

Stanwell Rest Home Limited

Stanwell Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stanwell Rest Home is a care home for people living with dementia, a mental health need or other needs. The service supports up to 38 people across a main building and in eight purpose built apartments. People could access multiple communal lounge areas and there is a communal garden area. At the time of the inspection there were 33 people receiving care.

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

We found improvements were required to ensure people's medicines were stored and managed safely, and in line with manufacturers advice. Some individual risks to people were not always identified or thoroughly assessed, and records relating to people's care was not always complete or up to date. People were supported by staff who knew them and their needs well. Staff understood how to keep people safe and raise concerns. People were able to have visitors to the service and the provider ensured infection risks to people were considered and managed in line with national guidance.

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; however, the systems in the service did not consistently ensure people's mental capacity to consent was assessed in line with relevant legislation. People's nutritional needs were met, and people told us they enjoyed the food on offer at the home. People could access appropriate support from staff to meet their health care needs. The provider had made improvements to the building since our last inspection and planned works were on-going to fully embed national guidance on dementia friendly premises.

Systems to assess, monitor and improve the service continued to require improvement. Records in respect of people's care did not always reflect the care that was being provided to keep people safe. The registered manager was open to our feedback and had taken some immediate actions to address the concerns identified in the report. Staff told us they felt supported and the registered manager encouraged a positive culture within the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 07 August 2019) and there were breaches of 2 regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of 2 regulations and an additional breach of regulations was identified.

At our last inspection we recommended the provider reviewed their medicines audit systems and ensured medicines were stored in line with national guidance. At this inspection we found the provider had failed to take enough action to make the required improvements and was in breach of regulation. At our last inspection we also recommended the provider reviewed and embedded national guidance on dementia

friendly premises to promote people's independence. At this inspection we found adequate improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stanwell Rest Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and a medicines inspector. Contact was made with people's relatives via telephone by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stanwell Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to a range of staff including 2 care staff, the cook, registered manager, and a visiting care professional. We spoke with 4 people living at the home about their experience of the care provided. We completed a range of observations around the home and reviewed care records for people including 4 care plans, risk assessments and 12 medicine administration records. We reviewed a variety of records relating to the management of the service, including audits and staff recruitment files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a range of people's care records. We sought feedback a professional and spoke with 10 relatives about their experience of the care provided to their loved ones and contacted 3 care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risk assessments and management plans for individuals were not detailed, complete or up to date. This meant some risks were not appropriately assessed and there may not have been sufficient measures in place to manage them. For example, information regarding diabetes management for a person did not reflect steps staff should take to keep the person safe in the event the person's sugar levels were identified as high or low.
- Identified risks were not always robustly assessed. For example, people's individual seizure management plans did not include all of the required information to keep people safe. There was no consideration of risk or management of risk to people overnight. We raised this with the registered manager who took immediate action to address this.
- People's individual risk levels were not always accurate to reflect their needs. For example, where a person required a modified diet to support safe swallowing, their risk management plan indicated they were at low risk of choking. Where another person had experienced several falls, their falls risk management plan identified they were at a low risk of falls. We spoke with staff who knew people and their needs well, however this meant people relied on support from staff who knew them well to ensure their needs were met safely.

Failure to appropriately assess and manage risks to people's health and safety was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Environmental risks to people were considered and managed. The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. There were regular maintenance and safety checks completed by a designated maintenance staff member.

Using medicines safely

- Medicines including controlled drugs (CD's) were stored securely. However, staff did not monitor or record the room temperature for areas where medicines were stored. This meant medicines may not have the desired effect if they were not stored at the temperature recommended by the manufacturer. We raised this with the registered manager who took immediate action to address this.
- We identified staff did not always record the opening date of liquid medicines and eye drops. This meant it was not possible for staff to ascertain the shelf life of these medicines in line with the manufacturer's advice.
- There were gaps in records for people's topical creams. This meant the provider could not be assured these were consistently being applied by staff as prescribed.
- Care plans for people's medicines were not always in place or complete. For example, there were no medicine care plans in place for two people, and information was lacking in care plans on when and how to

administer time sensitive medicines where these were prescribed. Another person had been prescribed an anticoagulant. Their care plan did not provide all of the required information for staff on how to monitor and manage its' side effects. Anticoagulants are medicines to help prevent blood clots.

- Some people were prescribed 'as needed' (PRN) medicines, which require clear protocols for their use. Guidance in the form of protocols or care plans were not always in place or person centred. This meant the provider could not be assured PRN medicines were always administered consistently.
- The staff handwrote some medicines administration records (MAR) for people. However, we noted these were not checked and signed by a second member of staff as per good practice guidance. This meant if there was an error while writing the MAR it may not be identified.

The failure to safely manage medicines was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We observed staff give medicines to people. Staff were polite, gained people's consent and signed for each medicine after giving it on the medicine administration record.
- There was a process in place to receive and act upon national patient safety alerts about medicines safety.
- There was a medicine management policy in place.

