

Amber Care Limited

# Stonebow House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Stonebow House Residential Home is a residential home providing personal care to older people aged 65 years and over. At the time of our inspection 25 people were living at the service.

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

Improvements were required to ensure all aspects of medicines were managed safely, particularly with further knowledge being needed regarding medicine types and side effects.

The providers infection control measures required further enhancing to ensure all areas of the home had been cleaned to good standard.

The provider had a consistent management team and governance systems were in place. Internal audits were completed but required further oversight to ensure they had identified where areas of improvement were needed.

The provider had systems and processes in place to protect people from the risk of abuse. Staff had received training and shared good knowledge of how to raise concerns. People and relatives told us they felt safe and would be listened to if they raised concerns. The provider had risk assessments in place to help reduce risk and keep people safe.

People were not always supported to have maximum choice and control of their lives. Further consideration of documentation was required in relation to people leaving the property.

People were supported by staff who knew them well. We observed staff were kind and caring in the approach. Staff had completed an induction process, followed by shadowing shifts and had their competencies assessed by senior staff or managers.

Effective systems were in place to gather feedback from people, relatives, staff and professionals which was used to drive improvements and positive outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good [published 21 August 2021].

### Why we inspected

The inspection was prompted in part due to concerns received about management of risks and oversight. A decision was made for us to inspect and examine those risks.

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.

We undertook a focused inspection to review the key questions of safe and well-led only. 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 changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stonebow House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Stonebow House Residential 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

The inspection team consisted of 2 inspectors and 1 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

Stonebow House 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. Stonebow House is a care home 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with 12 people and 4 relatives. We spoke with 8 staff, this included the registered manager, lead carer, maintenance person, administrator and 4 care staff. We spoke with 3 visiting healthcare professionals. We reviewed a range of records. This included 3 people's care and medicines records and 3 staff records. A variety of records relating to the management of the service, including managers and providers audits were also reviewed.

# 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 good. At this inspection the rating has changed to 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

- The provider did not always assess all risks to ensure people were safe.
- Not all windows were secured with window restrictors and there was no risk assessment in place to determine if this was safe. This meant people were at increased risk of harm. We spoke with the registered manager and maintenance person who sourced the relevant window restrictors and started fitting them during the inspection.
- People had detailed care plans where risks were assessed, monitored and reviewed. We discussed a discrepancy in a person's turn chart as they were not receiving care as reflected in their care plan. This put the person at the risk of inconsistent care and support and potential skin breakdown. The registered manager told us they would review the relevant care plan.
- The provider had recently recruited a new maintenance person who was completing regular environmental checks around the home. The person shared good knowledge of their responsibilities and spoke of improvements they are proposing to make over the next few months. These included, improving overview sheets to easily identify when checks were due to be reviewed.

### Using medicines safely

- People were supported to receive their medicines in a way which was not always safe.
- Staff had received the relevant medication training and competency checks, whilst we found no impact to people, further development was required to ensure staff knew what medication they were administering to people, and what side effects may occur. We shared this with the provider who told us they would take immediate action to ensure staff received further training on medicine types.
- Medicines boxes and liquid medicines did not always have open dates on them, this placed people at increased risk of harm as we could not be assured medicines were administered within their expiry date.
- Returns medicines were not stored effectively. The medicines trolley was untidy with residue of liquid medication bottles. We shared this with the registered manager who told us they would take immediate action.
- Further development was needed with bowel monitoring and PRN protocols. Specifically, if there were changes to a person's normal bowel routine. Whilst we saw no impact to people, more detailed information was required to ensure timely action could be taken if people required further assistance.
- People and relatives told us they were happy with medicine administration, one person told us, "If I need medicines [PRN] I can just ask for them, staff give me my medicines regularly".

### Preventing and controlling infection

- We were not always assured the provider was promoting good hygiene practices. The provider completed daily, weekly and monthly cleaning schedules, however these were not always effective as during our inspection some people's bedrooms, bathrooms and carpets were unclean. We shared this with the registered manager who told us they were facing challenges with recruiting permanent domestic staff. They told us they would raise these concerns with the external cleaning provider to ensure they are addressed.

