

Rajanikanth Selvanandan

Stansfield Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stansfield Hall Care Home is a large detached property in its own grounds, surrounded by open countryside. All accommodation is on the ground floor. The service provides accommodation and personal care for up to 22 older people, some of whom are living with dementia. At the time of our inspection there were 17 people living at the home.

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

Stansfield Hall provided a homely, person-centred family environment where people and their relatives mattered and were central to the service they received. Without exception people and their relatives told us they were happy living at and visiting the service, and that they felt safe and secure.

Staff were extremely vigilant to all aspects of people's healthcare needs and had helped to maintain people's good health. They were mindful of risk, alert to any hazards and monitored any changes in need. Recruitment was value based and ensured new starters came to the service with positive attitudes towards care and support for people. A full training package ensured they provided high quality care and remained up to date with good practice.

People were respected as individuals and their needs and wishes were met in a kind and caring fashion. Staff had a really sound knowledge of the people they supported and responded in a very person-centred way. Reviews of care ensured people's needs were met in the way they would like, considering all aspects of their care and support, and maintaining their dignity. Visitors were welcomed and know all the staff.

People us they enjoyed the food provided at mealtimes and were consulted about issues about the home. The home was clean and comfortable; communal rooms were thoughtfully laid out to provide areas for quiet or for more stimulating activities. People told us they were kept occupied and we saw they spent time chatting to one another or playing games such as dominoes together.

The service was extremely sensitive to people's needs at the end of their lives. staff understood what was important to people and provided comfort and support to people and their families.

The provider maintained a good oversight of the service which was well led by a management team who were highly involved in the day to day running of the service. They had built an open and welcoming service where people felt extremely happy with the quality of their support. There was excellent communication with people and relatives on a regular basis, and people felt they could influence how their care was delivered. Staff felt supported and that their hard work was rewarded. They were proud of the care they delivered.

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 Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 May 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

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 ●

Stansfield Hall 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Stansfield Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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 contacted local authority commissioners and asked them for their views about the service. This

information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home and with four relatives. We also spoke with the registered manager, registered nurses, four care staff, the chef and maintenance officer.

We looked at three people's care and support records, staffing rotas, two people's medicine records, three staff recruitment records, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at records related to the safety, auditing and monitoring of service.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. People told us they felt safe, one person commented, "The staff really look after me. I feel very safe, they keep their eye on me and make sure I'm okay."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management:

- Risks to people's health and well-being had been identified, and care plans had been put into place to help reduce or eliminate the identified risks. Risk assessments were regularly reviewed. Equipment identified in care plans was provided to minimise risks.
- The management team undertook environmental risk assessments and regular checks of the environment, fire equipment and water safety. The maintenance officer conducted monthly health and safety checks throughout the building. A maintenance file identified when action was needed to check appliances and review or renew safety certificates.

Staffing and recruitment

- The service used a dependency tool they used to calculate the number of staff required to effectively meet people's needs. The registered manager told us they would not compromise on quality or care and ensured there were good numbers of staff to meet people's needs in a timely and flexible way. Any shortfalls in staffing due to annual leave or sickness were covered by existing staff rather than agency staff; this provided continuity of care.
- There was a stable staff team who knew the people who lived at Stansfield Hall well, and communicated effectively with one another to ensure all care needs were addressed. Communal areas were well supervised.
- The registered manager followed safe recruitment systems and processes to protect people from the employment of unsuitable staff.

Using medicines safely

- People told us they received their medicines on time and the staff always checked that they were the correct medicines.
- Staff who gave people medicines had read the provider's policies and procedures for safe medicine management. They were knowledgeable about the medicines prescribed had received comprehensive training about giving people medicines competently.

- Safe systems were in place for the storage and disposal of medicines. Medicine expiry dates were checked, and the registered manager completed a monthly audit of all medicines.

