

Welford Healthcare STH Limited

Stanshawes Care Home

Inspection report

11 Stanshawes Drive
Yate
Bristol
BS37 4ET

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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

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

People felt safe living at the home and spoke highly about the care and support they received. Accidents, incidents and falls were documented and reviewed to identify patterns and trends and identify opportunities for learning. Staff had received training in safeguarding and knew how to identify and report concerns. Medicines were managed safely. People received their medicines as prescribed, with records being completed accurately and consistently. The home was clean, with effective infection control processes in place.

Staff had the right levels of training, support and experience to deliver effective care and meet the needs of people living at the care home. People had access to a wide variety of food and drink that met their dietary needs and wishes. People lived in a suitably adapted and comfortable care home that had been decorated and furnished to a good standard. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

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.

People were treated with kindness, respect, and compassion. People were supported to express their views and were involved in making decisions about their care, where possible. Staff respected people's decisions. People's privacy, dignity and independence was respected and promoted. People's care plans described how to support people to maintain their independence, wherever possible.

People's needs were assessed and information was used to create detailed care plans which supported staff to provide person-centred care. A range of group and individual activities were provided for people to participate in.

The registered manager and staff were open and honest. There was a positive staff and management culture that people living in the home and relatives had commented on. Staff were keen to learn and to ensure people received the best possible care. The registered manager used a range of systems and processes to monitor the quality and effectiveness of the service provided. Action plans were used to drive improvements.

Rating at last inspection

This is the first inspection of the service, since they registered with us on 16 March 2022.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the home. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Stanshawes Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy, quality manager, 6 staff, 12 people who lived at the home and 2 relatives. We observed how staff interacted with people. We looked at a range of records relating to the management of the home. This included recruitment records, health and safety records, people's care records, infection control practices and quality assurance records. We considered all this information to help us to make a judgement about the home.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments included, "Yes, no problem here. I would talk to a member of staff if I was worried". Another person told us, "Safe, yes. They keep the doors closed at night."
- All staff had undertaken safeguarding adults from abuse training. They understood their role in recognising and reporting concerns of abuse or poor practice.
- We asked the staff if they felt confident in raising their concerns to the registered manager. Their comments included, "Yes very. I would not hesitate and feel she would really take any concerns seriously". Another staff member told us, "I do feel confident. She would take action straight away."

Assessing risk, safety monitoring and management

- Staff were aware of risks to people and how to keep them safe. Risk assessments were in place and kept up to date. The assessments contained guidance on how to keep people safe from harm. They covered areas such as people going out into the community independently, moving and handling, smoking and falls.
- Risks to people were managed in relation to weight, nutrition, falls and pressure areas.
- We found 2 cupboards which stored cleaning chemicals were left unlocked. Both doors had padlocks on them. The locks had been placed on the shelving inside the cupboard. We were told the housekeeping staff had not followed the correct COSHH procedures. The registered manager took immediate action during the inspection and keypads were installed on both doors.
- People had personal emergency evacuation plans (PEEP) in place. These detailed the support a person needed to leave the home in an emergency. The PEEP considered people's needs such as mobility and equipment used to support them.
- The provider had robust systems in place to manage and monitor the safety of equipment and the environment.

Staffing and recruitment

- The provider ensured there were enough suitably qualified staff to provide people with care. People told us there appeared to be enough staff on duty and whenever they rang their call bell, this was answered quickly.
- Care staff confirmed there were enough of them on duty to support people. Their comments included, "I personally feel we have enough staff. We help pick up extra shifts and support each other" and "The staffing levels are quite good here."
- The registered manager told us they had a committed staff team, who each helped to cover annual leave and sickness that occurred. Agency staff had not been used at the home for some time. The registered

manager recruited staff from overseas. This included registered nurses.

- Staff were recruited in a safe way. References and a Disclosure and Barring Service (DBS) were obtained before staff started working at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. Staff involved in handling medicines had received recent training around medicines. Observations were carried out to ensure they continued to follow best practice guidance.
- When medicines were prescribed to be given 'when required', protocols had been written to guide staff when it would be appropriate to give these medicines. These protocols were specific to each person and reflected their individual needs.
- Medicines administration records were clear and showed that people received their medicines safely, in the way prescribed for them.
- Guidance was now in place for staff applying creams and other external items, and it was recorded when these were applied.
- Medicines audits were completed on a regular basis by the nurses. Any improvements required were identified and appropriate actions taken.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found 3 commodes that had not been effectively cleaned. The wheels to the 3 commodes were rusty and could not be cleaned effectively. We showed the registered manager, who took responsive action and organised a deep clean. They also ordered some new commodes.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people welcoming visitors to their home. We observed family and friends at the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded within internal systems. This contained information about outcomes and actions taken to help reoccurrence.
- Information was shared with staff to support learning and promote good practice.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 were complimentary about the assessment and admission process to the home. Assessments were carried out and people were asked about their preferences to help inform their care plans.
- Assessments of people included information about their cultural and religious backgrounds, to help ensure people's cultural needs were identified and could be met.

