Sue Ryder

Sue Ryder - Stagenhoe Park

Inspection report

St. Paul's Walden
Hitchin
Hertfordshire
SG4 8BY

Tel: 01438871215
Website: www.suerydercare.org

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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
Sue Ryder - Stagenhoe Park is a specialist neurological care centre providing personal and nursing care for 42 people with a range of neurological conditions such as Huntington's Disease, Parkinson's and Multiple Sclerosis. The service can support up to 50 people.

The Grade II listed building offers accommodation on two floors. The bedrooms are generous in size and have nice views of the surrounding gardens.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who received appropriate training and were skilled to meet people's complex needs. Staff knew their responsibility about safeguarding people from possible abuse. They knew to observe, record and report their concerns internally and externally to safeguarding authorities.

People's needs were met by a team of nursing, physiotherapists and care staff. There was a multidisciplinary team approach to assess and meet people's needs as well as identify risks and put measures in place to mitigate them. Equipment needed to support people's health needs and independence was in place and regularly checked to ensure these were safe to use.

Staff received training and felt supported to carry out their roles. People's needs were met by staff in a timely way, however when unplanned staff absences occurred they felt under pressure to ensure people received the care they needed. People's medicines were managed safely by trained staff who had their competency assessed. Lessons were learnt when things went wrong, and actions were taken to prevent re-occurrence.

Staff understood the importance for people to have a good nutrition and hydration. There were established systems and processes in place to refer people to GP, dietician and speech and therapy support if they needed it.

People and relatives told us how caring and kind staff were towards them. People felt empowered to take decisions and discuss their needs with staff. Relatives told us they always felt welcome and involved in their loved one's care.

Staff gathered information from people and relatives about people's likes, dislikes and preferences to ensure they could provide personalised care even when people were no longer able to communicate their choices.

Staff used communication aids to enable people for as long as possible to be involved in their care and be independent. Activities were provided to people. These were adapted to the needs and abilities of the people living in the home.

People received end of life care from staff who ensured that they were comfortable. Staff were developing the care plans for people's needs nearing the end of their life to ensure personalised and compassionate care was given to people right until the end.

The provider enabled staff to participate in testing new assistive technology to support people to be more independent and improve their quality of life. Plans were in place to collect data from these trials to feed into a nationwide database to develop best practice for people with neurological conditions.

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 (report published on 16 June 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Sue Ryder - Stagenhoe Park

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 two inspectors and an assistant inspector.

Service and service type
Sue Ryder - Stagenhoe Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

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 professionals who work with the service. 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 of this information to plan our inspection.

During the inspection-
We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including care and senior care staff, nurses, maintenance,

physiotherapist, activity staff, head of care, clinical educator, clinical manager and the head of support services. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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; Learning lessons when things go wrong

- People told us the care and support staff provided made them feel safe. One person told us, "I have a staff member with me because I forget things and I am safe with them." A relative told us, "The care here is second to none and [person] is absolutely safe here."
- Staff knew their responsibilities about monitoring people for any possible signs of abuse. They told us they reported and recorded their concerns. Safeguarding logs evidenced that the registered manager reported to local safeguarding authorities and investigated any concerns.
- Staff told us they knew they could report their concerns to external safeguarding authorities or CQC under the whistleblowing procedure.
- Lessons learnt processes were imbedded in staff's practice. These covered all departments in the home from senior managers to care staff. Any accidents, incidents and complaints were analysed and where actions were needed these were cascaded to all staff working at the home. For example, following a concern raised by a relative about lack of communication about an incident, staff's competencies were reviewed and information about improving communication was recorded on handover forms on each unit.

Assessing risk, safety monitoring and management

- Managing risks for people whilst promoting their independence was at the heart of the risk management process staff followed.
- Risks to people's health and well-being were assessed and risk assessments developed to ensure staff had guidance in how to mitigate risks. For example, risk assessments were in place for use of bedrails, mobility, equipment in use, choking risk and others.
- Risks to people were discussed in `Daily Safety Huddle` meetings. These were daily meetings where unit leaders and nurses in charge of running the units met up and discussed any risks to people's health and wellbeing, infections and concerns.

Staffing and recruitment

- People and relatives told us staff were able to deliver care and support to people when they needed it. One person said, "Staff help me when I needed it." A relative said, "The staff here are so good. It's always good to have more [staff], but I never worried that [person's] needs are not met."
- Staff told us they worked well as a team and if agency staff were used to cover shifts they were mainly long-standing agency staff who knew people. However, staff told us that at times they had little time to spend with people outside meeting their care needs. One staff member said, "In an ideal world there would be more [staff]." Another staff member said, "It's hard when we are short because there is no extra time to sit and chat to people. We do the care and we are able to meet people's needs but it would be nice to be able to spend a bit more time with them."

● Staffing requirements in the home were based on people's needs, and efforts had been made by the registered manager to recruit for all staff vacancies.
● Recruitment processes continued to be robust. All pre-employment checks to ensure staff were recruited safely were carried out.

