Pretty 1098 Ltd

Stewton House Nursing 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Stewton House Nursing home is a residential care home providing personal and nursing care to up to 48 people in one adapted building. The service provides support to older people some of whom are living with a physical disability or receiving end of life care. At the time of our inspection there were 41 people using the service.

People's experience of using this service and what we found
The provider had not informed the local authority safeguarding adults' team and CQC of safeguarding concerns. People were at risk of entrapment from bed rails. Environmental safety measures such as window restrictors or appropriate risk assessments were not always in place. People did not always receive their medicines safely. Relatives and staff felt there was not always enough staff on duty. Lessons were not always learnt following incidents and accidents. Staff did not always use personal protective equipment effectively.

Systems and processes to ensure consistent quality assurance such as auditing of medicines and incidents and accidents were not always effective. There was limited assurance around management oversight and ensuring risks to people were mitigated in line with people's care plans. People using the service had limited ways in which they could give feedback on their experiences of the care provided. There was evidence the provider worked in partnership with external professionals.

People had positive mealtime experiences and their nutritional needs were met. In addition, staff received supervision and training from the provider. The environment was well maintained, and people could personalise their rooms.

People and their relatives felt the staff were caring. We observed people being treated with dignity and respect. People were encouraged to be involved in their care and their independence was promoted.

Care plans contained information promoting people's care and communication needs being met. People could access activities and visits from relatives were supported to minimise the risk of social isolation. There were systems to manage complaints and concerns. People had appropriate plans in place for end-of-life care and support.

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

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

Rating at last inspection
This service was registered with us on 18 June 2021 and this is the first inspection since the sale and transfer

from the previous provider.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding, safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will work alongside the provider and local authority to monitor progress. 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 effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Stewton House Nursing 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.

Inspection team
This inspection was carried out by two inspectors and 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
Stewton House Nursing 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. Stewton House Nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 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 also sought feedback from external professionals that work with this service and reviewed information we had received about the provider before our inspection.

During the inspection
We spoke with four people who used the service. We observed people and their interactions with staff and each other. We spoke with 11 relatives about their experience of the care provided.

We spoke with 10 staff during our inspection including housekeeping staff, kitchen staff, carers, senior carers, nurses, the deputy manager, and the registered manager.

We reviewed a range of people's care records. We looked at three staff files in relation to recruitment practices. We reviewed various records relating to the management of the service including health and safety checks and incidents and accidents.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse and improper treatment.
- Safeguarding referrals were not always completed. For example, incident records documented significant medicines errors, injuries to people and other allegations of abuse, which were not referred to the local authority safeguarding adults' team. This meant these incidents had not been investigated independently.

The provider did not ensure that people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence documented on incident forms the provider had investigated some allegations of abuse and spoken to people and staff about safeguarding concerns.

Assessing risk, safety monitoring and management

- People were at risk of entrapment in bed rails. There had been four incidents where people had been entrapped in bedrails. Some people's care plans stated 'bumpers' should be used to cover bed rails to reduce the risk of entrapment and injury. However, bumpers were only placed on one side of the bed in some bedrooms. The registered manager and staff we spoke with did not know why this had been the case.
- People were able to access items which could be hazardous to them. A kitchen on the first floor was not locked but had a 'staff only' sign on the door. We found cleaning products stored under the sink and a tub of drinks thickener which may have posed a risk to people.
- Freestanding furniture was not secured to walls. Some people were at greater risk of falls and may attempt to grab or use furniture to stop themselves falling or to pull themselves back up which increased risks to them. This risk had not been assessed or mitigated.

Using medicines safely

- People did not always receive their medicines safely.
- Topical creams and liquid medicines were not always dated on opening. This meant there was a risk that they may continue to be used when no longer effective.

Learning lessons when things go wrong

- Lessons were not always learnt following incidents and accidents.
- Steps to mitigate people being entrapped in bedrails were not sufficiently taken, such as checking bumpers were in place where people needed them following the incidents noted above.

