



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Stanage Lodge Care Home

**Milton Road
Grimsby
North East Lincs
DN33 1AX**

Lead Inspector
Rob Padwick

Key Unannounced Inspection
1st May 2008 3:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Stanage Lodge Care Home
Address	Milton Road Grimsby North East Lincs DN33 1AX
Telephone number	01472 230030
Fax number	01472 230029
Email address	manager.stanagelodge@hica-uk.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	Julia Dawn Abram
Type of registration	Care Home
No. of places registered (if applicable)	20
Category(ies) of registration, with number of places	Learning disability (20), Learning disability over 65 years of age (20)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 4th May 2007

Brief Description of the Service:

Stanage Lodge is registered to provide residential care for up to 20 younger adults with learning disabilities. There is division of places between long term and short term/respice service users.

Respice care is generally offered to a group of people who are previously known to the service.

The home is a two-storey building and access to the second floor is via a passenger lift and stairs.

The home has the benefit of good public transport routes.

Stanage Lodge is owned and operated by Humberside Independent Care Association which is a 'not for profit' organisation.

Information provided by the manager indicated the standard fee charged by the home ranges from £350.00 to £470.00, with additional charges made for specialist needs, hairdressing, chiropody, toiletries etc.

Stanage Lodge provides information to residents about its facilities in its Statement of Purpose and Service User Guide.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

This inspection report is based on information received by the Commission for Social Care Inspection (CSCI) since the last key inspection of the service, which took place on 4th May 2007, together with other information obtained during a site visit to the home.

We sent a questionnaire asking for information about the service to the manager before this site visit and information from this was used as part of the inspection process. Other information used, included direct feedback from people living in the home, and responses to surveys we sent to them and their relatives and professional staff who knew them well, together with official notifications we received about the home.

The inspection visit was unannounced and lasted for 5.5 hours and during this period we spent time talking with people living in the home and observing their daily lives. Other time involved us inspecting the building, looking at records maintained in the home and talking to staff.

What the service does well:

Good information is provided to help people thinking about using the service make an informed decision about it. People using the service are involved in the assessment of their needs to make sure it can meet these properly. People living in the home are supported to make decisions and choices by staff who are well trained and the manager works hard to make sure the views of people using the service are listened to.

What has improved since the last inspection?

The requirements we made at the last inspection visit had been carried out well and we saw evidence of good progress made to improve the home further.

We saw evidence that daily recording in case files had improved to help staff have a clearer picture about the moods and behaviour of people living in the home. We saw that lots of work had been carried out to make the building look nicer and that most bedrooms, lounge and dining areas had been redecorated and that new carpets had been put down in the corridors. We saw that staff training had been improved to make sure they can do their jobs well and that maintenance checks were being carried out to make sure people using the service are kept safe from harm.

What they could do better:

We saw that medication given to people using the service needed to be more accurate to make sure they are kept safe from possible harm and we think that the manager should make more regular checks of these. We saw that staff meetings were not happening very regularly and we think that they should be held more often to help staff have clearer communication from the manager about the home. We think that the owner of the home should talk to the local council and health service to try to make sure that a different service is provided locally.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2 and 4.

People who use this service experience **good** outcomes in this area. People using the service are provided with good information about the home and able to visit it before making a choice about it. The needs of people using the service are assessed as part of the admission process to ensure it is able to meet them satisfactorily. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Most of the people using the service have lived there for a number of years. Information was available in pictures and words to help those thinking about using the service make an informed choice about it. Some people using the service visit for periods of regular respite and those we spoke to said they looked forward to coming to stay and liked living at the home. The file of the person most recently admitted contained assessments about them to ensure the service was able to meet their needs satisfactorily. The assessments included those carried out by the Local Authority as well one developed by the home's staff that was based on their individual strengths and needs. The assessment was thorough in nature and in pictorial form and we saw evidence people using the service and their representatives had contributed to the assessment process to ensure it provided accurate information about them.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 and 9.