Staff support: induction, training, skills and experience

- Staff received regular supervision and appraisals where they could discuss training and development needs, in relation to supporting people.

The registered manager ensured all staff attended and completed relevant training. There was a rolling schedule in place for staff who were due to attend refresher training courses.

- The registered manager ensured that staff had the skills and knowledge to meet people's needs. Before staff started at the home, they completed an induction, training and shadow shifts before completing any lone working. New staff had regular probation meetings with their line manager.

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

- People were supported to enjoy a varied diet of appetising food. There was a focus on people enjoying a balanced diet and maximising their food choice.
- The nurses assessed people's needs and preferences around eating and drinking, and food was prepared in line with this. The chef was made aware of people's dietary needs. This was by using effective communication systems.
- We observed the lunchtime meal which appeared nicely presented and appetising. When offering choices, the staff showed people plated meals so they could see and smell their options. This supported people's decision making and encouraged conversation.
- Peoples dietary requirements were included in their care plan. People were able to eat together or independently. They told us they liked the food. Staff engaged with people and also supported people with their food when needed.

Adapting service, design, decoration to meet people's needs

- The design and layout of the premises met people's needs. The home was on two levels. People could navigate their way to communal areas.

- There were grab rails and handrails around the home, to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home.

- The home was spacious and had several lounge and dining areas. The home had a garden area, we observed people were sitting outside with friends and family.

- The registered manager told us about the refurbishment plans in place. This included some rooms on the ground floor being extended with a small garden area. Planning permission had been granted. The work was due to start shortly.

- As part of the refurbishment, communal areas, toilets and corridors were being decorated with new flooring laid. It was clear people had been informed and were part of the decision making in how they wanted things decorated.

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

- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of losing weight, actions were taken that included additional monitoring and a referral made to the GP.

- The registered manager made sure people living in the home had access to healthcare services. These included social workers and the dementia wellbeing team. The home was supported by a local GP surgery who carried out a weekly visit or when people were unwell. People had access to a hairdresser, chiropodist, and dentist.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a DoLS tracker in place, to keep oversight of when people required an assessment, referral, application and review dates.

- Capacity assessments were carried out by the registered manager and nurses to assess if people were able to make specific decisions independently. For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations.

- The staff team worked within the principles of the MCA. Before care and support was given to people, their consent was sought.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff treated people with respect and dignity. People's care plans contained information around their preferences, wishes and how to reassure them should they become anxious.
- We observed the staff spoke to people respectfully. They were empathetic whilst caring for people who appeared anxious and upset. The staff spoke about people with respect and compassion and knew them as individuals. The staff team celebrated people's successes with them.
- People told us how staff were kind and supportive. One person told us, "The care is excellent. The nursing care is exemplary". Another person told us, "Staff are quite wonderful. Very joyful and lovely."
- The staff cared for people equally. They took into consideration human rights and equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support.
- The atmosphere in the home was calm and friendly. Staff were observed talking to people in kind and affectionate ways. Interactions between staff and people showed positive relationships had been developed. The majority of the staff had worked in the home for many years under the previous provider, offering people stability and continuity.

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

- People were encouraged to make decisions about their care. This included making day to day decisions, choices and also bigger decisions about their care and treatment.
- People shared examples with us of the positive and enabling approach of the staff towards them. They told us how the staff encouraged and supported them to make decisions about their health, care and support arrangements.
- People's records showed they and their relatives were included in decisions about life sustaining treatment and their preferred place of care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. The staff supported people to regain confidence in their own abilities. One person was deemed not for rehabilitation by the hospital, however, due to the staff team's commitment, they supported the person to walk again. It was evident the staff celebrated people's achievements with them.

- People appeared well groomed, and their clothing looked clean and tidy. People were offered assistance to bath and shower as many times as they wanted throughout the week.
- Staff were aware of people's need for personal space. One example included, if people were using the telephone or speaking to friends and family, they could do this in private.
- We observed the staff were discreet when offering people support with personal care or discussing people's care with other members of staff.
- People's private information was stored securely and could only be accessed by those with permission. People's records were held electronically, and password protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well. Information within people's care plans reflected the care and support which people required. A number of assessments had been carried out, which helped to form the overall care plan.
- Each person's care plan contained information about people's health care needs, their likes, dislikes, interests and protected characteristics, for example their race, religion and beliefs.
- The registered manager regularly reviewed care plans and kept information about people's needs up to date.

