St. Cloud Care Limited

Stowford House Care 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

Overall summary

We inspected Stowford House Care Home on 3 November 2015. The inspection was unannounced.

The service provides nursing and residential care for people over the age of 65. Some people at the service were living with dementia. The home offers a service for up to 51 people. At the time of this inspection there were 49 people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by an area management team. The provider and management team were open to any suggestions to improve the service. They had a clear plan of further changes they were going

Summary of findings

to make to the service to improve the quality of service people received. However, systems to monitor the quality of the service had not identified some of the issues we found during this inspection.

Medicines were stored safely and administered in a safe way. However, two people had not received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported to have their nutritional needs met. Hot food was not always served and maintained at an appropriate temperature. Two people who required support to eat and drink were not supported in line with instructions in their care record. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mealtimes were relaxed and sociable. People were supported with specialist diets and nutritional supplements as prescribed.

Before, during and after the inspection we had received concerns there was not enough staff to meet people's needs. The provider was aware of the concerns with staffing. There was an on going recruitment campaign and several new staff had been recruited. Minimum numbers of staffing had been achieved and the provider showed us a plan to increase minimum staffing levels on each shift when new staff were in place.

People felt safe and were supported by competent staff. Staff felt motivated and supported to improve the quality of care provided to people and benefitted from training in areas such as dementia awareness.

People were cared for in a caring and respectful way. People were supported to maintain their health and were referred for specialist advice as required. People were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences. Risks to people's health were identified and plans were in place to minimise the risks.

People benefitted from a range of organised activities. People who were living with dementia benefitted from an interesting and stimulating environment.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

The registered manager and management team sought feedback from people and their relatives and was continually striving to improve the quality of the service. People and staff were confident they could raise any concerns and these would be dealt with.

Summary of findings

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.

People did not always receive their medicines as prescribed.

Minimum staffing levels were achieved. However, people their relatives and staff told us there were not enough staff. The provider planned to increase staffing levels when further staff had been recruited.

People we spoke with told us they felt safe. Care staff were aware of their responsibilities to report concerns and knew how to do so.

Safe recruitment processes were in place.

Requires improvement

Is the service effective?
The service was not always effective.

Hot food was not always served at an appropriate temperature and two people were not supported to eat in line with instructions in their care record.

Staff had access to training and support that gave them the skills and knowledge to support people's needs.

Staff understood their responsibilities relating to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff who were caring and treated them with dignity and respect.

People were given choices about their care and their wishes were respected.

Good

Is the service responsive?
The service was responsive to people's needs.

People were involved in the planning of their care. Care records contained detailed information about people's health needs.

People knew how to make a complaint if required.

Good

Is the service well-led?
The service was not always well led.

The management team took action to improve the service where shortfalls had been found. However, some of the issues we found during this inspection had not been identified.

Requires improvement

Summary of findings

The provider and management team had a clear plan of the changes they were going to make to the service to improve the quality of service people received.	

Stowford House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 November 2015. This was an unannounced inspection. The inspection team consisted of three 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.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 10 people who were living at the service and four relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 staff which included nursing, care, activity and housekeeping staff. We also spoke with the Group Chief Operating Officer. We looked around the home and observed the way staff interacted with people.

We looked at records which included the care records for 11 people, medication administration records for all people living at the service and six staff files. We also looked at records of feedback received by the service and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

Medicines were stored safely and administered in a safe way. However, people did not always receive their medicines as prescribed. For example, one person required medicine to be administered once a week. The medicine had been due two days before our inspection but had not been given. No reason for this omission was recorded on the persons medicine administration record (MAR) or in their care record. A person's family member told us they felt their relative was in pain. Although the person was prescribed regular pain relief their MAR documented that for the week prior to our inspection the person had refused the medicine and so it was not given. This persons care record contained evidence a best interest decision had been made to administer the persons pain relief medicine covertly if they refused their medicine by hiding it in yogurt. This had not been done.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.We raised this with the provider who took action to ensure these people received their medicines as prescribed.

