Mr & Mrs S Richardson

Staddon Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 20 and 22 April 2016. At the last inspection completed in December 2013 we found the provider was compliant with the regulations and quality standards we reviewed.

Staddon Lodge provides accommodation and personal care for up to 12 older people in a small homely environment. At the time of the inspection there were 12 people living at the home.

There was a registered manager at the home at the time of the inspection. 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.

Overall, there were high satisfaction levels about the way people were nursed and cared for.

People felt safe living at the home and there were established monitoring and auditing systems to make sure that the environment and way people were looked after were safe. Risk assessments had been completed to make sure that care and nursing was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make that the environment was safe for people.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of their recurrence.

Sufficient staff were employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home. Misunderstanding of the Regulations had led to one member of staff being recruited before all the required checks had taken place.

Improvements implemented before the completion of the inspection should ensure safer medication administration in the home to address some potential risks that were identified.

The staff team were both knowledgeable and well.

There were good communication systems in place to make sure that staff were kept up to date with any changes in people's routines or care requirements.

Staff were well-supported through supervision sessions with a line manager, an annual performance review and also direct supervision from the manager or deputy who often worked alongside other staff in delivering people's care.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to consent. The majority of people accommodated had capacity to make their own decisions for all aspects of their lives and they were all consulted with consent given with regards to their care and support.

The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs.

People and staff were very positive about the standards of care provided at Staddon Lodge. People were treated compassionately as individuals with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred and covered all areas of people's needs. The plans we looked at in depth were up to date and accurate.

There was good evidence of the staff and registered manger taking action when people's needs changed or responding to newly assessed needs.

Some communal activities were arranged as well as individualised activities to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint. None had been raised since out last inspection of the home in December 2013.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well-led. There was a very positive, open culture in the home with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.

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

Staff could recognise abuse and knew how to report concerns appropriately.

There were sufficient staff to ensure people's needs were met.

Better understanding recruitment regulations should ensure appropriate staff were recruited to work at the home.

Risks assessments had been carried out and steps taken to minimise hazards in the environment and risks to people in the delivery of their care.

Improvements were made to medicines management making medication administration safer.

Is the service effective?

Good

Staff had on-going training to effectively carry out their role.

Staff received regular supervision and appraisals and were well-supported to carry out their role.

The service was compliant with requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink so that their dietary needs were met.

Is the service caring?

Good

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

There was a focus upon involving people and supporting them to be as independent as possible.

Is the service responsive?

Good

People's care and support needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged based on people's individual interests and hobbies.

There was a complaints procedure that people were aware of with no complaints having been raised since our last inspection in December 2013.

Is the service well-led?

Good

The service had a registered manager who provided clear leadership and direction and was committed to the continuous improvement of the service.

The staff team were enthusiastic and were aware of their role and responsibilities.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Staddon Lodge

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 was 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.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.
This inspection took place on 20 and 22 April and was unannounced. One inspector carried out the inspection over both days. We met with the majority of people living at the home and spoke with five people who gave us a good account of what it was like to live at the home.

We met with both the registered providers, Mr and Mrs Richardson. The registered manager of the home, Mrs Richardson, assisted us throughout the inspection. We also met and spoke with the deputy manager, two members of staff.

We looked in depth at two people's care and support records, people's medication administration records as well as records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the providers audits and policies and quality assurance surveys.

Good

Is the service safe?

Our findings

Everyone we spoke with had positive things to say about the home and no one had any concerns relating to issues of safety. One person told us, "Things couldn't be better; they are such nice people who run this home".

Overall, the service was managed and run in an organised way ensuring people's safety. However; we identified some areas for improvement concerning staff recruitment and the management of medicines in the home.

The home had appropriate recruitment procedures that were being followed; however, a misunderstanding of the regulations relating to the Disclosure and Barring service had meant in 2014 one member of staff had started work at the home before they had been checked against the register of adults barred from work within a care home. This could have posed a potential risk to people. The check against the list of people barred from working within a care home was now in place for all staff. All the other checks had been completed and all the required records in place for the staff files we checked.

The registered manager had systems in place for ordering medicines for people and checking the order once delivered to the home by the pharmacist. However, information had not been transposed to the medication administration records from an assessment record that identified one person as having an allergy to a particular medicine. Following the inspection the registered manager checked each person's records and made sure any allergies people had were checked against their medicines' records.

On checking people's medication administration records, (MARs), we found there were some gaps in the recording where medicines had been given but not recorded. There was also use of a code, which should have defined why the medicine had not been administered, but no explanation had been recorded. The registered manager introduced a system following the inspection which should reduce the likelihood of these omissions recurring. The registered manager was to review whether the procedures made medication administration safer.

