Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Stanbridge House

Standbridge House, 54-58 Kings Road, Lancing, BN15 8DY

Tel: 01903753059

Date of Inspection: 20 November 2013

Date of Publication: December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ms Kim Sanders
Overview of the service	Stanbridge House is registered to provide accommodation for up to 27 people. The home is situated in a quiet residential area of Lancing and approximately one mile from the town centre. All but one of the rooms are single occupancy and could provide a double for a married couple if required. At the time of inspection, there were 25 people living at the home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with three people who lived at the home and two visitors. They were all satisfied with the care and support they received and were happy living at Stanbridge House. One person told us, "This feels like a home from home". Another said, "I love it here. They (staff) are like family". A visitor told us, "This is a terrific home without doubt". We noted that the home provided a wide variety of social events in both group and individual settings; the people we spoke with were happy with the number and types of activities on offer.

We saw that people's consent was obtained where possible before care and treatment was undertaken. We observed that the care given was safe and appropriate and based on effective care planning and risk assessments. This meant that people's individual needs were met and preferences were taken into account.

People were protected from abuse and cared for in a safe and inclusive environment. We noted that there were adequate numbers of skilled and experienced staff to deliver safe and appropriate care. We also found that systems were in place for people and relatives to make a complaint about the service if necessary.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with three people who used the service and two visitors, examined seven care plans and daily records and observed interactions between people and staff. We spoke with the deputy home manager and three staff members. We also examined the provider's choice and consent policy in addition to their Mental Capacity Act 2005 policy and procedures. The people we spoke with told us that staff always asked before offering care or support. Our observations confirmed this. We heard staff using phrases such as, "Would you like to?..." and "Can I help you with that?...". One person said, "Yes, the staff are very good. I have a problem at the moment and I may need to see a doctor but it's my decision". Another told us, "I make my own decisions. The staff are there to help of course but they don't force anything". A visitor told us, "I get to know what's going on of course but my relative is told first".

The care plans and daily records we looked at provided evidence that consent had been sought before treatment was given or care and support offered. This was in the form of a written agreement, signed by the person receiving care. We noted that people had the choice of a bedroom lock being fitted if they desired. We also saw from the care plans that people exercised the right to decline care and treatment if they wished. This meant that people were protected from harm in a manner consistent with the law. We also found evidence from the care plans that assessments had been made about people's capacity to make choices and decisions for themselves. This guided the care planning process and meant that those unable to make informed decisions would have their best interests safeguarded. On our visit to the home, we noted that no-one was subject to Deprivation of Liberty Safeguards (DoLS).

The staff we spoke with had a clear understanding of the implications of the Mental Capacity Act 2005 in areas such as the general principles of consent and acting in people's best interests. We found evidence that staff had undertaken relevant training in this area. This meant that staff were able to provide care consistent with the law. One staff member said, "It's their home and they make decisions for themselves. We're here to

help".

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The people we spoke with at the home clearly held it in high regard and praised the quality of care and the way it was delivered. One person told us, "I'm so much better since I came here. The staff are wonderful". A visitor told us, "I thought something was going wrong with my relative when I visited. I told the staff and they acted straight away to sort it out".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Some of the people living at the home had complex needs and were unable to verbally communicate all their views and experiences to us. To address this issue, we used a formal, research-based method to observe people in order to understand how their needs were met. This is called the 'Short Observational Framework for Inspection' (SOFI). We undertook observation of care using the SOFI tool at lunchtime and found the care to be safe and appropriate, with adequate number of staff present. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. However, we noted that the majority of people present during the observation were unable to express all their needs. They received the right level of support, for example in assisting people with their meals where necessary. It was evident through our observations that staff had enough skill and experience to achieve this and meant that the care given was of a consistently high standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans and daily records we examined were legible, concise and person centred. We found evidence of care planning and individual risk assessment having been undertaken, which was reviewed regularly and updated in line with people's changing circumstances. The risk assessments were clearly focused on the individual, in areas such as falls prevention and the risks associated with medication management. There was also evidence of good communication in the management of people's care between the home and external agencies such as district nurses and the Community Mental Health Team. We noted that advice and guidance given by these professionals was followed up by the home and properly documented. This meant that the

care given was relevant, up to date and person-centred. We also spoke with a visiting health professional during the course of the inspection, who came to the home on a regular basis. They confirmed to us that staff always followed advice given and sought further help or clarification appropriately.