Before, during and following the inspection people's relatives raised concerns with us about the staffing levels at the service. Staff also told us there were times when they felt more staff were needed. For example, during the morning when assisting people with personal care and breakfast. There were 29 people at the service who required two staff to assist them with moving and handling tasks. On the day of the inspection there were 8 care staff and two nurses on duty. A further care staff member came into work later in the day. Activity staff also assisted with care tasks where they could. On one unit we observed there were two members of staff working during the morning. They were responsible for collecting the breakfast trolley from the kitchen and serving breakfast as well as meeting the needs of all people on the unit. Whilst they were serving breakfast they were also answering call bells and supporting people with personal care. Although call bells were responded to promptly this meant some people did not always receive their breakfast in a timely way. This was also the time when medication round was carried out and therefore the nurse was not always available to help people to have their personal care needs met. Staff also told us and we saw for ourselves some people were not being assisted with washing and dressing until almost lunch time because staff did not have the time to do it sooner.

The provider was aware of the concerns with staffing because there had been a high number of staff vacancies at the service. There had been an ongoing recruitment campaign and eight new members of staff had been recruited the month before our inspection. The provider had also introduced a new dependency tool to calculate staffing levels according to people's needs. According to the off duty rota, the minimum calculated levels of staff were met and any shortfalls were covered by agency staff. The provider showed us their plan to increase staffing levels by an additional 4 members of care staff during the morning shift and an additional two members of staff during the afternoon shift when further staff had been recruited.

People told us they felt safe. One person said, "I feel happy and safe to be living here". Another said, "I felt safe when I went out into the garden for the summer fayre and the carer looked after me in my wheelchair". People also told us they felt safe because they knew staff would come when they called for them. One person said, "I feel safe and happy here and I can call out and use my wrist bell if I need them (staff)".

People were supported by staff who were knowledgeable about the procedures in place to keep them safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Risks to people's personal safety had been assessed. Staff were aware of the risks to people and used the risk assessments to inform care delivery. For example, where people were assessed as at risk of developing a pressure ulcer they had specialist pressure relieving equipment in place such as pressure relieving mattresses and cushions. Staff ensured equipment was used in line with instructions in peoples care records.

Requires improvement

Is the service safe?

The service was clean and staff adhered to the provider's infection control policies. Equipment used to support people's care, for example, hoists, stand aids and specialised baths were clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules.

Requires improvement

Is the service effective?

Our findings

Food was not always served and maintained at an appropriate temperature. For example, during breakfast we observed an unheated breakfast trolley with plated cooked breakfast and porridge on it. Staff told us the trolley had been collected from the kitchen at 9.15am. We observed people being served cooked breakfast and porridge from the trolley for over an hour after the time it had been brought to the unit. At lunchtime we observed the food being served from a heated trolley. When one unit had been served their food the trolley was moved to another unit to serve the people there. People and their relatives told us because the food was served in this way it was not always hot. A relative told us they had recently complained the food was cold. They said, "The meals coming to this dining room first is a new innovation. It used to be cold when it arrived here on the heated trolley, as it went to the other unit first". One person told us, "The food is all right but not always hot". Another relative said, "Sometimes the food is very cold when it gets to my wife's room".

People did not always receive the support they needed to ensure they had enough to eat and drink. For example, two people had been assessed as at risk of malnutrition. They had care plans which stated they required full assistance to eat. We observed the lunchtime meal experience for these two people. Although one staff member visited their table briefly to verbally encourage them to eat, they did not receive any other support to eat their meal. One person ate some of their meal. The other person ate very little. These people had also been assessed as not drinking sufficient amounts and had a daily target fluid intake of one and a half litres of fluid per day recorded in their care record. One person's care plan stated 'encourage to drink'. We observed this person had a full, cold cup of tea beside them in their room during the morning. We did not observe staff encouraging this person to drink their tea. Records of fluid intake for these people were not kept. Staff told us this information would be recorded in the persons daily records. We looked at the daily records but did not see regular records of fluid intake being kept. We could therefore not assured these people were being assisted to drink sufficient fluids.

These issues were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed these issues with the management team who told us they would take immediate action to ensure peoples food was served and maintained at an appropriate temperature.

People's specific dietary needs were met. For example, people received softened foods or thickened fluids where choking was a risk. People were given their nutritional supplements as prescribed.

Mealtimes throughout the service were a sociable event. People chose where they wanted to eat their meal. They were shown plated meals so they could see what was on offer before they made a choice about what they wanted to eat. One staff member encouraged people to smell the food to help them choose. People were offered alternatives if they did not want what was on offer. For example, we heard one staff member say, "Rhubarb crumble but if anyone wants anything different let me know". One person asked for hot chocolate to drink and this was provided. The person tasted their drink and said, "Thank you, that is lovely". People who were given assistance to eat were supported in a respectful manner. For example, one person could not see well. The staff member supporting them to eat described each forkful of food before the person ate it. The staff member told us they did this "So that my resident knows what they are about to eat and may enjoy it more". The person smiled at the staff member and appeared to enjoy their meal.