●Incident and accident records showed a significant number of medicines errors had occurred. These errors included administering medicine to the wrong person and missed medicines. There was not always evidence of managers investigating these concerns and undertaking actions such as retraining staff.
● The registered manager or deputy manager had not signed off all incidents and accidents. This made it less likely lessons learnt from incidents and accidents were shared with the staff team. This is further addressed in the well led section of the report.

Preventing and controlling infection
● Staff were not always using personal protective equipment (PPE) effectively and safely. During our visit, we found several staff did not wear facemasks properly by ensuring they entirely covered their mouths and noses. This increased the risk of transmitting infections and was not in line with current guidelines.
● Staff did not confirm our COVID lateral flow test results on the first day of inspection. Meaning national guidance was not followed to ensure visiting professionals produced a negative lateral flow test before entering care homes.
● A kitchen on the first floor had not been effectively cleaned. We found food on appliance plugs, a rusty microwave, unclean flooring and unlabelled opened food. This increased the risk of germs harbouring in this area and contributing to the spread of infection.

Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's health and safety. This placed people at risk of receiving unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During the inspection, the registered manager took action to address our most urgent concerns. This included assuring us daily checks would be undertaken on bed rails and arranging for window restrictors to be fitted.
● People at risk of skin damage had their needs safely managed. Care plans documented where people needed to be repositioned and how often. Records we reviewed evidenced people were repositioned in line with these care plans.
● There were arrangements to ensure equipment such as fire safety systems and lifting equipment was regularly serviced and maintained. Fire safety checks were regularly carried out and recorded.
● We observed people receiving appropriate support to receive their medicines. Staff sought people's consent before giving people their medicines. Staff checked to see if people were in pain and if they required medicines for pain relief. In addition, staff went back to check a person who did not want their medicines to see if this was still the case.

● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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.

Staffing and recruitment
● Staff told us of staffing level concerns. A member of staff raised concerns they frequently found shifts were understaffed. Other staff told us staffing, "Could be better" and being short of staff happens, "Often enough."
● Most of the relatives we spoke with felt there wasn't always enough staff. For example, relatives told us, "They are often short of staff" and, "I always take [person] out on a Friday, I have limited time and [person] is never ready and I have to wait an hour or so till they can come."

● During the inspection we observed there were enough staff to meet people's needs. The registered manager had tried to cover shortfalls with agency staff and was actively seeking to recruit additional staff.
● Staff were recruited safely. The provider had systems in place for recruitment of staff, this included obtaining references from previous employers 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.

Visiting in care homes
● There were arrangements for visiting people who lived at the service. The registered manager told us where possible; they would prefer to limit visitors and stagger visits to prevent the potential of infection from spreading. However, people were supported to receive visits and we saw visits taking place throughout our inspection.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not always implement care plans promptly when people moved into the home. A person's records showed staff were relying on a care plan that a previous provider had completed. This means the person's care plans may not have been an up-to-date reflection of their needs.
- People's monthly health-related documentation was not always consistently reviewed. This meant care plans may not have reflected changes in people's needs. For example, one person's monthly monitoring of their weight, skin condition and fall risk had not been recorded since April 2022. The registered manager took swift action to address this.
- Although people had care plans that detailed their care needs, these did not always contain information about people's past lives, cultural views and things that were important to them. The registered manager had started the process of completing this information and planned to work with relatives to complete an, "All about me" booklet as part of people's care plans.

Staff support: induction, training, skills and experience

- Agency staff who were not familiar with the home did not always receive a documented induction. This increased the risk they did not have the information they needed to promote the safety of people, other staff members and themselves. However, where possible regular agency staff were scheduled who had a good understanding of people's needs.
- Staff received supervision. Records we reviewed showed staff had received supervision in line with the provider's policy of carrying these out twice per year. Supervision records we reviewed also showed the provider addressed staff conduct concerns.
- Staff told us they had received training from the provider. This included training such as safeguarding, moving and positioning and fire safety. The records we reviewed supported this.
- There was evidence the provider supported staff's continued professional development. For example, the registered manager and staff we spoke to told us some staff were completing nurse associate qualifications and they were also able to complete 'care home assistant practitioner training' (CHAPS). These enabled care staff to be qualified and learn skills to support nurses at the service.

