a care plan of a person who had been identified as at risk of choking and we saw that support from the local speech and language team had been sought. This meant that the staff were able to meet that person's dietary requirements in a way that best suited the person and kept them safe.

People were offered a choice at every meal time and other alternatives were also available. Drinks and snacks were also provided throughout the day.

Supportive equipment, including plate surrounds and cups with lids were available for people to use. This provided those who were able, to eat independently and not have to rely on staff assistance.

Monitoring charts were being used to monitor the amount of food and fluid people were taking. The staff were completing these throughout the day and the nurse in charge then checked them at the end of the day. This was to make sure that the people were getting the nutrition and hydration they needed. When it had been identified that a person was not getting the nutrition they needed, we saw that a referral had been made to the dietician and they had become involved in their care.

Is the service caring?

Our findings

People who used the service told us that the staff were kind and caring. One person told us, “I think it is brilliant here, I’ve not had a bad member of staff.” Another person told us, “The staff know what I need and they pick things out for me as I can’t see, they look after me well.” Visiting relatives told us that the staff working at the service were kind and considerate.

We observed the staff caring for, and supporting the people who used the service. They supported them in a kind and considerate manner. An activities leader was employed and we observed them providing one to one support and small group activities in a very caring and gentle way. We observed the lunchtime period and found that the people who used the service could choose where to take their meals. The registered manager had introduced a pictorial menu board and this provided the people who used the service with pictures of the food on offer. This helped them to decide what to eat. For people who needed assistance with meals, staff were on hand to assist them. On the whole staff concentrated on the task in hand and talked to those they were assisting in a caring manner. However on two occasions, we found the staff talking with each other rather than with those they were assisting. This meant that not everyone’s experience of meal times was caring or inclusive. We brought this to the attention of the manager to address.

We observed support being provided throughout our visit. Staff showed a good understanding of people’s needs. They were aware of what people liked and did not like and they were seen supporting them in a relaxed and kindly manner.

Visiting relatives told us that they were actively involved in making decisions with, or on their relatives’ behalf. One relative told us, “I find the staff easy to talk too and they keep me involved in his care. They have started meetings as well so we can be more involved, there is another coming up soon.” We talked to the staff to find out how they involved the people who used the service in making decisions about their care. They gave us examples of what they did on a daily basis to keep people involved. One staff member told us, “I give people choices on a daily basis and ask them questions about what they want to do, just like you would with anyone.”

People told that they were treated with respect and their dignity was maintained at all times. One person told us, “Yes they treat me very well, very respectful, even though they are overworked.” A visiting relative told us, “Staff are helpful, attentive and treat her very well, I think she is very well looked after.”

Staff told us that they had been provided with dignity training and the training records confirmed this. Staff gave us examples of how they ensured that they maintained a person’s privacy and dignity whilst providing their care and support. One staff member told us, “I knock on their door before I go in and when I’m giving personal care, I make sure they are covered up.”

Is the service responsive?

Our findings

A person who used the service told us that they were involved in deciding what care and support they needed. They told us, “They [staff] asked me questions and we talked about what help I wanted and they now still ask me if I’m happy.” Visiting relatives also explained that they had been involved in the planning of their relatives care. One relative said, “[name] carried out an assessment at the beginning and they asked me what level of involvement I wanted, I always get calls updating me with doctor visits etc.”

People’s plans of care showed us that their care and support needs had been assessed prior to them moving in. This showed us that the registered manager had taken into account each person’s needs and had satisfied themselves that those needs could be met. Once in the home, people were asked what they liked and what they did not like. What they liked to do, their interests and what was special to them. This meant that the staff team had the information they needed to provide care and support that was centred on them as an individual. When we spoke with staff it was evident that they understood the needs of the people they supported.

Observations showed us that although people’s physical care needs were being met, once assisted up, people received little meaningful interaction or stimulation from the staff. This meant that people were being left for periods of time which resulted in them falling asleep in their chairs. We observed one person having no interaction for a period of over two hours.

Our observations found that staff were not always available to positively support the people in their care. During our visit we observed on two occasions, a person helping themselves to other people’s breakfasts. On the first occasion there were no staff around to intervene, on the second occasion the staff member who was there, chose not to intervene. This meant that the people who used the service were not properly monitored or supported.

People’s preferences and wishes about the care staff that provided personal care was considered and respected. For example, if a person did not want a male care worker to provide personal care this was recorded and respected, as was if a person did not want a female carer. This meant that people’s personal preferences were respected and upheld.