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

- People spent as much time as they wanted taking part in activities and spending time with friends. The activity timetables were individualised, and person centred. Activities were carried out throughout the day. An activity staff member helped to oversee this.
- People were able to stay in regular contact with friends and family via telephone and video calls.
- People were encouraged to develop friendships within the home. A men's club took place each month along with regular coffee mornings. People were able to spend time socialising in the lounge areas and garden. Some people liked to spend time in their own rooms. The staff checked on people to ensure they were not isolated.
- Staff maintained an oversight of people's participation in activities, to ensure that people were offered regular opportunities to participate. It was respected where people did not want to be involved and staff provided 1-1 activities for these people.
- People were supported to achieve goals and have their wishes fulfilled. The home had a wish tree in the reception area. People were able to write down a wish and hang this on the tree. Each week one was picked. One person for example wanted to walk to the local park. They had an aim to improve their mobility so they could walk the whole way.

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that

people should get the support they need in relation to communication.

- The staff provided people with information in the way which they preferred. People communicated with us in their preferred way.
- Staff understood how each person communicated their needs. Some people were not able to verbally communicate fully. The staff used aids such as a white board to write down questions as a prompt.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- People and staff told us they would speak to senior staff or the registered manager if they had any concerns and were confident they would be taken seriously.
- We looked at the complaints process for previous complaints which had been raised. Each complaint had been acknowledged, investigated and a response to each complaint sent.

End of life care and support

- The staff supported people to plan for their care at the end of their life. The staff considered people's diverse needs and understood how individual religious or cultural beliefs might influence wishes and decisions about their end of life care.
- People's care records included information about what was important to them and how they wished to be cared for. Some people had no contact with their family. The staff cared for people and offered comfort and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff supported people in a person-centred way and knew them well. The registered manager led by example. Staff understood people's individual care needs, and this helped to ensure people received support that promoted their well-being.
- The staff felt respected and were confident in approaching the registered manager, if they had any concerns. They were confident things would be dealt with. Their comments included, "We are lucky to have good managers. The door is open, they listen and take action."
- Staff received constructive guidance and support on areas which required improvement, and received positive feedback as to what was working well.
- There was a commitment to achieve good outcomes for people that lived at the home. This included making improvements to the environment to enhance people's well-being. For example, plans were in place to extend one section of the building. This included some people having a small patio/garden area.
- The registered manager was immensely proud of the staff and what they had achieved. They were keen to look after the wellbeing of staff. The staff told us they were treated to pizza, cakes, ice-cream and takeaways. This was a to show appreciation for their hard work.
- The provider had an employee of the month scheme and recognised staff's achievements. They received a small gift as a thank you.

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

- The governance systems in place helped the registered manager, deputy, quality manager and the senior leadership team to monitor the quality of care provided to people.
- The registered manager and deputy carried out regular audits of the home. This included audits in relation to record keeping, medicines, health and safety and infection control. Actions were put into place to address any shortfalls found. We spoke to the registered manager about adding in a section to the infection control audit. This was to check the quality and cleanliness of commodes.
- The quality manager visited regularly to offer support and to carry out internal quality audits. We spoke to the quality manager as part of this inspection. They told us the registered manager produced very thorough audits of good quality.

- The registered manager had notified CQC where this was appropriate and there was a culture of transparency. All services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen at the home.

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

- The registered manager effectively engaged with people and other stakeholders, with planning and delivering people's care and support.
- Staff meetings were held regularly with the staff to discuss any current concerns and to share information. Staff felt listened to and able to share their views.
- The provider used a live system to capture feedback from professionals, relatives and visitors. They were able to leave comments about the home. The system notified the registered manager of any feedback, along with the senior management team. This captured positive and negative feedback.
- Regular 'resident and relative meetings' were held at the home. The last meeting was held in May 2023. A variety of topics were discussed, which included, infection control measures, redecoration of the building, call bells and activities.

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

- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest when anything went wrong. An analysis of any falls and accidents took place.
- The registered manager was aware of their responsibilities under the duty of candour and acted with openness and transparency throughout our inspection. The duty of candour is a regulation that all providers must adhere to.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning, training and development to improve staff knowledge and skills. This led to positive outcomes for people and a significant improvement in the quality of care provided.
- The provider worked in partnership with a variety of agencies such as local authorities, safeguarding, speech and language therapists, the local GP surgery and the dementia wellbeing team. This helped to ensure people's needs were met. The home had links with the local prison and supported people with end of life care.