People who use this service experience **good** outcomes in this area. People living in the home are supported to make decisions to ensure their individual needs and choices are met and to help them to feel as much in control of their lives as is possible. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People using the service told us they were able to make decisions about their lives and we saw staff supporting them with making choices about these. The case files we inspected contained support plans covering a wide range of individual physical, psychological and emotional needs, together with information about how staff should support people living in the home. The support plans contained information, which indicated people using the service, had been consulted about them, to ensure the support provided was right for them. The support plans were of good quality with pictures and words, to help people using the service understand them and we saw evidence these were being regularly reviewed to make sure they were kept up to date and reflected the changing needs of people living in the home. Daily recording about people using the service was contained in the case files inspected and we saw the quality of this had improved since the last time we visited the home, with

better information about their individual moods and behaviours. People told us they helped choose things like how they wanted their bedrooms decorated and what they wanted to do and that key workers helped them make decisions and choices about their lives. People using the service indicated they were supported to take sensible risks and we saw evidence in the case files inspected of the involvement of various professionals, to ensure people living in the home are kept safe from harm.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15, 16 and 17.

People who use this service experience **good** outcomes in this area. People living in the home are able to make choices and supported to take part in a variety of activities in order to ensure their lifestyle needs are met. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People living in the home told us they were able to take part in a variety of activities and we observed some of them going out to a local walking group with a member of staff during the evening of this inspection visit. Most of the people living in the home attend local day services and we observed some of them returning home in the afternoon from these. Some relatives indicated more should be done for those not attending this type of provision, however we saw evidence the manager was working hard to develop alternatives with local professionals, including exploring opportunities for work and sporting activities. People using the service told us they helped take responsibility for things like cleaning their rooms and we observed some of them clearing up after their meals and putting things away, to help them develop their independent living skills. People using the service said they regularly went out

to discos, clubs and various places of interest and staff told us the manager had developed the rota since the last time we visited, to ensure enough of them were on duty to support people to go on social events. Daily records provided evidence of various social activities and a received comment received stated, "Considering his needs he has quite a good social life". We observed relatives making informal visits to the home and a comment received from them states, "We are very satisfied with the service, we have used the (respite) service for 10 yrs", whilst another said that the home "cares for residents and provides very helpful support to carers". There was a friendly, relaxed atmosphere throughout the home during our visit and people told us staff helped them maintain regular contact with families. Some relative's expressed concerns over aspects relating to diet, however case files we inspected contained evidence of close liaison with health professionals and that a dietician had visited earlier that day. People using the service told us they liked the food that was served and the menus we inspected contained evidence of a wide range of healthy and nutritious meals being provided.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 and 20.

People who use this service experience **good** outcomes in this area. Whilst the health and personal care needs of people living in the home were being generally well met, more close attention to recording of medication administered to people living in the home would safeguard them better from potential harm. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People living in the home indicated their health and personal care needs were being met and that staff respected their wishes and feelings concerning how these were delivered. Support plans detailed information about individual needs so staff could support them and "health action plans" had been developed in "easy read" formats to help people living in the home have a greater understanding about how health needs were to be met. The case files inspected contained evidence of close monitoring of health conditions together with involvement from various professionals and some health service staff who were visiting, told us the service worked well with them to ensure the needs of people using the service were appropriately met. Whilst medication policies and procedures were available to guide staff about this aspect of practice, there was some evidence these needed to be followed more robustly. Despite regular checks of medication given and staff having received training about this and been judged as competent for administering

this, we saw some evidence that medication charts were needing to be more accurately maintained. This placed people using the service at risk of potential harm and a requirement and recommendation is therefore made about this.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 and 23.