Preventing and controlling infection

- There were systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean. A visiting relative told us, "It is always clean and there are no nasty smells ever." Appropriate protective wear to prevent cross infection was readily available throughout the home.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. The service was rated 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, and incidents. The registered manager reviewed incidents and near misses to ensure appropriate action was taken to prevent any reoccurrences.
- Staff were encouraged to voice any concerns they may have with regard to ways to make a procedure safer and get better outcomes for people and their visitors.

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 improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support

- The service ensured people remained in the best health they could. For example, staff recognised the importance of good mouthcare and staff were proactive in supporting people to maintain good oral hygiene. This had achieved outstanding results. There had been a significant reduction in the number of hospital admissions and of antibiotics being prescribed with only one prescription issued in the past nine months. The service received recognition and an award from associates of the British Society of Dental Nurses who used the outstanding outcomes at the service to highlight the health benefits of good mouthcare at an international conference
- Staff were extremely vigilant and attentive to people's healthcare needs. Discreet checks when assisting with personal care for any marks or scratches. One relative informed us that care staff noticed a small swelling on a person's leg, and contacted the person's GP, who diagnosed a serious medical concern. Early intervention by care staff ensured appropriate medical intervention was successful.
- Referrals were made to professionals when any issues or concerns had been identified, such as poor nutritional intake. When instruction was provided by health professionals this was noted and followed.
- All of the people we spoke with said they could see a doctor, dentist or any other health professional whenever they needed to. Care records documented any changes in people's physical or mental health and noted any consultations with health professionals. Where people were at risk of pressure sores turning and moving charts were kept showing people were not kept in the same position for a long time. The deputy manager told us nobody had had any pressure sores, "For quite some time."

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

- People told us they had a full and comprehensive assessment before they moved in to Stansfield Hall. One relative told us, "They did a really thorough assessment, and looked at everything. I knew then that this was going to be the right place." Assessments from health and social care professionals were also effectively used to plan care for people. On admission, a 24-hour care plan was put into place to allow staff to get to know the person and help identify any unforeseen issues or concerns.
- Management and staff applied their learning in line with expert professional guidance. For example, following guidelines regarding the consistency of food and using the correct moving and handling equipment when transferring people. This led to excellent outcomes for people and supported a good quality of life.
- Cultural, religion background and personal values were taken into consideration when assessing need, and any specific requirements were accommodated, such as food prepared according to culture and respect for religious observance.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were exceptionally well able to support them, they understood their needs and went out of their way to provide support. Staff were well trained and told us they felt fully supported in their role. The recruitment process emphasised values, and once selected all staff completed a comprehensive induction to get to know the people They worked 'off the rota' until they and their manager felt they were both confident and competent to work as part of the established team.
- All staff completed mandatory health and social care training. They helped develop a training plan customised to their learning needs and the specific needs of people who lived at Stansfield Hall. People told us the staff were competent and well trained. One person told us, "The staff are really knowledgeable. They know their stuff."
- All staff were provided with consistent ongoing support and supervision. Staff were complimentary about the support they received from the registered manager. They told us their supervision helped to reflect on their practice and ongoing support from the management team, both on and off the job helped to maintain good morale.

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

- The importance of food and drink was strongly emphasised. People were supported to eat a varied and nutritious diet based on their individual needs and preferences. They told us they enjoyed the food. One person remarked, "Food is smashing, really good. All fresh and just how we like it."
- Snacks, hot and cold drinks were available throughout the day. Mealtimes were lively and pleasant occasions with staff and people interacting well with one another. People were supported and encouraged to eat their meals where necessary
- Care plans indicated any specific dietary requirements, and these were communicated to the kitchen staff. They provided detailed instruction, for instance on how to thicken fluids for people with poor swallow. The service kept accurate food and fluid intake charts for people who were at risk of weight loss and staff monitored risks associated with poor nutrition. Healthcare professionals were involved where required. The chef understood the importance of diet in specific cultures and knew how to prepare food in accordance with religious requirements.