Using medicines safely
● People received their medicines safely by staff who were appropriately trained and had their competency checked.
● Medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.
● There were protocols in place for medicines prescribed on an as needed basis. Assessments were in place to help staff identify from body language or facial expressions when people who could not communicate verbally were in pain. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection
● The home was clean and fresh throughout on the day of the inspection.
● Infection control audits were carried out regularly to ensure staff practice after infection prevention procedures were observed.
● We saw staff using gloves and aprons when there was a need for it.

Good

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 remained 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 were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments, and were further developed as and when needed. These assessments helped to ensure the service could meet people's needs and staff could provide care to people that met national guidance and best practice.
- Care plans were reviewed through the resident of the week process and relatives were invited if this was appropriate.

Staff support: induction, training, skills and experience

- People and relatives told us they found staff knowledgeable and keen to learn about different health conditions people had. One relative told us their loved one had been given a short time to live several years ago. They told us they felt that only due to the care and support they received from staff who were skilled and understood their condition were they alive several years later.
- Staff told us they had a comprehensive induction training to ensure they were well prepared for the roles they were employed for. One staff member said, "Training has been great, lots of it. Full day moving and handling which was very in depth. I was amazed at how much I didn't actually know, given I was trained by the NHS previously!"
- Training that staff received was relevant to the job role they had. Staff had their competency assessed to ensure they demonstrated good understanding and had the necessary skills to meet people's needs effectively.
- Staff felt supported through regular supervisions and appraisals they had with their line manager.

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

- People told us they liked the meals offered. One person said, "My soup is good." A relative said, "The meals here are lovely. Freshly cooked."
- Staff ensured people received support to have a good food and fluid intake. People who received their food through a tube placed through the abdominal wall and into their stomach (PEG) had a feeding regime developed by dieticians to ensure they maintained a healthy weight.
- Where people were at risk of malnutrition or dehydration staff monitored how much people ate and drank. If needed, people had been reviewed by the GP commissioned by the service.
- Meal times were busy due to a high number of people needing assistance from staff to eat and drink. We discussed with the head of care that people may benefit from a more relaxed atmosphere at meal times. They told us they would carry out observations and discuss options with the registered manager of how

people's meal time experience could be improved.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported by an experienced team of nurses, physiotherapist and care staff to live as healthy as possible.
● People's health needs were closely monitored by staff and by external health professionals. There was a regular weekly GP round and a clinical pharmacist also visited weekly. They saw people with minor illnesses and could prescribe treatment if required. If for any reason further assessment was required by a medical practitioner, the clinical pharmacist had a direct link to the GP surgery to discuss further. This meant that people's health needs were reviewed by professionals who knew them well, were able to monitor any changes in people's condition and prescribe the right treatment.
● People were assessed by the physiotherapist team on site who developed individualised mobility plans for them and helped people regularly exercise to maintain a good muscle tone and remain independent for as long as possible.
● Where people needed to wear specialist equipment like splints to prevent their muscles to contract, the physiotherapy team liaised with external health professionals to ensure people had the best equipment possible.

Adapting service, design, decoration to meet people's needs
● People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.
● There was ample space in people's bedrooms, as well as large, open-plan communal spaces. People had access to en-suites in their rooms, communal toilets and bathrooms were located throughout the units. Outside space was generous, offering beautiful views of the landscaped gardens and entertainment areas. One person told us they often saw deer and other animals in the garden.

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.

● People told us staff listened and respected their choices. One person said, "I like it here and staff are nice. I keep them on their toes, but they are listening to me." Another person said, "Staff are always polite, and they will listen if I say no or yes. It's how it should be and it's how it is. I am happy." A relative told us how staff were encouraging their loved one to spend time out of their bed, but also respected their choice if they said `no`.
● Mental capacity assessments were carried out where needed to establish if people making decisions

affecting their lives had the capacity to do so. Staff followed a best interest process when they had to make decisions for people.

● Care plans showed if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. DoLS applications were submitted to the local authority by the registered manager to ensure that any restrictions applied to people`s freedom in order to keep them safe was done lawfully.

Good

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

- Every person and relative we spoke with praised staff for being kind, caring and compassionate. One person told us, "Staff are very kind and nice to me. They are smiling and encouraging me to do things." A relative told us, "Staff are angels and they are so caring, and they know every person so well."
- Staff were passionate and spoke about the care they provided with great pride. One staff member said, "Here is a very a holistic approach, it's different from other care homes, you go home with a smile on your face."
- People received care from staff in a personalised way. We saw throughout the day how staff listened to people, had a laugh together and some banter.

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

- People and relatives confirmed they had been involved in making decisions about their care and support. One person told us, "I do my physio daily because I need to be fit. I do the things I like. Staff are listening, and I would not have it any other way. They are good to me here." A relative said, "We have 12 weekly reviews. I sit down with the staff and nurses and we review how [person] is doing. When [person] came out of hospital they were given 6 months to live and here we are nine and a half years later still going strong."
- Staff understood how important it was for people to feel in control of their care. They observed people's body language to establish if the care they delivered met people's needs. One staff member said, "Familiarisation is the best way to support people, get to know them and build up a relationship. Sometimes the small changes in body language can show that someone is trying to communicate something."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they approached people. They knocked on bedroom door and told us what was important for people who they looked after.
- Staff supported people to be as independent as possible and do what they could for themselves. For example, people had assistive technology which enabled them to turn up/off the lights or TV in their bedrooms as well as call for help when needed.