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

- People had a positive mealtime experience. We observed lunch being served during our inspection and saw people were given a range of options, the food looked and smelt appetising and people had appropriate support. The kitchen staff had information on people's dietary needs.
- People's care plans contained information about their dietary requirements. Records we reviewed

contained information about how people needed and preferred their food. For example, one person's nutrition care plan documented the person had type 2 diabetes but had a good understanding of their own needs in relation to this. The care plan informed staff the person needed support to promote choosing a diabetic or healthier meal option.
● People were offered plenty of drinks throughout the day by staff.

Adapting service, design, decoration to meet people's needs
● The service was well presented and maintained. The provider has a maintenance person responsible for maintaining the building and aspects of the grounds surrounding it.
● The atmosphere in the service was relaxed and welcoming. In addition, the service had plenty of space and room to allow people to spend time together should they choose to or find a quieter area to enjoy.
● People were able to personalise their bedrooms. We saw people had decorated their bedrooms with pictures of their loved ones and items of sentimental value.

Supporting people to live healthier lives, access healthcare services and support Staff working with other agencies to provide consistent, effective, timely care
● The provider told us they had good working relationships with the district nursing team. This was beneficial to people who needed end of life medicines as it minimised delay in waiting times and promoted people being as comfortable as possible.
● People were able to take part in exercise activities. The provider regularly offered and planned armchair exercises for people to participate in.

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.

● Where people needed to be deprived of their liberty, we found evidence the provider had sought appropriate authorisation.
● People's mental capacity was appropriately assessed for relevant matters. For example, we reviewed documentation indicating a person's capacity had been assessed and they had been involved in making decisions regarding their health related needs and the possible implications of not following medical advice.

● There was evidence people's consent had been sought. The provider had systems in place to seek consent from people for areas such as sharing information with external professionals, taking pictures and sharing care plans with relatives.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity Respecting and promoting people's privacy, dignity and independence

- During our inspection, we observed staff treating people with kindness and dignity.
- People we spoke with during our inspection were mainly positive about how staff treated them and were comfortable raising concerns with managers if they needed to.
- Relatives felt staff were caring. For example, they told us, "They are always lovely to [person]" and, "They are pleasant and kind."
- We observed staff promoting people's privacy and dignity. For example, we found staff would ensure bedroom doors were shut while providing personal care. In addition, we observed staff knocking on people's doors and announcing themselves before entering.
- Arrangements for storing information promoted people's confidentiality being maintained.

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

- People received a copy of their care plans and signed these to indicate they agreed with the information noted. People were also consulted about who they would like their information shared with.
- Care plans promoted people being able to express themselves. For example, a person's care plan detailed their limited communication and how staff should inform them of all care interventions they are carrying out. In addition, to observe their facial expressions and offer their hand to use as an opportunity to express themselves and be understood. furthermore, care plans also documented where people could make decisions about their food preferences or refuse interventions such as repositioning.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's needs and how they liked to spend their time. For example, one person's care plans stated they enjoyed playing dominoes, playing cards and watching tv while reading the newspaper.
- Most relatives felt staff had a good understanding of people's needs. For example, relatives told us, "[Person] is an insulin-dependent diabetic and they are managing this well." Another relative told us staff understood their spouse's needs and preferences well in relation to their swallowing difficulties.
- The provider made environmental adjustments to respond to people's changing needs. For example, a person had been supported to move to a ground floor bedroom with two entrances to better meet their need and mitigate risk.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs documented in their care plans. For example, records contained information such as how staff should speak to people to promote understanding of information and whether they used any communication aids such as hearing aids. In addition, other methods of communication were recorded. For example, one person needed staff to give them their hand so they could squeeze it to indicate what they would like.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our inspection, we saw people being offered opportunities to engage in activities. We observed people taking part in activities such as making a bird table and singing.
- People had an opportunity to contribute to activities planning.
- We observed a person being visited by their spouse. They told us they felt able to visit and spend time with the person when they wished to do so; they were complimentary of the space available to them for these visits.
- People had support to access activities that were socially and culturally important to them. For example, the registered manager told us about arrangements for a Sunday service people could attend. In addition,

people had also recently participated in Jubilee celebrations.