Staff had the training they required to help them carry out their role. This included the provider's mandatory training in areas such as, manual handling and infection control. Staff also had the training to support people with specific conditions. For example, one member of staff told us they had attended training in relation to caring for people who were living with dementia. This felt training had helped them to provide better care for the person because of their greater understanding of the disease. They said, "I have realised how important it is to get to know peoples life histories. If they liked gardening, it's important to take them in the garden and get them to do little jobs". Staff were supported to attend other training courses to ensure they were skilled in caring for people.

Newly appointed care staff went through an induction period. This included completing training and shadowing

Requires improvement

Is the service effective?

an experienced member of staff. The induction plan followed nationally recognised standards and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently.

Staff had received their annual appraisal and had individual supervision meetings with their line manager. This gave them the opportunity to discuss areas of practice where issues were identified as well as areas where they had worked well. Staff were also given the opportunity to discuss and identify training needs. Staff told us they felt supported by the registered manager and the team. One staff member said, “I feel well supported”. Another staff member told us senior staff “Had always been really supportive”.

People who were living with dementia benefitted from an interesting and stimulating environment. Areas of the service where people were living with dementia were decorated in a way that followed good practice guidance for helping people to be stimulated and orientated. For example, pictures on the walls that people could touch and memory boxes to help people recognise their own room.

Staff understood their responsibilities under the Mental Capacity Act 2005. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity, there was evidence of decisions being on their behalf by those who were legally authorised to do so and were in a person’s best interests.

The provider understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. The provider had a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection. Staff were knowledgeable about these procedures and were able to recognise when a DoLS authorisation was necessary to safeguard people's rights. Where people had a DoLS in place they were supported in the least restrictive way.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff and living at the service. Comments included, “Staff are helpful and kind to me” and “They are kind to me”. One person told us they felt cared for and had been happier since coming to live at the service. They said, “I used to have bad dreams a lot when I first came here, as I had not been happy in my other place. Now I have settled in and feel happy and safe here. I do not dream so much and they are better dreams”. A relative said “Carers are marvellous”. Another relative said, “The carers are very caring and kind”.

The atmosphere in the home was calm and pleasant. There was singing, chatting and appropriate use of humour throughout the day. Throughout the inspection we saw many examples of people being supported by staff who were kind and caring.

Staff talked about people in a respectful way and knew the preferences and needs of the people they cared for. For example one person told us, “The carers call me by my first name which I like”. People felt they mattered and were treated in a warm and patient way. For example, one person told us, “I like watching the rugby and the carers would come in and ask me about the game on the television especially this summer with the world cup”. The person also told us they appreciated staff taking interest in them and making sure they could watch what they wanted to on the television. Another person said, “I like watching the news and Pointless and staff will come in and put it on for me, which is nice of them”.

People were treated with dignity and respect when staff delivered personal care. For example, staff knocked on people’s doors and waited to be invited in before entering. One person told us “When the carers come in to help me they will close the door so that other people cannot see me undressed.” Another person said “When the carers come in, they close the door and hang a “hanky” on the outside of the door to say that they are in here with me and do not disturb if possible. I like this”.

People were supported to be independent and were encouraged to do as much for themselves as possible. Care records noted what people were able to do for themselves and areas where they wished staff to support them. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, call bells, walking frames and specialist cups and plates at mealtimes. One person told us they had felt cared for because staff had sourced an alternative call bell for them because they were struggling to use the one they had. The person said “I have a call bell to wear on my wrist, as with the other one I used, I cricked my neck”. Another person told us they had been given a large buttoned call bell that was activated by just a light touch because their medical condition had affected their dexterity.

Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. This was useful in helping staff build positive relationships with people by communicating in ways that were appropriate to them. For example, staff crouched down so they were at eye level with people and communicated clearly and offered simple choices. One person told us “They (staff) know that they need to spend time to be able to understand my speech which is slow and quiet”. We observed appropriate use of non-verbal communication such as reassuring people through touch.

People told us their friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. People’s rooms were personalised to suit their tastes.

