

WCN Care Stour Road Care Home Ltd

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Inspection report

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Tel: 01202481160

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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

Stour Road Care Home is a residential care home providing personal care to 18 older people at the time of our inspection. The service can accommodate up to 20 people. Accommodation is provided in one building over two floors, which are accessed by a lift.

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

People were at risk of harm as policies and procedures in place to ensure their safety were not consistently followed. This included recruitment checks, fire equipment safety checks and infection prevention and control cleaning schedules. Records were not complete and governance processes had not been robust enough in identifying shortfalls.

People and their families told us they felt safe. Staff had completed safeguarding training and understood how to recognise and report safeguarding concerns. People had their risks assessed and staff understood the actions needed to minimise the risk of avoidable harm. Medicines were administered safely. Personal protective equipment was being used effectively and both people and staff were engaged in regular Covid-19 testing.

People and their families spoke positively about the management of the home, told us they were kept informed and felt able to be involved in decisions about the service. The manager operated an open-door culture, promoted person centred care and positively encouraged feedback. They understood their responsibilities for sharing information with CQC and other statutory agencies and records showed this was done in a timely manner.

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 7 November 2019) and there were breaches of regulation. The provider completed a monthly audit after the last inspection to update CQC on improvements. At this inspection we found not enough improvement had been made and the service remained in breach of regulation.

Why we inspected

Following the inspection 11 September 2019 we identified breaches of regulations. As a result we attached conditions to the provider's registration requiring a monthly report from the provider.

We undertook this focused inspection to check the provider was meeting their legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 corona virus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stour Road Care Home on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff recruitment, infection prevention and control and governance.

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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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 ●

WCN Care Stour Road Care Home Ltd

Detailed findings

Background to this 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 Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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 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

Stour Road care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager had not been in post since the 11 November 2020. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in the process of applying for their registration.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who use the service and 10 relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with manager, deputy, senior care workers, care workers, cook, administrators and housekeeper. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

We spoke with a community nurse who had experience of the service. We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe which meant an increased risk that people could be harmed.

At our last inspection the provider had failed to monitor and review actions in place to reduce risks to people in relation to malnutrition, dehydration, falls and skin integrity. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- Procedures in place to reduce the risk of avoidable infections had not always been followed. Cleaning schedules had been reviewed in response to risks associated with Covid-19 but had not always been carried out. Housekeeping staff had not been employed at weekends and records showed us this had led to cleaning schedules not being followed on a Saturday and Sunday. The manager told us "The home is non-compliant with infection, prevention and control (IPC)". They went on to say that housekeeping arrangements were being reviewed.
- Checks to ensure fire safety equipment was working correctly had not always been carried out. Checks had not been completed between March and October 2020. This included checks on fire extinguishers, fire panel, emergency lighting and fire drills. Checks had resumed in October 2020.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- Risks to people such as falls and skin integrity were assessed, monitored and reviewed regularly. Actions needed to minimise risks of avoidable harm were understood and followed by staff.
- People had their eating and drinking needs understood and met. Actions taken to support a person at risk of malnutrition included fortifying meals, prescribed food supplements, and guidance sought from GP's and dieticians. A family member explained, "(Relative) was refusing to eat so they got the mental health

behavioural team for additional support".

- People had personal emergency evacuation plans in place. These provided details about people that would assist staff and the emergency services if they needed to evacuate the building.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely and that testing was being accessed for people living at Stour Road and the staff team.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that had completed e-learning safeguarding training and understood how to recognise and report any concerns. Refresher face to face safeguarding training had begun. The manager explained, "The whole home are completing refresher training to prompt discussion".
- People and their families described the care as safe. One relative told us, "We are confident with the care". Another said, "We feel the care is safe and we are listened to". Safeguarding information was displayed around the home.
- People had their individuality and lifestyle choices respected. A community nurse told us, "(Staff) are non-judgemental about people's backgrounds and know residents quite well".

Staffing and recruitment

- Procedures in place to ensure safe recruitment of staff had not consistently been followed. All three of the recruitment files we reviewed did not contain all the required information to enable the provider to make safe recruitment decisions. This included reviewing and risk assessing information on criminal record checks, obtaining employment references and verifying gaps in employment history.

