

Abbeyfield Furness Extra Care Society Limited

Staveley House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Staveley House is a residential care home providing accommodation and personal care to older people. The service can support up to 40 people in one purpose-built building. At the time of the inspection there were 34 who lived at the home.

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

Staveley House was clean and hygienic. They had an infection prevention and control policy in place. There were sufficient staff to meet people's care and support needs. Staff were employed following a thorough recruitment process. One staff member said, "I felt more confident after the support through the employment process." People's safety was at the centre of care delivery. Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

People received support with their healthcare and nutritional needs. 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. There was a programme of staff training and regular updates were in place for staff to attend and improve their skills.

We observed staff interactions with people living in the home and found them to be caring and they treated people with respect and kindness. One person said, "They are all so kind and patient I cannot say a bad word."

Activities were varied, staff had worked hard with people to provide meaningful social activities to provide stimulation and exercise. There was a complaints process and procedure which people and relatives were aware of.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service. We found the management team acted upon suggestions to improve the lives of people.

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

Rating at last inspection

The last rating for this service was Good (published 16 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 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 

Staveley House

Detailed findings

Background to this inspection

The inspection

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

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 carried out by one inspector.

Service and service type

Staveley House 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 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 announced. There was a prevalence of COVID-19 in the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider

and information passed to us by members of the public.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at Staveley House, seven members of care staff, the cook, registered manager and two maintenance personnel. We observed staff interaction with people. In addition, we reviewed a range of records. These included care records of two people, medication records, staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training schedules for staff.

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff that supported them. One person said, "I feel safe, there are too many people around not to."
- There were effective safeguarding processes in place. The registered manager and staff members had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of keeping people safe and protecting them from abuse. One staff member said, "Training is good we have kept up to date with safeguarding."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The registered manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. The registered manager told us they engaged with other services to learn any lessons and what worked well during the pandemic, so they could make changes to improve the home.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the needs in a person-centred and timely way. One person said, "I sometimes say no rush, but they are so willing to help and straight away." The registered manager informed us despite the national staff shortages at present they were managing to safely provide sufficient staff. Observations during the day and talking with people confirmed sufficient staff were deployed at all times of the day.
- Recruitment processes ensured people would be supported by staff with appropriate experience and character. A recently employed member of staff said, "Very good process, yes and the induction was informative."

Using medicines safely

- The registered manager had systems and procedures to manage medicines safely. Staff received training on a regular basis and staff confirmed this. We observed staff ensured the trolley was secure whilst away from it and signed records afterwards to confirm people had taken their medicines.
- Staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. Assessments from health and social care professionals were also used to plan effective care. The views of the people were also taken into account, care records evidenced this.
- People's care records reflected their current care and support requirements. Care records were regularly reviewed and updated monthly or when people's needs changed. The registered manager told us they were introducing a new care recording system that would be computerised and contain more up to date information. A staff member said, "It will be better and we are having training to know it better."

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable. The provider made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. Staff spoken with and a training schedule confirmed this.
- A formal induction process was in place when staff commenced work. Staff told us it had provided a good first understanding in care, familiarisation with processes in the home and the expectations of the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with meals of quality and choice. Comments from people were positive and included, "Great food with choice of two meals or anything really if you don't like them." Another said, "I prefer to have breaky in my room, I go down for lunch & tea though."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans.
- The registered manager knew the process to submit applications for DoLS authorisations, as appropriate however none were required at the time of the inspection.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We saw good examples of this where people had put up family pictures and artwork that were special and individual to them.

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- Staff treated people with care, patience, respect and kindness. We observed warmth from staff towards people and conversations were friendly and not rushed. We observed staff taking time to stop and offer help and conversation or reassurance to people. It was evident the registered manager knew people well and had good relationships with them. One person said, "They are all so kind and patient I cannot say a bad word."

- The registered manager concentrated on building and maintaining open and honest relationships with people. One person said, "You can approach the manager any time and [name] does treat you with kindness and understanding."

- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure a person made their own choices with clothing and respected their views on how they dressed. One person told us "I make my own choices as to what I wear." Staff were aware of people's religious, cultural and social needs and celebrated them appropriately.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team were knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence. One person said, "I like to do my own thing and people appreciate that."

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

- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions if possible.

- People told us they were involved in making decisions about their care and what was best for them. Evidence of consent obtained from people were written in care records we looked at.

- People had choice and control in their day to day lives. There were informal residents 'chats' where people were encouraged to provide their views on the running of Staveley House. One person said, "Yes we talk regularly about the home."

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- People's care and support was centred around their choices and preferences.
- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences. People we spoke with confirmed they were involved in this process, including reviews of their care monthly.

Meeting people's communication needs

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

- Records detailed where people had communication needs and what staff should do to ensure the person understood them as much as possible. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary. This meant the registered manager and staff ensured people's communication were met.

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

- The management team had kept a record of activities people had undertaken. There had been a variety of activities both individual and group events. People were supported to follow their interests and take part in a range of activities. Recently the 'activity coordinator' had left, however people told the staff continued to provide group and individual activities. One person said, "Lots of stuff going on such as, bingo, arts & crafts, and just started to go out in the bus which is nice." Another person said, "We have [staff member] who is brilliant at tricks and magic, just love him."
- Staff encouraged people to maintain relationships that were important to them. We also saw evidence visits by friends of relatives were in accordance with safety guidance. One visitor also told us they felt welcome and appreciated by the registered manager and staff.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- No complaints had been received.

End of life care and support

- Where appropriate, end of life plans were put in place and staff had appropriate training. Training documents looked at confirmed this.
- Staff and the management team discussed and recorded people's end of life care wishes and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- People received person centre care and support. Plans of care we saw were well written, person-centred documents. People we spoke with described a positive, caring environment
- Staff were consistently complimentary about the registered manager. One said, "We have a lovely home and a great staff and management team."
- Staff said their views and suggestions were listened to and they felt valued by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had auditing systems to maintain ongoing oversight and continued development of Staveley House. They had systems in place to address any issues or shortfalls to improve the service.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The registered manager said they would offer an apology, where appropriate, in the event of any safety concerns. This indicated the principles behind duty of candour were recognised within the culture of the service.

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

- Systems and processes continued to be developed to ensure people and relatives were fully engaged. For example, this could be through, telephone calls and care reviews.
- The management team and staff involved people in the running of the home and gave consideration to their equality characteristics.

Working in partnership with others

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals.
- The registered manager and staff worked closely with other agencies and relatives to share good practice and enhance care delivery.

