Sue Ryder

Sue Ryder - Stagenhoe Park

Inspection report

St. Paul's Walden
Hitchin
Hertfordshire
SG4 8BY

Tel: 01438871215
Website: www.suerydercare.org

Date of inspection visit:
23 May 2017
26 May 2017

Date of publication:
15 June 2017

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

This inspection took place on 23 and 26 May 2017 and was unannounced. Sue Ryder- Stagenhoe Park provides accommodation and nursing care for up to 50 people with a physical disability including progressive neurological disorders such as Huntingdon's disease. On the day of the inspection, there were 41 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and they were protected against the possible risk of harm or abuse by staff who were knowledgeable about safeguarding processes.

Risks to people had been assessed and managed appropriately. There were sufficient numbers of trained, experienced and skilled staff to meet people`s needs safely. Medicines were administered safely; however stock counts and carried forward medicines were not always accurately done. This was addressed by the management during the inspection process.

People received care and support from staff who were motivated, supported, trained and competent in their roles. People's nutritional and health care needs were met. They had access to and received support from other health care professionals.

People who lived at the home were positive about the care and support they received from staff. They were involved in planning their care and support and if they were not able to do so their rightful representatives or independent advocates ensured the care was in their best interest.

People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing and improved their quality of life. People were supported to pursue their hobbies and interests by a team of activity workers.

There were regular opportunities provided to people, relatives and staff to give feedback about the service. Regular surveys were conducted.

Relatives were extremely appreciative of the positive impact the personalised care and support delivered by staff had on their loved ones.

The registered manger and the head of care carried out a number of audits, medicines, infection control,

falls and environmental audits. We found that were issues were identified an action plan was developed and only when these were completed were signed off.

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.

People received their medicines safely by appropriately trained staff, however stock counts and carried forward medicines were not always done accurately.

People and relatives told us the care people received was safe and they had no concerns. Staff were knowledgeable about safeguarding procedures.

Risks to people were assessed, discussed, reviewed regularly and managed effectively.

There were sufficient numbers of staff on duty to meet people`s needs in a timely way. Recruitment processes were robust and ensured staff working at the home were fit to do so.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported and trained to support people effectively.

Staff were knowledgeable about the Mental Capacity Act and worked following its principles.

People's dietary needs were met and staff involved health care professionals in people`s care to promote their health.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

People and their relatives where appropriate were involved in decisions about people`s care.

People's choices and preferences were respected and end of life wishes upheld.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personalised and took account of their likes and dislikes.

People were supported to pursue their hobbies and interest by a team of activity workers.

There were no recent complaints received at the home, however people and relatives told us they knew how to raise concerns if they had to.

Is the service well-led?

Good

The service was well-led.

There was a caring culture at the home and the views of people were listened and acted on.

Staff were clear on their roles and responsibilities and were proud to work at the home.

Regular audits were carried out to assess and monitor the quality of service.

Sue Ryder - Stagenhoe Park

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 23 and 26 May 2017 and was unannounced. The inspection team was made up of two inspectors.

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. We also reviewed the information available to us about the home, such as reports of previous inspections, notifications and information about the home that had been provided by members of the public and staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and observed how the staff supported and interacted with them. We also spoke with two relatives, five care staff, four registered nurses, a physiotherapist, the head of care and the registered manager.

We looked at the care records for four people, the medicines administration records (MAR) for people and four staff files. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home and the care they received. One person said, "Yes I feel safe, if I didn't I' speak to [nurse] and if it didn't get sorted I'd speak to [registered manager and head of care]." We saw that people and staff were reminded of how to report concerns if they had any from posters around the home. Staff we spoke with were confident on how to recognise and report any concerns they had internally and externally to the local safeguarding authorities.

People had their individual risks assessed and staff were knowledgeable about safe working procedures. We observed staff using equipment around the home such as hoists, wheelchairs and they were doing so safely. There was a physiotherapist employed by the home who worked with a team to support and guide staff on the safe use of equipment. We saw that risk assessments and care plans included details about what measures staff had to take to mitigate risks to people. For example the manual handling assessment detailed for each person which sling type and size they needed and what hoists were to be used.

Accidents and incidents were recorded and reviewed. We saw that where a person had developed bruising, this was linked back to a previous fall. Information on reducing falls was displayed in the home and staff covered this as part of moving and handling training. We noted that people with more complex needs who were unable to use a call bell were checked regularly and some had video monitoring in the nurses station. This was used to monitor their health and welfare.

People told us that there were enough staff to support them when they needed it. One person said, "They come when I pull my bell but they also check in on me." We saw that people's needs were met in a timely fashion and there were staff visible throughout the inspection. There were some staff vacancies which the management team were working to fill and these shifts were covered by agency staff when needed. We noted that when an agency staff arrived for duty the nurse checked their paperwork and allocate them alongside a senior staff member.