Staffing and recruitment

- The provider made pre-employment checks on new staff to help ensure their suitability for the role. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We noted the provider had taken up applicant's most recent employment references, checked their right to work and employment history. However, where staff had previously had a history of other employment in the care sector, steps as to the reason their employment ended had not been sought in line with guidance. We raised this with the registered manager who told us they would review their recruitment process to address this.
- There were enough suitably qualified staff rostered to support people. People told us they were able to access staff in good time to meet their needs. We observed staff were regularly available throughout the day in communal areas. However, some relatives told us they felt there could be more staff available at times.
- The provider acknowledged staff recruitment had been challenging in recent times. Where agency staff were used to cover any shortfalls, the provider worked with the agency to maintain consistency in staff where possible to promote continuity in care for people.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care provided. Comments included, "I feel safe, when you're in bed you know someone's here, it's like my own home really." "We are happy with mum's care, we feel that she is very safe", and, "Mum is happy and safe, she has made a few friends."
- Staff we spoke with understood their role and responsibility to keep people safe and knew how to raise concerns. A staff member told us, "Safeguarding is keeping [people] safe from harm, but giving them choices, letting them have a say in their care and making sure they keep safe."
- The registered manager ensured information was shared with the local authority where appropriate and completed investigations into any concerns raised.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The provider had converted 12 rooms to have ensuite facilities to support people to isolate safely where this was appropriate.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors to the service. The provider had a small lounge area which they encouraged people to use for visits with loved ones or in their own rooms. The provider encouraged visitors to wear face masks when entering the home and visits were usually planned ahead of time to promote people's safety.

Learning lessons when things go wrong

- Accidents and incidents were clearly recorded, and the registered manager completed an individual review of all concerns and records demonstrated appropriate actions were taken. However, systems in place to assess, monitor and review accidents and incidents at the service required improvement to ensure analysis and consideration was given to identify any patterns, themes or trends, particularly in relation to falls.
- There was a clear process in place to report and investigate medicine errors.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant systems and process in place when people lacked capacity to consent were not always effective or consistently applied in line with the legal framework.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure medicines were administered by obtaining proper consent or assessing the person's capacity to consent. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection to ensure the provider consistently demonstrated all relevant decisions that were made in people's best interest, had been considered in line with the principles of the MCA and the provider was still in breach of regulation 11.

- We found the principles of the MCA were not always consistently applied. This meant where some people were unable to provide informed consent, assessments of their capacity to make specific decisions and best interest decision making had not been undertaken in line with the legal framework.
- We found several examples where decisions, including those which were made based on risks and which resulted in restrictions to the person's life, such as modified texture diets or falls alarms and protective wear, had not prompted a mental capacity assessment where appropriate due to the person's diagnosed impairment.
- We received feedback from some relatives that they were not always included in decision making for their loved ones where this was relevant. Comments included, "They make decisions for mum, but they don't involve me." "They put a do not resuscitate plan in place without consultation with us. She cannot make

decisions by herself" and, "No one ever asks my permission or includes me in any decision making."

The failure to consistently apply the principles of the MCA where steps were taken in people's best interest was a continuous breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where decision specific capacity assessments had been undertaken, records demonstrated these were completed in line with the principles of the MCA. Information included the support the person received to understand, weigh up and communicate the decision. Where actions were taken in people's best interests, records reflected this was in consultation with people's relatives.
- Where people were subject to a DoLS authorisation, this was clearly recorded and the registered manager maintained oversight of all application, status and re-application processes.

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

- The provider used nationally recognised tools to support them to assess and monitor risks to people's skin integrity and risk of malnutrition. However, scores were not always reviewed in line with changes in people's needs. For example, where a person experienced weight loss and concerns for their nutritional intake, information had not been updated to include changes in their nutrition which would impact the score. The registered manager was reviewing how frequently scores were reviewed and had implemented a new weight monitoring chart to support them to have a better overview of people's starting weight alongside their regular monthly weight.
- People's needs were assessed before they were supported at the service. Information included identifying what people's needs, preferences, likes and dislikes were to ensure their needs could be met.
- People's care records included personalised information about their histories and routines and people that were important to them.

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

- At our last inspection we recommended the provider review and implement dementia friendly premises guidance. At this inspection we noted improvements had been made to support people to identify different aspects of the home. This included signage on doors, identifying where there was a gradient in the floor and altering a doorway to promote safe access around the service. The provider had also used contrasting colours to identify most people's bedroom doors and work was on-going to fully embed and reflect best practice guidance.
- We received feedback from some relatives that they felt areas of the home would benefit from redecoration. We observed some aspects of the communal areas looked tired and worn. The provider told us they had a plan to continue updating areas of the home and people were encouraged to be included, such as choosing colour choices for communal areas and the works were on-going.