Being a small home, medicines requiring refrigeration were kept in a separate compartment at the bottom of a small fridge which stored milk and jars only. It was agreed that any such medicines would be kept in a sealed container so that there was no risk of cross contamination between medicines and food.

In other respects there was good management of medicines, the home having suitable storage facilities, systems to make sure staff who administered medicines receiving the appropriate training and regular auditing of all medicines entering the home. The above measures the registered manager put in place should ensure the required standards are complied with and medicines administered safely.

People were protected from bullying, harassment and avoidable harm because staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The staff we spoke with were aware of the provider's policy for safeguarding people who lived in the home.

Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Information posters about adult safeguarding were also displayed around the home, providing prompts for staff on the procedures involved.

Mr Richardson, one of the registered providers, took responsibility for safety of the premises and had carried out a full risk assessment of the premises, including people's individual rooms. Action had been taken to minimise risks to people's health; for example, window restrictors had been fitted to windows above ground level, radiators covered to protect people from hot surfaces and thermostatic mixer valves tested to make sure hot water temperatures were safe. We toured the premises and did not identify any hazards.

Portable electrical equipment had been tested and external contractors had made sure the water systems were safe with regards to Legionnaires' disease and also with regards to asbestos. A member of staff told us that any maintenance issues were attended to straight away.

Mrs Richardson, the registered manager had systems in place to make sure that care was delivered as safely as possible. Risk assessments for conditions and circumstances commonly associated with caring for older people had been completed. These included assessments concerning malnutrition, prevention of falls, people's mobility and skin care.

Risk assessments were in place for the people on whose care we focused. They had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments were then used to underpin care plans that had also been developed to make sure that care was delivered as safely as possible.

Another part of the system for minimising risk in care delivery was the monitoring of any accidents and incidents that had occurred in the home. Records were maintained individually of any accidents or incidents. These were then periodically reviewed to look for any trends where action could be taken to reduce the incidence of recurrence. Overall, there was a low incidence of accidents and incidents. An example of an action to reduce accidents was the provision of a sensor cushion that alerted staff when one particular person got up from their chair. This person had experienced a fall on previous occasions as they would forget to call for assistance from staff.

Bedrail risk assessments had been completed for people who had these in place as a means to prevent their falling from bed. Personal evacuation plans were in place for everyone to make sure they could be safely evacuated in the event of a fire and a current fire risk assessment was also in place.

The home maintained staffing levels of at least two carers on duty both during the day and also at night. People we spoke with were satisfied that this level of staffing met their needs and were pitched at a suitable level. The registered manager told us that they carried out a fortnightly audit of call bell response times, which gave a good indication of the appropriateness of staffing levels. People we spoke with confirmed that their call bells were answered within a reasonable period of time.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care. A member of staff told us, "They have been very good at arranging training for me", and another member of staff commented, "They actively promote learning".

Training records showed that staff received training that was appropriate to their role with courses staff had attended including: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding, fire safety, dementia awareness and health and safety training.

New members of staff received induction training that included shadow working with more experienced staff. They were also enrolled on the Care Certificate, which is the recognised induction standard.

All the staff said that they felt supported through the staff supervision system. Staff told us that they received regular one to one supervision and an annual appraisal. They told us there was good staff morale and good support from within the whole team. Records were in place to plan and evidence that staff supervision was provided in line with the organisation's policy.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers between shifts and this, coupled with a team of staff who had got to know people well, meant they were able to meet people's needs effectively. People we spoke with had no concerns about the way their care and support was delivered by the staff team.

People's consent to care and treatment was always sought, in line with legislation and guidance. The majority of people had full capacity to make decisions for all aspects of their lives and they told us that their consent was also sought. This was verified by people signing various consent forms, such as their care plan and use of photographs.

Some people had been assessed as not having capacity to make some specific decisions and therefore were subject to the requirements of The Mental Capacity Act 2005 (MCA). This 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 be 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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection, the registered manager had made applications to the local authority on behalf of four individuals for a DoLS

with two applications having been granted. Neither of these had conditions attached to the authorisation and records were held in people's files to reflect this. There were also records of any lasting powers of attorney granted in respect of people so that staff knew about legal authority for decision making where people lacked capacity. Mental Capacity assessments had been carried out for people who lacked capacity to make specific decisions.

Staff had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as they had received training in this area.

