

Excelsior Health Care Limited

Stanton Hall Care Home

Inspection report

Main Street
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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 5 October 2015. At our last inspection visit on 7 September 2016 compliance actions were issued in relation the level of staffing. The provider sent us an action plan on 25 November 2015 explaining the actions they would take to make improvements. At this inspection, we found improvements had been made; the provider had taken some action to comply with this requirement and had increased the staffing levels. However we continued to have concerns relating to the continuity of the support offered in relation to the staffing levels.

The service did not have 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 2008 and associated Regulations about how the service is run. The provider had recruited a manager and our records show they were progressing their registration.

There were not always enough staff available for people and on occasions people had to wait to be supported. The evacuation plans, did not support the correct procedure to support people in case of an emergency. There had been several changes of manager which had impacted on the consistency of management support. Areas relating to audits had not been maintained to monitor the quality of care people received. Equipment requirements were not always met to support the staff in fulfilling their role.

People felt safe and we saw staff had received training to ensure they knew how to report any concerns. People received their medicines as required and different methods had been considered to meet individual's requirements. Risks to people were identified and managed in a safe way, providing staff with guidance and equipment. The provider ensured staff were suitable to work within the home.

People's capacity assessments had been completed and reflected specific decisions or activities. People were encouraged to make choices and their consent was sought before assistance was given. People enjoyed the food and they had a choice. When required support and advice around health and nutrition had been considered. Staff received training to enable them to support people. Support from health professionals was requested and available when needed. Staff felt supported and looked forward to the new manager taking on her role.

People were happy with the staff and had established relationships with them. Staff treated people in a kind and caring way. People were encouraged to be independent and make choices about how they spent their day. Relationships and friendships that were important to people were maintained

We saw that the care records reflected people's preferences and choices about their care. Activities were provided which included a wide choice dependent on individual's interests. There was a complaints procedure and people felt able to raise any concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

There were not always enough staff available for people and on occasions people had to wait to be supported. The evacuation plans, did not support the correct procedure to ensure people's safety in an emergency situation. The provider ensured staff were suitable to work within the home. People felt safe and staff knew how to report any concerns. People received their medicines as required. Risks to people when they are transferred with equipment was identified and managed in a safe way.

Requires Improvement ●

Is the service effective?

The service was effective.

People's capacity assessments had been completed and reflected specific decisions or activities. People enjoyed the food and had a choice. When required support and advice around health and nutrition had been considered. Staff received training to enable them to support people. Support from health professionals was requested and available when needed.

Good ●

Is the service caring?

The service was caring

People were happy with the staff and had established relationships with them. They felt staff treated them in a kind and caring way. People were encouraged to be independent and make choices about how they spent their day. Relationships and friendship that were important to people were maintained.

Good ●

Is the service responsive?

The service was responsive

We saw that the care records reflected people's preferences and choices about their care. Activities were provided which included a wide choice dependent on individual's interests. There was a complaints procedure and people felt able to raise any concerns.

Good ●

Is the service well-led?

The service was not well led

There had been several changes of manager which had impacted

Requires Improvement ●

on the consistency of management support. Some audits had not been maintained to monitor the quality of care people received. Equipment requirements were not always met to support the staff in fulfilling their role. Staff felt supported and looked forward to the new manager taking on her role.

Stanton Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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 was unannounced and consisted of one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a professional who has expertise in a specific area, our specialist had knowledge and expertise in care for people with dementia.

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.

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.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and three relatives. We also spoke with six members of care staff, the maintenance person, the administrator, the manager and the area manager. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for six people and checked that the care they received matched the information in their records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and

reviewed to drive improvement.

Is the service safe?

Our findings

At our last inspection on 7 September 2015 we found that the provider was not meeting the legal requirements for Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to the provider ensuring there are sufficient staff to support people's needs.

At this inspection we saw that improvements had been made, however we had continued concerns relating to the consistency of the staffing levels. We saw there had been an increase to the staffing of one additional member in the morning and one in the afternoon. Despite these increases we saw some people had to wait to be supported. For example, we saw two people requested support with their personal care and they had to wait for over five minutes to be supported because staff were supporting other people at the same time.

On two further occasions we saw there were no staff present in the lounge. During this time we observed one person using a small table as a walking aid, this was not safe for them to do so, as the table is not a suitable walking aid.. We also saw two people were demonstrating physical aggression towards each other and we had to intervene to manage this situation.

