

Derbyshire County Council

The Staveley Centre

Inspection report

Calver Crescent, Middlecroft
Staveley
Chesterfield
Derbyshire
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Staveley Centre is situated in Staveley near Chesterfield and provides accommodation and personal care for up to 32 older people, including those living with dementia. The service has 20 long-term residential care beds and four respite beds. In addition, the service has eight designated beds for intermediate and re-ablement services. There is an on-site physiotherapist and an occupational therapist to support and aid rehabilitation following illness and hospital care, prior to being discharged home. At the time of our inspection, 28 people were using the service and three were in hospital.

What life is like for people using this service:

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink, however they were not able to be involved in menu choices. Staff supported people to access a variety of healthcare services to meet their health and medical needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and/or their relative where required. Most people were able to take part in activities that met their social needs, however some people expressed dissatisfaction with the activities available and felt they were not appropriate for them. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 29 January 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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.

Requires Improvement ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

The Staveley Centre

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector, an assistant inspector 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. Their area of expertise was dementia care.

Service and service type:

The Staveley Centre is a 'care 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. The service accommodates up to 32 people in one purpose built building.

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

Notice of inspection: This inspection was unannounced.

The inspection site visit activity started on 15 January 2019 and ended on the 15 January 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last

inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with eight people using the service and three of their relatives. We observed the care for two people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also had discussions with eight staff members that included the area and deputy manager, a physiotherapist, approved nurse practitioner and a student social worker. In addition, we had discussions with two house keepers, and five care and support workers.

We looked at the care and medication records of four people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People continued to feel safe living at the service. One person said, "Yes it's all safe here. There are always staff about. I close my bedroom door at night but it's not locked. No one comes in only the staff." A relative told us, "I feel [relative] is very safe, they are constantly watched and they moved her bed outside the main office to keep an eye on them."
- Staff told us they had completed appropriate and effective training in relation to safeguarding and they understood the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager. I wouldn't think twice about that." There were notices displayed around the service regarding safeguarding people and how to report abuse.

Assessing risk, safety monitoring and management:

- People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling, nutrition and tissue viability. Where people had been identified as a high falls risk, they also had a falls prevention support plan in place.
- Staff were aware of people's risk assessments and how to keep them safe. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as possible."
- Risk assessments were reviewed and updated regularly or when people's needs changed.

Staffing levels:

- People felt there were enough staff employed to meet the needs of people using the service. One person said, "I think there are enough staff; there always seem to be someone around here."
- Staff said they felt there were generally enough staff to meet people's needs safely. However, one told us, "The staffing here is okay. Sometimes there are days when we are really rushed and under pressure." We observed sufficient numbers of staff on shift at the time of our visit to support people safely.
- We found safe recruitment practices had been followed. We spoke with staff who told us they had produced references and identification before being offered a post.
- Records showed that Disclosure and Barring service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely:

- People continued to receive their medicines as prescribed. One person told us, "They [meaning staff] explain what my tablets are for."
- Staff told us and records confirmed they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed.

- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.
- An on-site advanced nurse practitioner could provide prescriptions for people occupying a reablement bed swiftly, if people needed it.

Preventing and controlling infection:

- People continued to be protected against the spread of infection. One relative said, "Oh its spotless, my room is cleaned everyday including my toilet they also do my laundry here."
- Staff told us and records confirmed they had completed training in infection control. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- Information about how to prevent the spread of infection such as effective hand washing was available in the service and we noted that the service was clean, hygienic and free from unpleasant odours.

Learning lessons when things go wrong:

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The registered manager responded appropriately when things went wrong and used any incident as a learning opportunity.

Is the service effective?

Our findings

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

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's needs were comprehensively assessed before they went to live at the service.
- People's diverse needs were detailed in their care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support.
- Staff completed training in equality and diversity and the staff team were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience:

- People continued to be supported by staff that had the skills and knowledge to meet their needs. One person told us, "Oh yes I think they are trained I think they know what they are doing. Yes, definitely they know what they are doing."
- Staff told us they were very satisfied with the training they received and felt the provider really valued them and was willing to invest time and effort into their training. One commented, "I had an excellent induction when I started and that gave me a lot of confidence. The training is brilliant." Records demonstrated that staff had completed a comprehensive induction and on-going training programme.
- Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice.