People who use this service experience **good** outcomes in this area. People living in the home are safeguarded from abuse and their concerns taken seriously by staff who have received training about these. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People using the service told us they were happy living in the home and confirmed they knew what to do if they had any concerns. The home had a complaints policy in an “easy read” format to help people using the service understand it better. The Commission for Social Care Inspection had received no complaints about the service since the last time we visited and we saw evidence the manager had taken appropriate action about any complaints received by the home. Policies and procedures were available to ensure people living in the home were safeguarded from abuse and we saw evidence that staff had been trained about these. Staff indicated they would take appropriate action if they had any concerns and their files contained evidence of training about the management of challenging behaviours. Since the last time we visited, five incidents had been referred to the Local Authority under its duties to safeguard vulnerable adults and we saw evidence of appropriate action taken about these. A random sample of records of monies held on behalf of people using the service confirmed these were being appropriately maintained.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24 and 30.

People who use this service experience **good** outcomes in this area. People living in the home are provided with an environment that is safe and well maintained. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home was comfortable, clean and homely and we saw evidence it was being well maintained. Since the last time we visited a number of improvements had been carried out to ensure people living in the home have an environment that can safely meet their needs. People living in the home told us they had helped chose how they wanted their bedrooms redecorated and we saw evidence of this and that lounge and dinning room areas had been refurbished and equipped with items of new furniture. One relative indicated some further improvements were still needed and information provided by the manager confirmed plans for these were in place and that new carpeting had recently been laid. Aids and specialist adaptations had been provided to maximise independence of people using the service and whilst one of the respite rooms remain shared, people using the service told us they were happy with this and confirmed they had been given the choice of single rooms. The manager stated she was aware the provision of both permanent and respite

services in one building was not ideal and that negotiations were taking place with the Local Authority about alternative arrangements. Training and maintenance records inspected confirmed regular checks were carried out to ensure people living in the home were kept safe from harm. Relatives told us "they keep a clean and responsible home" and that it provided a "clean, safe environment". Some people living in the home told us that some clothes occasionally got lost but we saw evidence the manager made checks about this.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 34 and 35.

People who use this service experience **good** outcomes in this area. A well developed programme of staff training had been provided to ensure staff were equipped with the skills needed to support people living in the home. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People living in the home told us they felt safe with staff and observation indicated staff were knowledgeable and committed to meeting the needs of people using the service. Staff told us they were able to develop their skills and we saw evidence of this in their files. The provider organisation has a strong programme of induction and mandatory training and information provided by the manager indicated this included learning disability foundation units to ensure they are equipped with specialist skills to do their jobs well. The service had recruitment policies and procedures to ensure the needs of people using the service are met by staff who are safe to work with them. The files of the three most recently employed staff all contained evidence of these being appropriately followed and that people using the service had been involved in the selection process of them. Some relatives expressed concerns over the extent of recent staff changes in the home, but we saw evidence the manager had taken steps to address these issues and that staff files contained

evidence of regular training, together with personal career and development plans.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 and 42.

People who use this service experience **good** outcomes in this area. Management systems were in place to ensure the service was able to support the needs of people living in the home. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The manager has experience of working in Learning Disability services is well qualified to manage the service. We saw plans to address identified shortfalls and that despite some staff sickness and vacancies over the past year, the service had generally been well run. People told us the manager was approachable and listened to them, however some staff meetings had not occurred and it is recommended the frequency of these is increased to ensure a sense of good leadership is provided to staff. The service had well developed quality assurance systems to ensure it was able to monitor its performance against its aims and objectives and we saw evidence of plans developed to address identified issues gained from people using the service, their relatives and others that know it well. The manager's self-assessment for the service

was well completed and provided good information about the home and the maintenance records contained evidence of regular checks to ensure the health, welfare and safety of people using the service was promoted and protected.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	X
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	4
7	3
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	YA20YA20	13	The registered person must ensure medication administered to people using the service is accurately recorded to ensure they are safeguarded from potential harm.	01/05/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA20YA20	The registered person should continue to ensure medication administered to people living in the home is monitored regularly to ensure they are safeguarded from potential harm.
2	YA37YA37	The registered person should continue exploring the development of alternative respite provision with the services commissioner, in order to enhance the quality of service to the people living permanently in the home.
3	YA37YA37	The registered person should ensure regular meetings are held with staff to ensure a clear sense of leadership is communicated to them.

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