

Standon House Limited

Standon House

Inspection report

12 Ashby Road
Tamworth
Staffordshire
B79 8AG

Tel: 0182769952

Date of inspection visit:
02 July 2019
03 July 2019

Date of publication:
15 July 2019

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

About the service

Standon House is a residential care home providing personal care to 26 people at the time of inspection. This included older people and people with physical disabilities, as well as those living with dementia. The service can support up to 31 people.

Standon House is a family owned and run care home that accommodates people across two connected buildings, between which people moved around to socialise with others as they wished.

People's experience of using this service and what we found

When we visited Standon House, we found a homely, family-like atmosphere that was very welcoming and people told us their experience of the service was positive. People told us they could not fault the staff and could not ask for a better team. One person said, "They are all lovely. Some give you a hug and a kiss, which is nice." Interactions were kind, friendly and unrushed.

Some improvements were needed with regards to safety checks and medicines records. However, the provider was either already addressing these issues or was very responsive to our feedback and had found a resolution while we visited. People felt safe living at Standon House.

There was overall enough staff to meet people's needs and people did not have to wait long to be helped. Activities were still being developed, but people also spoke positively about them and we saw group sessions, as well as individualised activities. People socialised with each other and at times had developed friendships. People felt they were, as they said, "part of the family" living at Standon House.

People, relatives and staff were involved in the delivery and development of care through meetings or surveys. Managers and the provider were approachable, responsive to suggestions and well respected by everyone. The service worked with a variety of professionals to maintain people's health and wellbeing. People had enough to eat and drink. Care was personalised to people's individual needs and managers were developing plans to support this further.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Standon House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Standon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the provider and registered manager, managers,

senior care workers, care workers, kitchen staff and the maintenance person. 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 might not be able to tell us about it.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including surveys, safety checks and other procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Health and safety checks were completed regularly to ensure the service was safe for people to use and live in. However, regular thorough examinations of the passenger lifts in line with relevant regulations had not taken place. Other lift maintenance visits had been recorded. The provider arranged for the additional required inspections to start on the day of our visit.
- Potential risks to people's health and safety had been assessed on an individual basis. These records, as well as related charts, were reviewed and updated regularly.
- People living in the service were provided with a call pendant to wear on their body, so they could alert staff quickly and easily to needing help.

Using medicines safely

- Medicines were safely stored and stock levels we checked matched records.
- The service was working with a pharmacist to address some improvements that were needed to medicines records. This included the use of charts to record the application of people's creams or patches, as well as protocols for people's 'as required' medicines.
- People told us they received their medicines on time.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Standon House. One person said, "When I first moved in, I was wondering why the staff came in to check on me so often. They said, 'We are just keeping an eye on you to keep you safe'. I guess that needs to be commended."
- Staff were aware of safeguarding responsibilities and processes and had full confidence in managers to address any concerns.

Staffing and recruitment

- People told us there was always someone around to help them and they did not have to wait long to be helped.
- Staff felt there were generally enough of them to meet people's needs.
- The service continued to recruit new staff using appropriate safe employment checks.

Preventing and controlling infection

- The service was overall clean and hygienic and smelt pleasant throughout. The manager advised us of refurbishment and refreshment plans.
- Personal protective equipment, such as gloves and aprons, was worn by staff when appropriate.

Learning lessons when things go wrong

- The service had learned from a fire in 2017 and updated their fire risk management processes. The manager praised the team for how well they had worked together following this.
- Staff learned from people's backgrounds to understand incidents of behaviours that challenge and changed their support accordingly.
- People had individual falls overviews in their care plans and there was an incident book audit that looked at and analysed details of incidents and accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment of needs on which their care plan was based. When a reassessment was needed, the service worked with other professional to complete this. This also involved identifying if people required a higher level or different type of support.
- We discussed use of best practice guidance with regards to developing different parts of the service. Staff worked together with assistant practitioners from a 'memory clinic' to help ensure best practice approaches within a dementia specialist service.

Staff support: induction, training, skills and experience

- Staff felt well supported and received regular supervision and training.
- Staff had been enrolled in national vocational qualifications. Staff induction was in line with the care certificate, which is a recognised set of standards for those working in health and social care.
- New staff 'shadowed' experienced colleagues who then gave feedback on their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good and there was enough to eat and drink. People were offered choices of meals.
- Kitchen staff were knowledgeable about people's different nutritional needs and made relevant adjustments. Weights were recorded weekly and significant changes referred to GPs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked together with a variety of professionals to promote and maintain people's health and wellbeing. The manager described these partnerships with other professionals as very positive.
- People were supported to see their GP or other professional when they needed them. One person told us, "I was not well at all this morning, so the staff called the doctor straightaway."
- Some information in health care related plans needs to be clearer to help staff identify certain signs and symptoms linked to people's specific conditions.