Staff working with other agencies to provide consistent, effective, timely care;

- The service worked in partnership with a range of organisations to maintain close cooperation and a high-quality service. For example, some people had been admitted from hospital after an independent assessor had completed a discharge assessment. The registered manager felt these assessments did not provide the service with the right information to meet the person's needs. They had liaised with the health authority to develop more appropriate assessment documentation. This has since been taken up and used for all assessments across the area.
- People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health. The service had continued to develop an open, honest and inclusive culture with people, families and their supporting professionals. This enabled individuals to discuss any feelings or concerns or ask for any information which helped to promote their health and welfare.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Staff shared appropriate information when people moved between services. They used a 'red bag' scheme which ensured that if a person required an emergency admission to hospital all information about the person could be quickly accessed.

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

- The design and layout of the home was suitable for people living there. A visitor commented, "It's a quirky place, but that helps add to the character. It suits the people who live here, quiet areas and places where

there is always something going on." Another said, "There is a good homely feel to the place: it is like stepping into someone's living room." Communal areas were comfortable and bright with plenty of items of interest for people to enjoy. Bathrooms were appropriately adapted.

- People were consulted about communal décor, and When they moved to Stansfield Hall they helped to choose the paper and colours of their room. They were encouraged to bring personal items with them.
- Dementia friendly signage helped people to orientate themselves around the building.

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.

- The registered manager and staff understood when an application for a DoLS authorisation should be made and worked with local authorities to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interest. The registered manager told us they liaised with advocates. One person's representative told us they felt communication with the service was excellent and they were consulted whenever there was a change in the person's needs.
- Where necessary, decisions made on behalf of people always considered the least restrictive option. A visitor remarked, "There is a lot of freedom. [People] don't appear to be restricted and are always given choices about what they want to do and what they can do."
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff were patient and respectful and supported people to make choices about their daily lives. One person told us, "We are always offered choices, we never get anything we don't want. We are in charge here."

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

- People were treated with warmth, kindness and respect. The deputy manager told us staff followed their ethos, "I consider what I would want, I want to be cared for in a proper dignified way, so I expect staff to do the same for others." Throughout our inspection we saw staff were sensitive to people's mood and feelings and responded in a respectful and caring manner. Staff respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People were complimentary of the care and support they received. One person said, "Everyone is so good, brilliant, and they are all prepared to go out of their way to be helpful," and a relative told us, "My [relative] has really settled. It's very homely and she feels really at home. The staff really care about all the people here." Another told us "They have made [my relative] better, He is well, and a much happier person. The staff are so nice and treat people with respect: no plastic plates!"
- Staff and people living in the home had developed good relationships. Staff took time to sit and talk to people. They knew about people's preferences and how best to care for and support them.

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

- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, regular meetings and customer satisfaction surveys.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.
- People were given information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.
- Where necessary the service would advocate on behalf of individuals. They recognised families can influence decisions which may not be in persons best interests or wishes. Where this was the case they took account of people's views, arranged best interest meetings and ensured people's wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to develop their independence and self-esteem to enable them to make choices and express their preferences. Staff offered people opportunities to increase their independence and to have freedom and control over their lives.
- Staff respected people's dignity. They recognised when poor health or illnesses caused people embarrassment and took steps to ensure privacy and dignity were maintained. Staff called people by their

preferred name and spoke to people with respect.

- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and in line with government regulations.

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 good. At this inspection this key question has remained the same. 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

- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. Records gave a good accurate picture of the person and recorded any specific risks, such as any behaviours which could be challenging. Where risk was identified records identified and instructed staff how to respond.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- Staff remained observant, and watchful for any risks or hazards. They showed sensitivity to mood and feelings and knew when to liven the atmosphere or when people wanted peace or quiet. Care tasks were delivered in a friendly and person-centred way.

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. 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.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats, such as easy read and pictorial to meet the communication needs of people and to give people more control over their lives. Technology was used as a means of communicating with people and achieving positive outcomes for them. For example, through the use of loop systems for people who were hard of hearing. Information about how people communicated was included in support plans.