People’s plans of care had been reviewed and evaluated each month. This enabled the staff to see whether any changes in the person’s health and welfare had taken place. Where changes had occurred, appropriate action had been taken. This included for one person, contacting the dietician. This meant that there were systems in place that enabled the staff team to be responsive to people’s on going and changing needs.

People were supported to join in activities provided, though not everyone was interested. This was respected by staff. An activities leader was employed. They took time to find out what hobbies and interests people had and then supported them to access these. On the days of our visits people were offered craft sessions and board games. A trip to the local fair had also been arranged, which people were looking forward to visiting. When the activities leader was not at the service, limited activities were offered. This was due to the care workers being required to carry out personal care tasks. We observed the care staff from the Stanhope unit encouraging people to join in a variety of board games. From the chatter and the laughter around the table, it was evident that people were thoroughly enjoying the session.

Visiting relatives told us that they could visit at any time and they were always made welcome. One relative told us, “They [staff] always make me feel welcome, the trained nurses are really helpful and professional and the carers do seem to care.” Another said, “I find the staff easy to talk to, they keep me involved as well.” This meant that the people who used the service were able to continue to maintain good relationships with their friends and loved ones.

All of the people and relatives we spoke with said that they felt comfortable raising any concerns. One of the people who used the service told us, “I would talk to one of the staff, I can talk to them.” A relative told us, “I would talk to [name] she is approachable, if she can’t sort it, no one can.” We saw that a formal complaints process was followed when a complaint had been received. We looked at the complaints records and found four recorded complaints. We saw that the registered manager had acknowledged these complaints, carried out an investigation for each and where needed, taken action to address the concerns raised. We saw that one of the complainants had been assisted by

Is the service responsive?

a member of the staff team to make their complaint. This meant that the people who used the service were listened too and encouraged to speak out when not happy about the care or support they received.

People who used the service and their relatives were encouraged to share their thoughts of the service they received. One relative told us, "They have started having

meetings, they had one earlier in the year and there is another one coming up." The registered manager confirmed that a meeting had been held and another had been arranged for 5 November this year. This provided people with the opportunity to meet with the registered manager and share their thoughts of the service they received.

Is the service well-led?

Our findings

People who used the service were given the opportunity to share their views and be involved in developing the service through meetings and daily dialogue with the staff and the management team. For those who were unable to share their views, their relatives and friends were able to speak up on their behalf. This meant that everyone had the opportunity to be involved in the service in some way.

The registered manager was relatively new to their role and staff spoke positively about the recent changes that had been implemented at the service. One staff member told us, "It has improved loads, the residents are happy and the staffing levels are loads better now there are more on nights." Relatives also told us that improvements had been made to the service since the registered manager arrived. One told us, "I have seen improvements since [name] came."

We spoke with eleven members of the staff team. Ten of the staff team felt supported by the registered manager. All of the staff told us that they felt comfortable approaching the registered manager with any concerns or issues that they needed to raise and they were confident that these would be dealt with.

Satisfaction questionnaires were given to staff to gather their views about the service. Responses showed the staff felt they had the knowledge and skills to support people and were properly supervised. Supervision included one to one meetings, staff meetings and observations of staff's care practice.

The registered manager undertook regular audits of the service. These checked the quality of the service provided and the support given to the people who used the service and the staff. Both corporate and local audits had been completed. This was to make sure that the service was running in line with the organisations policies and procedures and the service provided was safe and fit for purpose.

Regular checks had been carried out on the environment and on the equipment in the home to maintain people's safety. We found regular audits were being carried out and up to date records being maintained. This demonstrated that people who used the service, visitors and staff were protected from an environment that was monitored and maintained.

Audits were carried out on the paperwork held at the service, including care plans, medication records and incidents and accident records. The results of each audit were analysed and where shortfalls were identified, action plans had been developed.

However the quality assurance audits had not identified or rectified significant shortfalls in relation to the administration of medicines or safe staff recruitment.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred at the home or affected people who used the service. There was a procedure for reporting and investigation of incidents and accidents and staff were aware of these.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services and others were not protected against the risks associated with the unsafe use and management of medicines because although the provider had appropriate arrangements in place to manage medicines, these were not always being followed by staff. Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People who use services were not always safeguarded because the provider had not taken the necessary steps to ensure that there were at all times, sufficient numbers of suitable qualified, skilled and experienced staff on duty. Regulation 22