We saw that the staff numbers were reduced by one member in the afternoon. This had an impact on the support people required. For example, in the Stanhope Unit one person waited 10 minutes as the staff member had to request support from the main building to assist them. Staff we spoke with said, "It does not make sense to reduce the staff, we still have the same number of people to support." Relatives we spoke with said, "I am worried about how often they checked on [name] when they are in their bedroom." Another relative said, "There is not enough staff sometimes, they are over stretched."

We saw that the activities coordinator was required to provide support to people with their breakfast and be present in the lounge whilst other staff members supported people to get up. We saw this support continued until 11am. Staff we spoke with said, "The impact of not having enough staff is felt in the mornings and people sometimes don't have breakfast until 11:00." Another staff member said, "It's hectic, everyone has not eaten until past 10.30."

At our last inspection the provider had used a dependency tool to consider the levels of staffing in relation to people's needs. We spoke with the manager about the dependency tool, they told us they had raised concerns as they felt any ratio of less than six staff throughout the day was not suitable in meeting the level of needs for the people currently being supported. On the day of the inspection there were five staff in the afternoon.

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

During our inspection process the fire officer had identified there was no suitable equipment available and staff had not been trained to use any equipment to support people to evacuate from the home safely. We saw that the personal evacuation plans had not identified a safe evacuation route for people. The provider or manager had not completed an evacuation drill for over a year to consider the level of support and the time required for an evacuation. A regular evacuation drill is required as part of the fire regulations and our regulations in relation to keeping people safe. This meant the provider had not ensured people were safe in the event of them being evacuated.

The last annual fire risk assessment for the premises took place in May 2013 and the fire report stated that they were deemed as broadly compliant. Following our concerns relating to the fire evacuation plans we asked the fire service to visit the home and complete their assessment. This was undertaken on 11 October 2016. At this assessment in addition to the concerns we raised there were areas of the building that did not meet the fire regulation requirements. An enforcement notice has been issued by the fire service. The provider will be required to produce an action plan to demonstrate how they will ensure people are safe in the event of a fire.

This demonstrates a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received suitable support with their medicine. One person told us, "I used to forget my medicine, but staff help me with it now." We observed the medicines being administered to people; the staff took time to explain what the medicine was for and ensured the person had taken it before recording it on the medicine administration record. There was written guidance in place relating to as and when required medicines. For example, when people required pain relief we saw the guidance that was recorded was followed.

We spoke with a health care professional who told us the staff had supported the GP practice to review some people's medicine. They told us, "The staff have supported people with a medication review. This was to ensure all vital medicines are continued, but also to de-prescribe where possible as many drugs are not suitable." Following the changes staff monitored the person to ensure the changes were suitable. One relative told us, "They have reduced their medicines since being here following a review, which I am pleased about."

Different methods of support were considered for people. For example, one people required their medicines and fluids with the use of a syringe. This is not seen as best practice however following a speech and language team (SALT) assessment and discussions with health professionals a decision was made to use the syringe to ensure the person received an adequate amount of fluids. We saw that written permission had been recorded from the health care professional and guidance provided to staff to reduce any risk to the person. The health care professional said, "This was a case of balancing the risk against benefit." This meant people received the support they required with their medicines.

People told us they felt safe when they received care. One person told us, "I'm very safe, I'm happy and my wife is happy I'm safe." Another person told us, "It's too dangerous for me to live at home. Yes I'm safe here." A relative we spoke with said, "I never feel worried when I go home, they are attentive." Staff we spoke with confirmed they had received training in safeguarding and understood what to report and how. One staff member said, "We need to report anything as it's for the best interest of the people." We saw there were safeguarding procedures in place and displayed around the home. Any safeguarding concerns which had been raised had been supported by an investigation and any lessons learnt reflected in on going practice. For example following a safeguarding situation the nursing staff had received guidance on timely requests for emergency support.

We observed staff using equipment to transfer people, this was carried out safely with the staff member who explained the process and they offered reassurance. One person said, "Yes they know what they're doing, they know how to use the equipment." Some people had equipment to reduce the risk of harm if they fell. For example a low bed and a safety mat. Each person had their risks identified which covered their differing needs. Some people required sensor mats to alert staff if they woke in the night and other people had bed rails to ensure their safety. A health professional we spoke with said, "Some people wander and staff support them to do so in a safe way, they are not confined to chairs." We saw that the risk assessments were in place and covered all the equipment people required to keep them safe.

There were recruitment procedures in place. We looked at three recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. Checks were also completed by the provider to ensure nurses had the relevant registration qualification to work within the home. One staff member told us, "I had all sorts of checks and completed paperwork before I started." This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the home.

Is the service effective?