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 were supported to keep in touch with family and friends, to maintain their hobbies and develop new interests. They told us staff arranged activities each day, and there was always something for them to do. We observed people playing dominoes, and others writing postcards. The service had a postcard scheme; using social media they had encouraged people to send postcards to the service, and people at Stansfield Hall had received a large number of cards from as far away as New Zealand. People told us they looked forward to receiving cards.
- The home had a high number of visitors and relatives told us they were always welcomed. One told us, "There is always something going on. I see the people here are always stimulated and never left unless they want peace and quiet. It's comfortable, I'm always welcomed, and I'm never made to feel I am in the way. I

would stay all day if I could, sitting and chatting to all the people here. There is a good family atmosphere."

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, compliments and concerns to help them understand how they could improve or where they were doing well.
- People had no complaints or concerns and felt confident talking to staff or the registered manager. The complaint procedure was available in the service information guide and displayed in the hallway.
- People were encouraged to discuss any concerns and air their views about all aspects of the service during meetings and day to day discussions. One person told us, "I know all the people here and can approach any member of staff and know something will be done."

End of life care and support

- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible. Care plans included a section, 'My advanced wishes for my end of life Care'. People and their relatives had discussed with staff how they wanted to be supported as they neared death.
- Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care.
- A member of staff told us, "It can be difficult, but we liaise with nurses and doctors. We will stay with the person all night, attending to their comfort, moistening their mouth, turning and ensuring best treatment, keeping them warm and safe and holding hands if that's what they want."

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

- There was an extremely positive culture placing people at the centre of service delivery. A visitor remarked, "Out of all the homes I looked at this was by far the best. There is such a lovely atmosphere and it really feels like it's their home."
- The registered manager told us they wanted to create an environment where privacy and dignity were respected, independence and development encouraged and a home for people which was warm happy and comfortable. Without exception the people we spoke with told us the service had met and exceeded this wish.
- People we spoke with told us "I do like it here. Staff are absolutely fine without exception," and, "I always have a nice day. Nothing is troubling me." Relatives said, "The whole environment is great. If I had to go in a home, I'd want one like this and have staff like these to look after me." Staff told us they looked forward to coming into work and they were proud of what they had achieved.
- The management team were active in all aspects of the service. They led by example and addressed issues as they arose.

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

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery.
- The service had a manager who had registered with the Care Quality Commission. Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager and deputy manager were knowledgeable about what to raise and had informed CQC of events as required.
- Systems to maintain effective communication were in place. We observed one hand over meeting at the end of a shift. Staff demonstrated a very thorough knowledge of each person and gave a full account of their activities, mood and behaviour over the previous shift. They noted any ongoing actions, including referrals made to GPs and any ongoing needs.
- The registered manager had effective quality assurance systems to ensure safety, quality and improvement were consistently monitored. They had developed a good relationship with the provider and told us the provider was supportive and keen to support any initiatives to improve the well-being of staff as well as the people who lived at Stansfield Hall.

- The registered manager was experienced, and staff were knowledgeable about the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability. The registered manager was ably supported by a deputy manager. For part of our inspection the registered manager was on annual leave, but consistency of service provision was maintained by the deputy manager.

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

- Management and staff encouraged feedback from people living in and visiting the home. There was good evidence people were listened to and changes were made. The quality of the service was continually monitored to ensure people were happy with the service and to ensure their diversity and personal and cultural needs were met.
- People told us they could speak to the manager and staff at any time and were confident they would be listened to.
- The service completed annual questionnaires for staff, people who used the service and their relatives and external organisations. The results were analysed to look for ways to improve the service.

Continuous learning and improving care; Working in partnership with others

- The provider encouraged continuous learning and development within the service. The service worked with other professionals such as health care workers. The provider ensured appropriate support was obtained as required and shared knowledge that promoted continued service development.
- The management team were aware of the improvements that were needed in the service and had good working relationships with a variety of professionals to enable effective coordinated care for people.
- The registered manager took on board issues raised by other services such as local authority contracts and commissioning and clinical commissioning group.