This is a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had commenced an audit of all staff files.

- People were supported by enough staff to meet their assessed needs. A relative told us, "There are enough staff, very much so, (name) demands assistance, and gets it'. Another said, "(Relative) gets the time (they) need, (they) get everything (they) need; (they're) fine". There are enough staff, very much so, she demands assistance, and gets it'.
- Staff meeting records showed us staffing levels had been discussed with the staff team and their views had been listened to and acted upon.

Using medicines safely

- People had their medicines ordered, stored, administered, recorded and disposed of safely by staff trained in medicine administration.
- When medicines had been administered covertly, records demonstrated legal requirements had been met and families and GP's involved, ensuring decisions were in the person's best interest.
- One person had medicines prescribed 'as and when required' for agitation. A medicine protocol was linked to their behavioural care plan detailing a range of other interventions prior to medicine being used. We observed staff successfully supporting the person in line with their behavioural plan. We spoke with a community nurse who told us, "Their non-pharmaceutical approach to behaviours that challenge is really positive".
- When people had topical creams a body map had been completed which detailed where each cream needed to be applied and how often.

Learning lessons when things go wrong

- Processes were in place to ensure that when things went wrong it was an opportunity to learn and improve outcomes for people. Examples included organising an alarm mat for a person who had fallen so that staff could attend quickly if they stood up.
- Records demonstrated safeguarding and complaints outcomes had been shared with staff and used as an opportunity to reflect on 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection governance processes had not been effective which placed people at risk of harm. This is 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 and the provider was still in breach of regulation 17.

- Governance processes had not been effective in protecting people from possible harm.
- The provider did not monitor their recruitment procedures. This meant staff recently employed did not have all of the required recruitment information to support safe recruitment decisions.
- The provider had a system to check fire procedures monthly. However, no checks of fire safety equipment had been carried out in March, April, May, June, July, August or September 2020.
- The provider did not monitor their infection, prevention and control procedures. This meant people were at risk of avoidable infections as cleaning schedules in place to protect people were not carried out every day.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were reviewing quality assurance processes and schedules.
- A registered manager had not been in post since the 11 November 2020. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in the process of applying for their registration.
- The manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to

their regulated services or incidents that have taken place in them.

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

- People and their families spoke positively about communication and felt both informed and involved. One person told us, "They ask permission, they asked certain things, such as appointments for treatment. We were surprised to be asked. They are keen to involve you; it's how a relative would want to be treated".
- Staff spoke positively about the new manager. One said, "(Name) is on the floor with the staff, really supportive, organising training". Another told us, "(Manager) is steering the ship in the right direction, she wants to make changes, it's so much calmer, it's getting there". A relative explained, "It's quite good the office is next to the day room. You can knock on the door, it's easy to see (manager)".

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. One person had been involved in an incident with another person. Their relative told us, "They explained what had happened. The follow up call was important, they could have not bothered but it finished the circle for me".

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

- Staff meetings had been held and used as an opportunity to update staff on training, provide feedback from audits and introduce new initiatives such as 'the 'Resident of the Day' scheme. Minutes recorded discussions on whistle-blowing and the manager's emphasis on having an open-door policy.
- Information was shared through a monthly newsletter that provided updates on staff and events at the home.
- Resident and family meetings had not taken place due to Covid-19 restrictions, but family told us they felt kept informed of changing requirements by email and calls. Families told us they felt listened to. One told us, "We have given feedback in conversations; we asked for more activities to be put into place for the residents. (Manager) is open to suggestions".

Working in partnership with others

- The manager worked with other organisations and professionals to ensure positive outcomes for people. This included organising a change of GP who was able to offer a more flexible service to people.
- National and local organisations had been accessed to keep up to date with changes to practise including Skills for Care, Public Health England and a social media group specifically providing learning and support to registered managers.

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 15 HSCA RA Regulations 2014 Premises and equipment Procedures to ensure premises were clean and equipment was in good working order had not been consistently followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Fit and proper person checks were not being consistently carried out.