People were involved in decisions about their end of life care. We saw conversations with people had been recorded which showed people had been involved in planning their care. For example, their preferred place of death and preferences for undertakers. Where ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) documentation was in place we saw this had been discussed with the person and their representatives.

Good

Is the service responsive?

Our findings

Before people came to live at the service, their needs had been assessed to ensure that they could be met. People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record detailed actions that should be taken to ensure the person was positioned correctly in a specialist chair. The person's care record contained photographs of the correct position for staff to reference. We observed this person sitting in their char in line with the instructions. Care plans and risk assessments were reviewed and updated to reflect people's changing needs. People and their relatives told us they had been involved in reviewing care.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. For example, people were visited by pets as therapy (PAT) dogs to reduce feelings of isolation. Some children from the local school visited on a weekly basis and local people were invited to the service for organised activity such as the summer fete.

People were able to pursue activities and interests that were important to them. The service had a team of activities staff who helped people take part in a range of activities. For example, arts and crafts and quizzes. Staff ensured all people were supported to take part in the activities if they wished. For example, staff told us about the action they took for a person who might put the paint in their mouth during an art activity. They said, "I will work beside this person, so that they can benefit from the activity, but are not in danger from tasting the paint". Where people were unable to get out of bed or preferred to stay in their room, activities staff visited them and spent time doing individual activities with them. One person told us they wanted to do more "Thinking games" and so it was decided that they would get an electronic tablet. They said "My daughter is going to buy an I-pad for me this Christmas for me to do some of this and [name of activities staff] has said that they will help me with it too which will be helpful to me".

All staff understood it was their responsibility to ensure people were engaged in activities and not socially isolated. Staff chatted with people and encouraged them to help with small tasks around the service. For example, assisting with washing the medicines pots or laying the tables for lunch. One person told us "I like to watch Countryfile and the staff try to make sure that I have my television on the right channel and time for this". Staff told us they would like to spend more time with people but the recent issues with staffing had meant they did not always have the time to do so.

The provider sought feedback from people and their relatives about the quality of the service. For example, residents and relatives meetings were held. People knew how to make a complaint and the provider had a complaints policy in place. Any concerns received were investigated and recorded. The registered manager discussed concerns with staff individually and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. For example, one relative had raised a concern that their family members nails were not always clean. The manager had discussed this with staff and a hand and nail cleaning chart had been introduced. We saw completed charts for this person and observed their nails to be clean.

Requires improvement

Is the service well-led?

Our findings

The service was led by a registered manager. They were being supported by a deputy manager and new area management team. On the day of our inspection the registered manager was not at work. The service continued to run smoothly, led by other staff within the home and the Group Chief Operating Officer. Staff told us they could always contact the registered manager or an on call manager for advice and support if the registered manager was not working in the home. The management team was approachable and open and showed a good level of care and understanding for the people within the service.

The management team had a clear plan for further changes and improvements to improve the quality of service people received. However, some systems to monitor the quality of the service were not effective as they had not identified some of the issues we found during this inspection. For example, the issues with cold food, people not receiving their medicines as prescribed.

There were a range of clinical and health and safety audits carried out. We saw evidence of how they were used to make improvements to the service. For example, an infection control and medicines audit had identified that sanitizing hand gel should be available on medicine trolleys as staff did not always have the opportunity to wash their hands when moving from person to person to assist them with their medicines. During the inspection we observed each medicines trolley had hand gel and staff used this. A record keeping audit had highlighted staff found updating people's care records in a timely way could be an issue as these documents were mostly electronic. A new system involving hand held electronic tablets had been sourced and was due to be introduced in the new year. This system would ensure that staff would have access to care records as they went about their work and would be able to update them instantly.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked and audited to identify any risks or what changes might be required to make improvements for people who used the service.

We saw that people were actively encouraged to provide feedback through a satisfaction survey and the results of these as well as the quality assurance systems such as audits and accidents and incidents were compared with other locations within the St Cloud Care Trust. The management team reviewed the results and took steps to maintain and improve the services performance.

Staff understood the vision and values of the service and strived to provide personalised care in a caring and friendly environment. The registered manager and senior staff ensured staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Where other staff supervised care staff they told us they had received training and support to supervise staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured peoples medicines were always administered as prescribed. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The registered person had not ensured food was served and maintained at the right temperature for the whole mealtime. The registered person had not ensured service users were supported to eat and drink where necessary. Regulation 14(1)(4)(d)