Our findings

People received support from staff that had been trained to do their job. One staff member told us, "I am up to date on my training." Another staff member told us, "I am in the process of completing my team leader certificate." The administrator had a record of the training that had been completed which reflected when the staff required refresher training. A health professional told us, "Where skills are lacking they are addressing these promptly. I find all the staff keen to learn."

The manager was aware of the new national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. This was being implemented for all new care staff.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

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

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. We saw people were offered choices and their independence promoted. One person told us, "I've made personal friends, staff support me to be independence. I can choose on food, when I go to bed, or a lie down, getting up, I'm spoilt."

People told us they had a choice and enjoyed the food. One person said, "Food is great, choices for breakfast, lunch and tea." There was a pictorial display board showing that day's menu to encourage choice. One person told us, "All the meals are nice. We can order a takeaway and last Friday we all ordered a Chinese and we had a McDonalds another day."

We saw that staff understood people's dietary requirements. One person said, "Staff know what I'm supposed to eat. I can't have crisps or gammon, so today I am having fishcakes as the gammon is too salty. I have a cooked breakfast once a week and usually a salad instead of a sandwich." We saw that other dietary needs had been catered for which included the consistency some people required their food. When people

required support with their meals this was provided in an engaging and positive way. People were offered clothes protectors and equipment to encourage their independence.

People told us staff had been responsive to their health needs. One person told us, "The staff had spotted I had a lump and called the nurse and it was investigated, I am now being monitored." Relatives we spoke with told us, "They have the GP visit, they sort all that out." We saw that a range of health professionals had been referred to when required. For example where someone was struggling to swallow and at risk of choking, a referral had been made to the SALT team. This demonstrated that people were supported with their individual health and wellbeing.

Is the service caring?

Our findings

People told us they had a good relationship with the care staff. One person said, "I've made friends with the staff, I'm treated like a person not like a resident." Another person said, "I have a good relationship with my carers. They explain (what they're going to do)." People felt they could speak to staff if they had a problem, one person said "Brilliant staff. Too kind, I have my favourites. I could probably talk to quite a few (if I had a problem)."

Relatives also felt the staff had made positive relationships. One relative said, "They all know [name] and make a fuss of them." Another relative told us, "Staff are very positive, always kissing and cuddling people which is a real treat. If they see anyone upset they are straight there." Staff told us they enjoyed working at the home. One staff member said, "I have been here a while, I like the staff team and the people." Another staff member said, "I love it here."

People told us they were able to make their own choices and were encouraged to maintain their independence. One person said, "The staff will say if you can do it - do it, they don't want to take away my independence." We saw the staff took the time to encourage people to be independent. For example one person was encouraged to stand so they could transfer to a wheelchair. The person required a lot of encouragement and staff continued to offer positive support until the transfer was completed.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "I come once a week at different times and days and I have never been told I cannot come. I am always welcomed." Another relative told us that they were able to bring in the family dogs and had been accommodated to have a meal with their relative. They said, "I come every Sunday and have lunch with [name], they lay a separate table for us." This demonstrated that people were supported to maintain relationships which were important to them.

A health professional told us that staff promoted people's choice by representing them as an advocate. For example the nurse supported one person who could only communicate with their eyes at their medication review. The review raised other health care concerns which had been followed up, and as a result of this the person's movement had improved. The health professional said, "This is a standout example of good nursing care."

People told us their dignity was respected. One person said, "Yes they treat me with dignity and respect." We saw that when staff communicated they went down to the person's level and they addressed the person by name.

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. We saw that people had been included in the care planning. Relatives we spoke with confirmed they had been included in initial care plans and reviews. One relative said, "We were included in the first plan to make sure it covered likes and dislikes." Another relative confirmed they had been involved in recent reviews." We saw the care plans reflected people's previous life and covered aspects of the care they now required.

Staff showed an interest in people and their relationship to others. For example, we heard references to family members, people's pets and their interests. We saw outside each bedroom there was a box containing photographs and information about the person. One person had a previous interest in politics; we saw the staff gave this person the daily newspaper and commented on the political headlines. Relatives told us, "Its nice [name] still has a paper; they used to read it cover to cover."

People told us they enjoyed the activities on offer. One person said, "Staff want me to join in with Stanton life and I love it." We saw samples of activities which people had completed. For example one person showed us a key ring they had made. People had been encouraged to participate; one person had a vegetable plot and was growing beans and potatoes. Another person had been supported to arrange transport so they could visit a family member.