Ensuring consent to care and treatment in line with law and guidance

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans and daily staff notes showed there was a clear emphasis on asking people's consent before providing any care.
- We saw examples of appropriate DoLS applications made and the manager worked with local authority if they had any questions about this.
- The service used an effective template to complete decision-specific mental capacity assessments and we saw an example of this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During both days of our visit, we observed a calm, homely and family-like atmosphere throughout the service. This included lunch times, at which people had the opportunity to join a sociable setup within the conservatory.
- People walked independently or were assisted to walk around the building to sit in different lounges and socialise with each other as they wished. People at times had developed friendships since moving into the service.
- People told us staff treated them with kindness and respect and we observed this. People's comments included, "Everyone here is nice, even 'the big bosses'" and "The carers are lovely, could not ask for better. There are one or two of them that will give you a hug and a kiss, that is nice".
- Most of the staff had worked at Standon House for a long time. They knew people well and people knew them. This was clear from the warm, personalised way they spoke and laughed with each other. However, we also observed newer staff engaging with people in an unrushed way that looked to share stories and experiences.

Supporting people to express their views and be involved in making decisions about their care

- Some people had initially lived at the service on a short-term basis. The manager explained, "During this time, we do not pressurise people, but help them to decide what is best for them and if staying here is what they want. One person said, when they decided to stay, 'I would like to become part of your family.'"
- We saw examples of consent to care and treatment forms in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- People's confidential records were generally stored securely which prevented unauthorised access. We pointed out some small improvement considerations when staff used these during the day.
- We saw staff treating people with dignity, ensuring their privacy, while encouraging them to do as much as possible for themselves.
- Staff also gave us examples of this and one staff member laughed warmly when they told us, "I was just about to help one person with something but then stopped and said – 'Wait a minute, you can do that for yourself, can't you'."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection the activities on offer needed to be developed to provide regular meaningful engagement and stimulation for people living at the service.
- This continued to be an area the manager wished to develop. However, people also praised what was on offer. One person said "[Name] is very good, they do lots of different games for us to join in." Other people echoed this.
- Although there had not been any group outings recently, people were individually supported to get out into the community or visit places they wished to. A gazebo was available for people to spend time outside together in the service's garden.
- Activities staff engaged with people on an individual basis, which included visiting them in their rooms.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- At the last inspection people needed to be involved in their care plans more. People were now more involved, through writing life stories together. The manager continued to develop the involvement of people and families in care plan reviews.
- We saw an example of this when an end of life care plan had been completed for a person. This had been filled in by family detailing the person's advance wishes, care needs and preferences at the end of their life.
- People had a variety of care plans in place. A new clearer format was being developed for everyone and we saw completed examples. Care plans gave basic guidance to staff around personalised needs.
- We heard positive examples of staff understanding people's needs based on their background.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw examples of different types of communication being used in the service to support people's understanding. People also had care plans that provided information about this.
- We discussed with the manager that some information on display may benefit from being made available in different formats to make it easier for people to read.
- People had their own Wi-Fi or landlines, so they could stay in touch with others.

Improving care quality in response to complaints or concerns

- Complaints received had been logged and addressed by the manager. Records showed that complaints had been investigated promptly and a resolution communicated to the complainant.
- The manager explained how they had learned from complaints. For example, a grab bag had been introduced to ensure people always had what they needed when going to hospital.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Standon House is a family owned and run service that has been passed on through generations. The "family like" feel was evident from the management structure through to how people experienced the service.
- People and staff spoke highly of the managers and provider and their support. They told us that managers were always approachable and helpful.
- The culture at Standon House was open, welcoming and inclusive of people's unique needs and diversity. People and staff told us about a good team that worked together well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had met with families when things had gone wrong. They had offered an apology and explanation, as well as plans to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post and statutory notifications had been sent to the Care Quality Commission (CQC) in line with legal obligation. Ratings from our last inspection had been displayed as required.
- Following our feedback the provider arranged thorough regular passenger lift inspections in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Other lift maintenance visits had taken place previously.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were involved in the development of the service through regular meetings. Staff told us that they could always call a meeting and that these had been helpful for resolving any issues.
- Residents had regular individual reviews of care. Residents and relatives were asked to complete feedback surveys. We saw that responses to these were overall positive. The manager had addressed comments for improvement.
- There were many positive comments, including, "We are very happy with the care provided and also the very pleasant and friendly atmosphere when we visit."

Continuous learning and improving care; Working in partnership with others

- Managers took responsibility for different parts of the service. At regular meetings with the provider, they identified progress, as well as actions required to make improvements.
- Dedicated managers had identified needs to improve medicines management and were working in partnership with a pharmacist to develop this.
- The manager had developed positive working relationships with commissioners and healthcare professionals. They also used a variety of sources to continuously develop their practice.
- We discussed together how wider overview tools may be helpful; for example when analysing incident patterns across the service, as opposed to on an individual basis.