Supporting people to eat and drink enough with choice in a balanced diet:

- The catering service had been sourced out to a private company. We spoke with the chef who told us the menu was developed by a senior staff member within the local authority. This meant that people were not able to be involved in the menu choices. However, the chef told us they could make changes to the menu if people expressed dissatisfaction with the food.
- People told us they were happy with the food provided. One person said, "The food is excellent you could not get it better in a hotel and while I can eat it I will. It's a pleasurable experience to mix with people. It's much better than being alone."
- Care plans contained information about people's dietary likes, dislikes and nutritional needs. These were reviewed and updated monthly or when people's needs changed.
- Staff worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs. Records confirmed this took place.
- We saw different initiatives such as 'Focus Days' to encourage people to eat healthily and try new foods. For example, there was a 'Big Breakfast Monday' that was taking place in January 2019, this included different examples of healthy breakfasts that had been provided for people to try.

Staff providing consistent, effective, timely care:

- Staff continued to support people in a timely manner with their healthcare needs. Two people told us how they had recently visited an optician and another said they were regularly visited by a nurse from the local GP surgery.
- At the service there were eight community health beds. These beds were used to enable a safe discharge from hospital for people returning home or for people in the community to prevent a hospital admission. Staff worked with physiotherapy staff, nursing assistants and social care staff to implement re-ablement plans.
- The registered manager informed us they had contacted a local dental service that was going to provide training in oral care for staff and also undertake dental checks for people living at the service if they wanted to. We saw this advertised on a notice board.
- Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed monthly to check they had been updated in line with their needs.

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

- People's rooms were very personalised and they told us they had been involved in choosing the decorations and objects in their rooms. We saw they reflected people's personal interests and preferences.
- The environment was accessible, spacious, comfortable and decorated with photos and lots of personal touches that made it feel homely and welcoming. Artwork produced by people living at the service was on display in communal areas and in people's rooms.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- Consent was sought before care and support was provided. One person said, "At bath time they ask what I want and they always ask if I want them to help."
- At the time of our visit we found the service was working in line with the principles of the MCA 2005.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- All the feedback from people was extremely complimentary about the staff and the way they delivered the care and support. One person said, "They [meaning staff] are nice to us all the time, they have always been nice to me. They help me with my clothes and washing every morning and I choose what I am going to wear." A relative commented, "I think they are very compassionate, I know them all fairly well."
- During our visit, we saw staff in the communal areas of the premises chatting to people, gently putting arms round people if people wanted this and addressing them directly and with eye contact. It was evident that staff knew the people they supported well and had developed good relationships with them. We also saw staff greeting people's relatives and friends and making them welcome.
 - One person had celebrated their 100th birthday and had received a telegram from the Queen. Following this the person wanted to make and send a Christmas card to the Queen, so the staff supported them to do this and we saw photographs of the person making their card. They received a letter from the Queen thanking them for the Christmas card, which they were very proud of.
 - Another person using the service and their [relative] had a milestone wedding anniversary so the staff provided a candle lit dinner for them to enjoy as a couple. We saw a photograph of them enjoying a glass of wine and a meal together.
 - The service had a very strong, visible person-centred culture. This was reflected in discussions with the management, staff, people who used the service, relatives and health care professionals involved in the service. The care plans contained information about preferences for care support including the gender of care support workers and how people wished to be cared for.
 - Daily communication records demonstrated a very kind and sensitive approach from the care staff in the care delivery and support.
 - We saw that relationships between staff and people were caring and positive. For example, we observed the lunch time meal. Staff clearly knew people well and were able to read their body language and behavioural characteristics which enabled them to manage care or intervene if needed.

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

- People told us that staff respected their choices and the decisions they made. For example, a relative told us, "[Relative] used to be an early riser but recently they have decided to lay in a little which the staff have accommodated."
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. One relative commented, "We have been involved in [relative's] care. We have just had a six-

month review meeting. All the professionals were there, they did an assessment and we are happy. We also have meetings if we need extra ones."

- People had a personal journal in their rooms. These had been created so that activities, visits from families and friends and entertainment people had seen could be noted in their journal. People and their relatives could then look through the journal and chat about events with family and staff.

Respecting and promoting people's privacy, dignity and independence:

- All staff respected the privacy and dignity of each person and they could give us examples of how they did this.

- The Staveley Centre had achieved the Derbyshire Dignity Campaign Award to improve people's experiences of dignity and respect when receiving a care service.

- Care plans documented all aspects of people's care and life choices. These contained regular prompts to staff to respect people's choices and right to privacy.

- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Personalised care:

- We received mixed views about the provision of activities. Some said they enjoyed the activities, one told us, "I enjoy the bingo and the singing." Although there was a programme of activities, several people told us that they were bored and there were not enough activities available. One person told us, "I used to go out biking a lot but I don't do much now in here. I would like to go out more I feel hemmed in." Their family member said, "[Relative] misses out on the activities. They are not suitable. [Relative] likes doing physical things and needs to be more active. They like going out in the garden and doing jobs."
- We were informed there had recently been a job re-evaluation at the service and the activity coordinator post had been abandoned as part of this change. In place of this post a senior carer post had been created. Part of their role was to organise activities and they relied on the staff team to implement the activities. However, some staff told us this was often difficult because there were only three staff working on the floor and they didn't have the capacity to carry out the activities. On the day of our visit staff told us there were three staff on duty that afternoon. We observed a staff member playing the guitar and singing for about ten minutes. We did not observe any further activities that afternoon.
- The activities plan included a monthly mass with a visiting priest, reading, music therapy, a horticulturalist group, themed events such as Burns Night and a Valentines evening, a film night and race night. In addition, the service had access to a mini bus one day a month which could take 14 passengers.
- There were links to the local community such as local churches, colleges and schools. Staff supported people to attend a regular church service and one person told us, "My faith is very important to me and staff help me with that."
- As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences and interests. From this information a tailored plan of care was developed.
- Care plans detailed the needs of each person and provided staff with guidance on how to support them in the best way. They described the individual support people needed to maintain their independence. For example, what people could do for themselves in relation to their personal care and the areas they needed the extra support.

Improving care quality in response to complaints or concerns:

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that staff used pictures and large print documents to ensure people could understand as best they could any information they were given.
- People knew how to provide feedback about their experiences of care and the service provided a range of

ways to do this. For example, friends and family meetings, a comments box and a complaints procedure. People and relatives said they would be happy to raise a complaint should they need to. No complaints had been received at the service in the last 12 months.

End of life care and support:

- At the time of the inspection, nobody was receiving end of life care. People had an End of Life care plan in place that recorded any wishes they may have in relation to their end of life care.
- We saw a letter received from a relative of someone who had received end of life care at the service. It read, '[Relative] was cared for with great dignity, professionalism, compassion and humour and words cannot express my gratitude to [registered manager] and her team. I feel you should be proud of the sterling work that goes on there [The Staveley Centre]'.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People told us the service was well managed and they knew who the manager was. One person said, "[Name of manager] is very nice. They always stop and say hello." A relative commented, "I think this is a good home. It's well run and people get good care."
- People said the registered manager and staff were approachable and helpful. One person told us, "You get to know everyone here, it's like a big family. I know the other residents and their visitors, we have a chat in the corridor and I feel I can be myself here." Another person told us, "Everything at this home is good; the staff and the manager, the food and how clean it."
- Staff said the service had a family atmosphere and they felt well-supported by the registered manager. One staff member told us, "The manager is easy to talk to and understanding. They look after staff as well as the residents." Another member of staff commented, "[Name of registered manager] is very involved. They work alongside us and support and advise us."
- There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning. For example, senior staff had been delegated responsibility and had a lead role. They were able to give advice and support to other staff members if it was required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- We saw the latest CQC inspection report rating was available for people to read at the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff had regular supervision sessions and meetings. Minutes showed these were well-attended and topics discussed included safeguarding, confidentiality, and completing documentation. Staff said this helped them to be clear about their roles. Staff discussed how each person was progressing and set new goals as they improved.
- Staff told us if they had any issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff:

- People and their relatives were invited to attend meetings so they could have a say about how the service was run. One person told us, "We have had meetings and if I cannot make them then they send me the notes."
- The provider and the registered manager encouraged feedback from people and staff and acted on it to continuously improve the service, for example by asking people about which activities they preferred and their views about the meals provided.
- Satisfaction surveys were carried out with people, their relatives and staff. Feedback was analysed and used to implement improvements or suggestions. For example; changes to the menu had been implemented following feedback from people.
- There was effective communication with staff to ensure they always had up to date information. Daily handover meetings took place where staff discussed anything of note. We joined a multi-disciplinary meeting about people receiving re-ablement services. Staff discussed how each person was progressing and set new goals as they improved.

Continuous learning and improving care:

- The management team carried out regular quality audits and we saw they were effective and identified areas where actions needed to be taken. For example, they completed regular checks to ensure care plans were reviewed and where necessary updated.
- Information from complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

Working in partnership with others:

- The Staveley Centre had taken part in an intergenerational, partnership project with Chesterfield College. Students from the college 'partnered' and worked beside an older person who was resident at the service. The aim of the project was to provide students with an insight of how a care setting was run, and how people living with dementia were cared for. It also provided people with a regular 'social afternoon' full of conversation, fun activities and entertainment. The project changed the younger people's perceptions of older people and dementia and had positive outcomes for many of the students.
- Staff worked in partnership with different teams including Speech and Language, Mental Health services, district nursing teams, GP and dieticians. This ensured that people received expert and specialist care in all areas and staff followed any professional guidance provided.