People were positive about the standard of food provided and were supported to have sufficient to eat, drink and maintain a balanced diet. People made the following comments when asked about the standard of food; "Very good", "Generally, very good" and "I have no complaints". People told us that they had been asked about dietary preferences and these were respected with alternative choices provided if there was something on the menu not to their taste. One person was diabetic and told us that the home catered to their needs. We saw that drinks were provided throughout the day and that lunchtime was a positive experience for people. Two people required their drinks to be thickened following an assessment by speech and language therapists. We saw that these two people were provided with drinks thickened to the consistency described in their 'safe swallow' plan. Three people were having the fluid intake monitored because of concerns that they were not having enough to drink. Good records were in place, providing staff with guidance on a recommended intake. People's intake was being monitored as we saw that each day their total fluid intake was added up to check whether they were having sufficient to drink.

People's health care needs were monitored and appropriate action taken if required. People told us that appointments were made for a GP to visit if they were unwell. Referrals had been made to speech and language therapists when people had swallowing difficulties. Another person who had skin condition was being treated by their GP and district nurses. The registered manager also told us that on occasion assistance had been sought from the community mental health teams for guidance in positively responding to people with challenging behaviour.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were very familiar with their needs. One person told us, "Everyone is so caring", and another said, "They are such nice people who run it (the home)."

People had free movement around the home and could choose where to sit and spend their time. For example, one person told us how they could have their breakfast or other meals in the dining room but chose to have breakfast in their bedroom. People told us that staff knocked on their doors before entering their bedrooms and there was respect for their property and belongings. Everyone had a single room and could lock their bedroom door.

Staff we spoke with were aware of their role in promoting privacy and people's dignity. One member of staff, who had worked in larger homes before working at Staddon Lodge, told us that they much preferred working in a small home as they got to know everyone so much better and so could support them better.

People's care records had a completed 'My Life History' form providing information about people's lifestyle, routines, likes and dislikes prior to moving to residential care. This assisted staff in both helping to maintain a person's independence and maintain their quality of life.

People told us that their relatives and friends could visit at any time and were always made welcome at the home.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and no one had concerns about the way care was planned and delivered. Overall, people were very satisfied with the service being provided. A relative had complimented the home with the following comment, "The manager puts herself out to resolve any problems…I come away knowing my mother is in good hands."

Procedures of the carrying out of a preadmission assessment of an individual's needs, before a person was accepted for a placement at the home, were followed to make sure that the home could meet needs of people they accommodated.

Once people were admitted further assessment tools and risk assessments were completed and used to develop an individual care plan for each person. The care plans were up to date and reflected people's needs. They were also person centred in the way they were written, giving a good overall picture of each person's ability and how staff should assist in maintaining people's independence.

People had been provided with specialist equipment where this was needed, such as air mattresses. Where these had been provided, there was a system to make sure mattress settings corresponded to people's weight. People who required the use of a hoist for their moving and handling needs had their own slings to minimize risk of cross infection. There were detailed care plans in place for people who needed assistance with moving and handling.

Information gathered from people's life histories were used to plan activities. People told us about singers who came into the home to entertain, an exercise group and of the recent celebrations for the Queen's birthday. Other people told us they enjoyed spending time in their rooms or going out into the garden in good weather. One person told us about the support they had received in supporting in their religious beliefs.

People knew how to make a complaint if they needed as a copy of the complaints procedure was provided in each person's room and also being detailed within the home's Terms and Conditions. People told us they had never had to complain about but if the need arose, they felt they would be listened to. No complaints had been raised about the service since the last inspection in April 2013.

There was a system in place for when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. The system ensured information accompanied the person, which meant they would receive consistent, planned care and support if they had to move to a different service.

Good

Is the service well-led?

Our findings

One member of staff told us, "The manager nips problems in the bud"; and one person we spoke with said of the registered manager, "…..she runs the home very well."
The home was well run with organised systems to make sure high standards were maintained. Feedback from people and also the staff indicated there was good morale and an open management who were supportive of the staff team and of people and their relatives.

Residents' meetings were held and minutes showed people were able to discuss things and put forward suggestions on how the home was run. For example, people were told about care plans, their purpose and how people could view their records. People's religious needs were discussed and an action for management was to arrange for a Christian service to be held in the home.

Staff meetings were held and again minutes showed staff were encouraged to discuss how the service could best be developed.

A survey involving people and their relatives was last carried out in 2014. Results were analysed with an action plan of issues to be taken forward.

The registered manager carried out periodic audits to monitor the quality of service being provided. These included call bell, medication and care plan audits.