Improving care quality in response to complaints or concerns
● The provider had systems to receive and respond to complaints or concerns. We reviewed documentation and found the provider had appropriately managed, acted and fed back to the person making the complaints.
● The complaints policy was on display in communal areas. This enabled people and visitors to the service to have the information they needed to make a complaint if they needed to.

End of life care and support
● There was evidence the provider had worked with people and their relatives to incorporate people's views and wishes into an end of life care plan. This contained information such as where they would like their ashes scattered should they wish to be cremated.
● People had plans for medical emergencies where people could not make or communicate choices. These were documented on Recommended Summary plan for Emergency Care and Treatment (ReSPECT) forms. Do not attempt cardiopulmonary resuscitation (DNACPR) documentation was also present where applicable. These decisions involved medical professionals and informed staff and attending medical professionals on what to do if a person stops breathing or their heart stops beating.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The provider's governance systems were not consistently effective. They had failed to identify shortfalls we found during the inspection, such as issues with medicine management, infection prevention and control and environmental risks, such as window restrictors and freestanding furniture.
- National guidance was not always followed by the provider. Guidance around the use of bed rails, window restrictors, infection prevention and control were not always followed.
- Care did not always improve following incidents and accidents. There were inconsistencies in managers signing off and documenting thorough investigations of incidents and accidents and actions taken to mitigate future risks. For example, opportunities had been missed to review people's safety following incidents of entrapments in bed rails.
- Care records were not always accurate or up to date. The registered manager felt staff had copied and pasted information relating to people's needs in relation to bed rails and bumpers. This increased the risk of inaccurate information being recorded and people not receiving safe care. Furthermore, this had not been picked up in reviews and evaluations of care plans prior to our inspection.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider failed to submit statutory notifications to CQC about allegations of abuse. We will look into this.
- At the time of the inspection, the registered manager had been splitting their time between two services. They told us this had impacted their ability to oversee the service effectively. This was due to having overall responsibility as the registered manager and nominated individual. However, this was resolved during the inspection period.

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

- Relatives told us the staff would let them know when things went wrong.

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

achieves good outcomes for people

● The provider sought feedback from people. We saw minutes of a recent meeting and questionnaires where activities were discussed with people. In addition, we saw a questionnaire completed by a person who had a respite stay.

● Despite the issues found with the service's safety and aspects of quality assurance, most people appeared to be happy living at Stewton House. A person on a respite stay told us, "I've liked it here and the staff are nice." Another person told us their preference would have been to be in their own home but needed to receive support at the service due to their health related needs. They told us, " I feel like I'm well looked after. Staff are very kind." They went on to tell us they would be happy to raise any concerns they had with the manager.

● Staff attended team meetings. The provider aimed to hold general team meetings twice a year and role specific ones more frequently. We saw evidence team meetings for nurses and care staff had occurred.

● Staff and people told us they felt comfortable approaching the registered manager with any concerns. The registered manager told us they had an open-door policy.

● Staff were recognised for their commitment and achievements. The provider rewarded staff with bonuses where they had gone the extra mile to provide support to people.

● There were systems in place to support people to whistle blow if they had concerns. Information was available for staff in communal areas and staff handbooks also contained this information.

Working in partnership with others

● The provider worked in partnership with external professionals. We found evidence the provider worked with professionals such as district nurses and speech and language therapists so that people could have their expert input alongside the provider to promote meeting people's needs effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's health and safety. This placed people at risk of receiving unsafe care

The enforcement action we took:

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not ensure that people were safeguarded from abuse and improper treatment.

The enforcement action we took:

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided

The enforcement action we took:

We imposed a condition on the provider's registration.