The staff we spoke with were knowledgeable about people's individual needs and preferences. We noted, by observing care, that staff were focused on promoting a sense of independence and self-reliance in their daily contact with people. One staff member said, "We try to offer more than just care. We like to allow them to do things for themselves even if it takes more time". We noted that the home offered a wide variety of social events and opportunities for people living at the home. We found evidence, through our discussions with people, that they were able to influence what was provided.

There were arrangements in place to deal with foreseeable emergencies. We observed that the provider had clear protocols to follow in case of emergencies, such as an outbreak of fire or people absconding or going missing. All staff received regular training in these areas. We noted from the care plans that each person had a personal emergency evacuation plan. The staff we spoke with were clear about their responsibilities in this area.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people, visitors, staff members and a visiting health professional on this matter. The people we spoke with told us that they felt safe and protected from harm. One person said, "Yes, I trust the staff completely. They would never harm me". A visitor said, "I don't even think about it really. I have no reason to". A staff member told us, "It's a caring atmosphere here. I wouldn't work here if it wasn't". The staff members we spoke with were all able to identify the correct safeguarding procedures should they suspect abuse to have taken place. All were aware that a referral to an external agency, such as the local Adult Services Safeguarding Team, could be made anonymously if necessary. We were told by the deputy manager that the provider had recently raised a safeguarding alert in relation to a person who lived at the home. We found evidence that they had managed the situation appropriately in line with the provider's policy. Staff also told us that the home manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence.

We examined the provider's staff training matrix and found evidence that training in adult safeguarding was undertaken by all staff members in line with the provider's policy. This meant that staff were able to identify cases of abuse and take action to protect vulnerable people from harm. The visiting health professional we spoke with told us that they visited the home regularly and had not been given cause for concern.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with people living at the home and staff members. We also examined the duty rota covering a recent four week period and looked at the provider's documentation pertaining to staff training. The people we spoke with were satisfied that there were adequate numbers of staff to care for people safely. One person told us, "I need a bit of help washing and dressing and they are always on hand". Another said, "There always seem to be staff around. I rarely have to wait".

We noted from our examination of the duty rota that staffing levels adequately reflected the number and circumstances of people living at the home. We saw that the provider took action to ensure this by operating an internal bank system comprised of existing staff in order to cover vacant shifts. This meant that they were able to raise staffing levels when needed to maintain safe and appropriate care. The provider did not use agency staff. One staff member told us, "Of course people go off sick from time to time but cover is always found. One of us will come in and work to make sure nothing is missed. They (people) are the priority".

We noted, through our examination of documents related to training and talking with staff, that they received regular updates in areas relevant to the care needs of the people they were looking after. These were in areas such as the care of people with dementia and diabetes. The staff we spoke with were happy with the type and frequency of training on offer. A staff member told us, "Training and updates are always available I think. It's part of the job". This demonstrated that staff were able to provide safe, up to date care in line with current research and legislation.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs, either in written form to them or their relatives on admission to the home, or informally via staff members subsequently. The people we spoke with felt that they could make a complaint if they needed to and would be listened to. One person said, "I would just speak to the staff but honestly, I have had no need". A visitor told us, "I'm not somebody who would just sit back if there was a problem. I have spoken to the manager before about a very small thing and it was dealt with straight away".

We examined the complaints policy and procedures and found that they included clear guidelines on how and by when issues should be resolved. They also contained the contact details for relevant external agencies such as the Local Authority Ombudsman and the Care quality Commission. We also examined the provider's complaints log. There had been no recent complaints made.

Our observations also indicated that the home manager operated an 'open door' policy in which people, their relatives and staff could raise issues important to them. One staff member told us, "It's such an open atmosphere here. People are encouraged to tell us if there's a problem and we can sort it out quickly". This meant that people had their comments listened to and acted on, without the fear that they would be discriminated against.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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