Recruitment was completed robustly with all appropriate pre-employment documentation being sought. This included written and verified references, criminal record checks, eligibility to work in the UK, professional registrations and proof of qualifications.

People received their medicines from the nursing staff who were trained and had their competencies checked in safe administration of medicines. However we found that the medicine stock held by the nursing staff was not always carried forward and recorded accurately on the Medicine Administration Records (MAR). This meant that we could not count if the medicines were correctly or safely administered. The registered manager and the head of care told us that recently the stock check was taken over by the night staff. By the second day of the inspection the head of care had conducted an audit which identified that the amount of the medicines recorded as existing in stock were not correct. They had actioned this and scheduled more training for the night staff.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and supervised in their role. One person told us, "When they have a new starter they always put them with a [senior more experienced staff member] so they are learning and training while they work."

Staff told us that they felt well equipped for their role. One staff member told us, "There is plenty of training, and we can always ask for more or something different if we want it." Staff also told us that they felt supported and had one to one supervision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted deprivation of liberty applications to the local authorities for people who had limitations to their freedom in place to keep them safe.

People had their consent sought and they were listened to. One person told us, "They comply with my wishes." We saw in care plans that people had their ability to make independent decisions assessed and where they were unable, best interest decisions were recorded. Involved in these were their relatives, health professionals and staff who supported them. We noted that staff asked for consent when assisting them and this was clearly reflected in care plans.

People were supported to eat a varied diet. One person told us, "The food can be hit and miss, if the lunch sounds like it might be dodgy, I'll have a cooked breakfast. " They went on to say, "What has improved is that they have added homemade soup twice a day now which is great." Another person told us, "Food could be improved, they are listening to us though and it's now a work in progress." We found that meetings were held with people living at the home where the food and menu was discussed in order to incorporate what people liked. People were asked about their feedback about the new menu.

Those that needed support received it. We heard staff in handover talk about someone who had fluctuating needs in relation to eating and the nurse described in detail how to support them while promoting their independence. For example, cut it up, hold the plate and see if they were able to spear the food themselves. People who were at risk of not eating or drinking enough were under the appropriate health professionals and had their intake monitored. The home also catered for different diets people had as part of their culture or religion.

People had regular access to health and social care professionals. We found that there was a multidisciplinary approach to ensure that people had the best outcome. This included an onsite

physiotherapist working with staff to help promote people's mobility and optimal seating or laying positions. There were regular GP visits and a monthly ward round where every person had their needs and medicines reviewed by the visiting GP. There was clear information in care plans about people`s health needs so staff were clear on how to support people.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. We noted that staff showed kindness and were attentive in their approach. For example, speaking softly to someone who was just waking up and was emotional. One person told us, "The care across the board is first class." Another person told us that they felt they had positive relationships with staff. They said, "We have a good level of banter, they don't take themselves too seriously, unless it's needed." One relative said, "Staff are very good at protecting people`s privacy and dignity. They use screens if needed." Another relative wrote, "Again we were impressed by your [staff] ability to create a warm and loving atmosphere. There is a lot of good humour and you [staff] care much about their [people] dignity."

People were supported to maintain their relationships with family. We noted that one person was able to have a relative stay with them in their room on a camp bed. They told us they enjoyed meals and time together. We heard staff talking about another person's relative who had been there late the previous evening. This demonstrated that staff understood the importance of maintaining these relationships and placed no restrictions on them. One relative told us, "Any time I visit staff is friendly and makes me feel welcome. I am part of this big family."

People felt involved in their care planning. One person told us, "Very much so, I am fiercely independent and I'm involved in everything." Another person told us, "They ask me." For people who were unable to participate in planning their care, their relatives or rightful representatives were involved. People also had access to independent advocates to ensure their voice was represented and their best interest was considered in every aspect of their care.

Staff found innovative ways to ensure people kept their independence, mobility and coordination for as long as possible. Staff told us that some people were not interested in physiotherapy sessions and they refused to carry out the exercises to maintain their muscle tone. However staff found out that these people were interested in fight clubs training and boxing. They purchased boxing gloves and fight club equipment and people were enjoying under the physiotherapists supervision to train this way.

We found that people`s end of life care needs were met by staff who worked closely with specialist palliative care professionals from a nearby hospice. Staff told us that if people were able when they moved in the home they had conversations with them about their future treatment and end of life wishes which they shared with all the professionals involved in people`s care to ensure these were known and acted upon. If people were not able to actively make decisions about their needs staff held these conversations with their rightful representatives.

Good

Is the service responsive?

Our findings

People received care that met their needs. One person told us, "They do what I want when I need it. I pull my bell and they come." Another person told us that staff promoted their independence as much as possible. They told us, "I can still do my [medicine administration] under supervision which is a positive thing."