There was an activities coordinator who told us they had completed several fund raising events so they could purchase equipment for activities. With the support of some people they had created 'fiddle' blankets. Some people had sewn on the buttons and others had used the sewing machine. Fiddle blankets are to support people with dementia to help alleviate stress by giving their hands something to fiddle with. We saw the people who had these blankets enjoyed the tactile elements. The activities coordinator had also made a lock and bolt stimulation board which they told us had been a success with some of the men. One relative said, "My relative mixes more now and enjoys watching what's going on."

The activities coordinator told us, "I try to focus the activities on the individual." They added, "People enjoy different things, some like the things they used to like and others enjoy activities they have never tried. Like some of the men with cooking." We saw that some people participated in making pitta bread pizza. These were cooked later and people had them for their tea. A staff member said, "They have gone down a storm." This meant people were encouraged to participate in activities and hobbies of their choosing.

People felt able to raise any concerns. One person said, "I knew how to raise a concern or complaint." Another person said, "Yes I'd talk to staff if I had a complaint but haven't needed to". A relative we spoke with said, "You can talk to them, if I have a problem, but never had a cause to." There was a complaints procedure in place and the records showed us that complaints received had been investigated and addressed.

Is the service well-led?

Our findings

During our inspection we saw that to support the current level of need for people two hoists were required. We found one of these hoists was not working meaning there was only one hoist available to use. One staff member said, "This can have an impact on the support available when people need assistance." The staff we spoke with said there were delays in things being repaired or replaced. Records showed that batteries for the nurse call system and the hoist had not arrived and staff had been waiting over a week." In the Stanhope unit a dishwasher had been broken for some time. The staff told us, "We have to take time washing and stacking dishes and that means the attention is taken away from caring for the people."

We also saw that when a person had required a change in equipment this had not been acquired. One person who had previously used the shower was no longer able to do so, due to their changing health needs. There was no information to reflect a change in equipment had been considered for this person. The person was no longer able to access the shower and their personal care now had to take place on their bed. A health care professional said, "There is always a delay in getting equipment or we have to ask several times to receive the equipment." They told us, "The equipment we request is required by the nursing staff to provide the service that people need." In the PIR the provider told us they were able to access equipment for individual's needs through their head office. This is not reflective of the evidence we received during the inspection.

One relative told us the premises were not easily accessible, "The drive and car park are full of potholes and it is difficult if using a wheelchair." We saw there was only access to the outside space for people, through the main door which was locked. People could not use the garden independently. One person told us, "I like going for a walk, but I have to have a staff member with me." We discussed this with the manager who told us they had raised it as a concern with the provider. Due to the historical listing of the building, changes were not always easy to make, but we saw no evidence to demonstrate how consideration had been made to support people to access the outside space. This meant people could not enjoy the grounds around the premises without the support of staff.

The provider had not always ensured that audits and requirements had been completed by the previous manager. For example we had not received statutory notifications between March and August 2016. Statutory notifications are information about specific important events the service is legally required to send to us. We use this information to monitor the service and to check how events have been handled. Examples of incidents which should have been notified included events which stop the service and incidents where people have been hospitalised following an injury. The area manager told us this had come to their attention when the previous registered manager left the service.

We saw other areas where audits or areas required by the manager had not been completed. For example, there were no complaints recorded between March and August 2016, however we had received two complaints which had been passed to the manager. We saw no records which indicated these had been followed up or resolved.

We found that systems were not always in place to monitor the quality of the service. We saw that audits had been completed in relation to accidents and incidents; however there was no analysis to look at patterns and trends to drive improvements within the service. We saw that audits completed on care plans had not always identified when changes were required. For example one person's information identified their needs as partially independent and the support they required, however this person's needs had changed and they were now nursed in bed. The care plan had been reviewed in the last month and these changes had not been amended. This meant the information available was not up to date in relation to the level of support people required

We found the home had a mal odour on entry and this was also noted in some bedrooms We looked at the infection control audit completed in August 2016. This identified there was an odour in the reception area and had been recorded as completed. However, we saw no planned schedules to consider areas of intensive cleaning to support a reducing odours in the home.

This demonstrates a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received support in relation to supervision. One staff member said, "I have had it every six months, we cover training and things about the service." Other staff said they had received support. All the staff we spoke with were looking forward to the new manager running the home. This demonstrated that staff were supported in their roles.

The service did not have a registered manager. The provider had recruited a new manager and our records showed that they were progressing with their application. We saw that the previous rating from our last inspection was conspicuously displayed in the reception of the home as required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and wellbeing were not identified in managing risks related to fire evacuation and people's safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure the quality and safety of the services provided was assessed, monitored and improvements made. Equipment had not been provided to support people and staff to provide the care required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient staff to meet people's individual needs and to keep them safe.