- 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 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.
  - Staff had received training in infection and prevention and where needed, were provided with personal protective equipment (PPE).

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. The provider had a safeguarding policy in place.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- People told us they felt safe living at the home, relatives spoke positively about their loved one's care. One relative told us, it helps me relax, knowing they are safe and well cared for".
- Staff had received the relevant training and told us they knew how to raise concerns about poor practice. Staff told us they would speak with the registered manager if they had any concerns and felt these would be listened to and acted upon.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider had not always considered all aspects of working in line with the Mental Capacity Act.
- The provider had a locked front door to ensure the safety of the residents living at Stonebow House. Whilst this measure was in the best interests of people's safety, the provider had not completed the relevant authorisations, or documented in people's care plan's the reason for the restriction.
- We spoke with the registered manager who took action to ensure the relevant documentation was completed and best interest's decisions would be made for people who lacked capacity.
- The provider had made other applications to deprive a person of their liberty where they thought appropriate.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- The provider carried out the relevant recruitment checks before employing new staff. These checks



included proof of identification, references, the right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- A person told us, "The staff here are very helpful and patient". Relatives shared the same views, one relative told us, "The staff are so lovely and kind, respectful and caring".

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance, relatives told us they were able to visit their loved ones without restrictions.

#### Learning lessons when things go wrong

- The registered manager completed a monthly analysis of accidents, incidents and falls. This captured trends and themes to enable actions to be taken to drive improvements.
- The provider had identified people would benefit from a more comprehensive falls monitoring process which considered people's behaviour and body language prior to a fall happening.

# 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 good. At this inspection the rating has changed to 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

- The provider and registered manager completed internal audits; however these had not always identified the concerns we found during the inspection.
- Audits had not identified where window restrictors were not fitted to some rooms, improvements were needed with medicines management and cleanliness of the home.
- The registered manager understood regulatory requirements and were aware of significant events they were required to notify CQC about. Statutory notifications had been submitted to CQC where required.
- People, relatives, and professionals told us they knew who the manager was. One relative told us, "I know the staff and management team, there is good collaboration between us. I feel they communicate everything with us and take on board our ideas".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person-centred care which achieved good outcomes for people.
- Staff spoken with were positive about their roles, the people they support, and support provided to them by the senior and management team. Staff told us they were encouraged to develop their roles. One staff member told us, "[Managers] are great, really supportive, it's a friendly home, it feels like a family".
- One relative told us, "I'm very happy with [person's name] living here, I like the position of their room, they can see lots of comings and goings, which they like. They tailor the care to their individual needs, staff always listen and take any concern on board".
- Relatives had access to a gateway system which enabled them to review their loved one's care plans and daily information documented by staff.

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 provider understood their responsibilities under the duty of candour.
- The registered manager had systems in place to monitor when things went wrong and follow up any actions or learning required by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics
- The provider carried out relative meetings and gathered views from people living at the service in order to drive improvements.
- Relatives shared their views on the support staff had given them, one relative said, "At the beginning I struggled with giving up control of managing everything for my loved one, but I felt listened to by the staff, and I now feel a lot more relaxed".

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Some senior staff had developed their roles to become champions in specific areas. For example, well-being, end of life care, continence, nutrition and hydration and finances.

#### Working in partnership with others

- The provider worked in partnership with others to ensure people had appropriate levels of care. This included the GP, district nurses, chiropodist and mental health teams. Care plans evidenced where external professionals had been contacted for referrals. For example, advocacy services.
- We spoke with 3 visiting professionals during the inspection, who spoke positively about the care being delivered to people. One professional told us, "They always respond well, and we work together. They have researched ideas for people to support them with their anxieties and have made changes to their support approach to accommodate this". "I would recommend this home".
- Another professional told us, "It seems nice and cosy, there is always lots of activities here, staff are friendly and it's a nice layout".