Good

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

● People told us the care and support they received met their needs and took account of their preferences. One person said, "I like being here. It's good. They [staff] are nice and I can go out when I want." A relative told us, "They are so nice to me and to [person]. Staff will stop and talk to us, I am informed if anything changes. I am so happy that [person] is here it just gives me piece of mind."

● Care plans were detailed and personalised to ensure staff had guidance on not just what people's likes, dislikes and preferences were, but also had detailed guidance on how to meet those needs safely in a personalised 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 (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.

● People`s care plans detailed what communication needs they had. We saw staff adapted their verbal communication to people`s ability and gave them time to respond if it was needed.

● Some people benefitted from technology to aid their communication like electronic devices, computer devices and voice control.

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 told us staff knew what they liked to do, and they received support to continue with their hobbies and interests. One person told us, "Staff help me. I like gardening. I helped with the flowers."

● In addition to the in-house activities provided for people, staff developed links with the local community and organised events for people. For example, a motorcycle club visited once a year and gave people who were interested to opportunity to see the bikes. Children from local schools visited and a Sue Ryder rock concert was organised every summer.

● Relatives told us about the different activities people had participated in. One relative said, "They [staff] do 1-1 and they spend time with [person]. They know what [person] likes and they are so good. They encourage them to go to activities. They involved [person] in the virtual reality activity and there's so much going on in the garden in the summer. Its lovely."

Improving care quality in response to complaints or concerns

● Complaints were logged, investigated and responded to in line with the provider's policy. For example, a

relative raised concern about the way staff supported their loved one. This was investigated, and, in the response, actions taken to improve practice had been detailed.

● There were opportunities given to people and relatives in regular meetings to raise any issues they may have had. For example, people raised an issue about not having a menu of the snacks available for them between meals. This had been developed.

End of life care and support

● Care plans included end of life care arrangements so that staff had guidance for when this was needed. This needed to be developed further to ensure it captured any specific wishes people or relatives may have had when people were nearing the end of their life. Staff received training about how to meet people's need when they were nearing the end of their life.

● People were asked to provide information on their preferred place of death as well as details about who they wanted near them in their final days.

Good

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

- People and relatives knew the management team in the home and felt the home was well-run. One relative said, "I feel lucky that [person] is here. I could not wish for a better place. It's well managed."
- Since the previous inspection the registered manager has changed, and a new management structure was implemented by the provider. Staff told us, that this led to some changes in the staff group, but things were settling. One staff member said, "Changes that have taken place have been a little unsettling. Had lots of changes in management and had to get used to their different styles and the little changes they make. Just hoping things will stay settled now. [Name of staff member] is a great support, as are the staff that work in the office."
- The new management roles implemented by the provider gave a better structure and accountability for the staff in management positions. This led to improvements in staff training, support and improved the quality of the care people received. This was because people's care was regularly discussed and reviewed by the different departments in the home who worked together to address people's needs holistically.
- Processes to assess and check the quality and safety of the service were completed. The registered manager and team leader carried out audits and assessed medicines, infection control and other aspects of the service. These showed that where areas of the service required improvement, improvements were made in a timely way.

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 registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

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

- Every staff member we spoke with were clear on their roles and responsibilities. They felt empowered by the registered manager and the provider to innovate and use every opportunity to improve people's experience of the care they received.
- A staff member told us about specific research they were taking part in. The home was given virtual reality equipment to collect data about how people react using this technology. The study was looking to see if there was a benefit for people with long-term neurological conditions in using this technology.

● One staff member said, "Sue Ryder gives me the freedom and allows me to do these projects."
● Relatives told us the staff team shared a common ethos and provided people with personalised value-based care. This was echoed by agency staff who worked at the home. One agency staff said, "I am very much part of the team. I had been inducted and understand the way the home works. I like working here. Staff care for people holistically and make sure we all work as a team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Strong links were developed with the local community to ensure people felt included and lived the life they wanted. For example, the home previously was a school. Members of the community who attended school there came regularly to interact with people in the home. Descendants of previous owners regularly invited people for tea and a chat.
● Surveys were carried out regularly to give people, relatives and staff an opportunity to give feedback about the service provided. Feedback was analysed and where needed actions were taken to improve the service. For example, the most recent feedback identified that only 14.29% of people were addressed by staff on their preferred name. As a response staff incorporated a preferred name section in care plans.

Working in partnership with others
● The management worked in partnership with health and social care professionals to meet people`s needs effectively.
● People could choose to attend in person or have a face time consultation with their consultant. If people did not want to go to hospital for their annual review the nurse visited the home and the consultant dialled in so that the review could take place.