Staff support: induction, training, skills and experience

- Staff received a range of training to support them to have the skills and knowledge required for their role. For example, staff received medicines training and were competency assessed to handle medicines before supporting people.
- New staff received an induction period to enable them to be complete relevant training, shadow experienced staff and understand people's needs. One staff member said, "Induction has been really good and helpful, this is my first job in care, [registered manager] has been fantastic. I shadowed my team leader for a few weeks and learnt a lot. I did all my training and am doing care certificate now." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a

robust induction programme

- Staff told us they felt supported and able to access advice and guidance where this was needed.

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

- People we spoke with told us they enjoyed their meals and we observed mealtimes to be sociable and relaxed. People had the option to eat in different lounge areas or their rooms.
- Where people were identified to need support with their meals this was provided. Information was shared with the kitchen staff to ensure they knew people's individual dietary needs and preferences and people had access to varied eating utensils to support their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We received positive feedback from a professional that the service maintained good communication and shared information as required to support people's health needs. They told us the registered manager and staff were knowledgeable of people's medical conditions.
- We reviewed people's care records which demonstrated the service sought timely and appropriate advice and guidance from health professionals to meet people's health care needs and identify any changes in people's needs. This included contact with people's GPs and working alongside the community district nursing team.
- Medicine reviews for people were carried out by clinicians from the local GP practice.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure they demonstrated good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection to ensure systems and process in place were effective to assess, monitor and drive improvements. Records in respect of people's care were not always accurate, complete or contemporaneous and the provider was still in breach of regulation 17.

- The registered manager and delegated staff completed a range of audits; however, these were not always robust or effective to identify issues and drive improvement. Systems and processes to assess, monitor and review records related to people's care failed to identify findings from this inspection as highlighted in the safe and effective domains.
- We found multiple examples where people's records were not clear, accurate or contemporaneous. This included where some people required the use of additional aids to safely manage their individual risks. We found no evidence that people had been harmed, however this meant people relied on support from staff who knew them well to ensure aids such as pressure relieving equipment and protective wear were in place and used appropriately.
- Some people's care plans contained out of date information, or information had been updated in parts but not in others. Examples included behaviour management guidelines, skin integrity care plans and seizure guidelines. The registered manager was receptive to our feedback and took immediate remedial actions in response to some our findings. This included reviewing information contained in people's care plans to ensure records reflected the care provided.
- Some tasks assigned to senior staff did not have enough oversight from the registered manager to ensure they were properly carried out, such as oversight of medicines.

The failure to demonstrate good governance and maintain accurate, complete and contemporaneous records was a continuous breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the first day of our site visit we noted the provider did not have their CQC rating displayed on their

website or premises as required. The provider took immediate action to rectify this and we saw this was completed on our second site visit.

- The registered manager understood her roles and responsibilities and oversaw all concerns related to the service delivery. However, we found two examples where the provider had failed to notify the CQC where concerns had been raised regarding the care provided to two people at the home. This information was known to the local authority and the provider completed an appropriate investigation. Following our feedback, the registered manager made retrospective notifications to CQC to address this. We noted the provider had made other appropriate notifications to CQC where these were relevant since the last inspection.
- Governance, audits and monitoring of the building, maintenance and kitchen were completed regularly and were effective at monitoring those aspects of the service delivery.
- There were appropriate policies and procedures in place which were accessible to staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from relatives about communication with the home. Some relatives told us they were updated regularly and had a good relationship with the registered manager, and some relatives felt they could not always approach them.
- People we spoke with told us they were happy with the care provided and could speak to the registered manager if they had any concerns. We observed staff had established good relationships with people and knew them and their needs well.
- Staff consistently told us they felt supported by the registered manager and felt confident they could raise any concerns and they would be listened to. The registered manager had fostered positive relationships with staff and encouraged positive working relationships. For example, one staff member said, "[The registered manager] is absolutely fine she does stuff straight away, she is busy, she might say I might forget just remind me, but she's approachable. My role is stressful, but my team are brilliant, we work like a proper team."
- People's individual needs were considered. For example, where a person using the service did not have English as their first language, we saw the provider had ensured signage around the home was also available in their first language to promote their independence.

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 their legal responsibilities to act in accordance with their duty of candour.
- The registered manager fostered an open and transparent culture and ensured staff maintained a person-centred approach to meeting people's needs.

Continuous learning and improving care

- We found the registered manager was open and transparent in their approach. They were open to receiving feedback during the inspection on our findings and by the end of the inspection had taken some steps to make improvements.

Working in partnership with others

- We received positive feedback from a professional that the service worked well in partnership. They told us information was easily accessible and the registered manager shared relevant information that was required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure they consistently assessed people's capacity to consent to care and treatment decisions in line with the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure medicines were managed safely, or that risks to people's health and safety within the home were appropriately assessed and managed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to demonstrate good governance or to ensure staff maintained accurate and complete records.