One person told us that the head of care had worked with them and the physiotherapist to get some splints to help them with the involuntary movements of their muscles. They told us the splints proved to be successful so they had now ordered some customised ones. They said, "It means that now I can sometimes feed myself." They told us this had been a big positive change to their life.

One relative told us that they appreciated the personalised care and support their loved one received. They said, "I am extremely happy that [name of the person] is here. When we were looking for a place this home was the only one who told us it is not a problem to administer medication to [person`s name] hourly. They [staff] are really good and kind."

We saw that people received regular repositioning and personal care throughout the day. Care plans were clear and gave good guidance to staff to ensure they could support people appropriately. The plans included communication, health needs, mobility, dietary needs and personal care. The plans signposted the reader to other areas of the plan that needed to be read to ensure everyone understood the person`s support needs. These were updated regularly; person centred and were easy to follow.

Handovers were thorough and informative. The nurse leaving the shift gave clear information about every person. The nurse leading the day shift then communicated all information to the staff team, allocating out roles for the day. There was physiotherapist support in the home throughout the week. They told us that they recently started earlier in the morning to ensure they had time to communicate with the night staff about people`s condition. They told us, "We now start at 7am so we can link with the night staff to help support them with positioning as this is crucial in the night. We also work until 5pm now so we can speak with relatives too." They went on to say that the staff team followed guidance and they worked fluently together as a team which was something they were proud of.

People told us that there were regular activities on offer. One person said, "There's always something, even at weekends." They told us of the choices today and they had chosen the crafts as, "I wanted to finish a pot I was making for the walkway." We saw that these pots created by people were prominently displayed in the walk way. This celebrated people's creativity. The activity schedule had different things on offer to appeal to many people. This included one to one's for people who did not want to, or were unable to, come out of their rooms. One person we met enjoyed cars and they had recently been to a car show. There was a day to Southend planned for the day following the inspection and one person told us that staff supported them to go to church once a month. There was a team of five activity coordinators employed at the home to ensure people`s social needs.

People and relatives told us they knew how to make a complaint. One person said, "I'd speak to [registered

manager or head of care]." One relative said, "I would talk to [name of registered manager] or [name of head of care] in case I need to complain, but I have no issues. There were no recent complaints received, however the provider had a complaints policy in place and this was followed in case a complaint was received.

Good

Is the service well-led?

Our findings

People told us that the management team were visible and approachable. One person said, "We always see them around." Staff confirmed this to be the case and told us that their line manager, normally the nurse on duty, gave guidance and support during the shifts.

People felt the home was well run and the management acted on any concerns they have had. One person told us that they had raised concerns previously and those were responded to promptly and effectively. When asked what people thought the home did really well, one person told us, "Our care." A staff member told us that they were proud of the care they provided and said that they have a good reputation, particularly with agency staff who stated that they see a high standard of care at the service.

The service had a positive culture that was person centred, open, inclusive and empowering. Staff told us they felt valued and appreciated by their managers and colleagues. One staff member told us, "I absolutely love working here. It is like a big family. We all support each other and the nurses and managers are very supportive." Another staff member told us, "I do feel valued and accepted for who I am. I love working here." We found that staff at all levels were involved in the running of the home and also their opinion mattered. For example we observed a staff member sharing their observations about a person and how they found the care and support delivered in a certain way benefitted this person. They were listened to by the nurses and their colleagues in handover and it was agreed for all the staff to do the same. We also found that staff were listened and updated about changes in the home in staff meetings. For example they were updated on staff vacant hours, what the management was doing to recruit and future plans for the home. Staff also had individual responsibilities like monthly sling audits. This led to staff members feeling motivated and supported to carry out their job roles effectively and helped the service to retain staff.

The registered manager was knowledgeable about the people living in the home. They were supported to carry out their managerial responsibilities in the home by the head of care and they had regular support from the provider. The registered manager was passionate about providing personalised care and support to people which upheld their human rights. We heard examples where they spent considerable amount of time to ensure people in their care received the right funds and benefited from the care and support they needed. They also employed a full time physiotherapist although this support has not been commissioned by local authorities but benefitted people to maintain their physical abilities longer.

The registered manger and the head of care carried out a number of audits, medicines, infection control, falls and environmental audits. We found that where issues were identified an action plan was developed and only when these were completed were signed off. For example we found that regular audits were done on the quality of the accident records completed by staff. The forms were analysed and where more information was needed or issues identified staff were either trained or reminded about the correct way to complete these.

There were regular surveys carried out in addition to the regular residents and staff meetings held at the home. We found that the response received from relatives, people and staff was very positive. In addition

relatives expressed their gratitude towards the personalised care and support people received by sending cards and thank you e-mails to the registered manager. One relative wrote, "I am writing to record that we are quite astonished at the remarkable improvement in [person`s name] health, appearance and most particularly in their attitude to life. We are deeply grateful to you and all your staff." Another relative wrote, "….nice to experience and for me to see the care and attention given to residents by the staff that ooze love for their jobs."