

HC-One Oval Limited

Stadium Court 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stadium Court is a care home providing personal and nursing care to 83 people aged 65 and over at the time of inspection. The home can support up to 110 people across five separate units. At the time of inspection only three of the five units were in operation. One of the units open specialises in providing care to people living with dementia.

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

There was inconsistency across the three units, in relation to staff deployment which impacted on people's experience of living in the home and the amount of quality time staff had to spend with people.

People's equality and diversity was not routinely assessed or reviewed. We recommended the home reviews people's equality and diversity needs.

People's dining experience was not consistent across the units, we recommend that consideration be given to people's dining experience.

Activities for people were provided, however, these were not always meaningful for people. We were assured these were currently being developed to make them more meaningful for people and would take people's preferences into consideration. However, we did not see these plans had been made effective.

Medicines were being managed safely.

Systems were in place to ensure people were safeguarding from abuse, which included people's risks were monitored and staff were knowledgeable in ensuring people were protected. People told us they felt safe living in the home.

People had personalised care plans in place which were reviewed and updated and included their support needs. These plans supported staff with information to supporting people in the home which detailed people's preferences. People were supported with end of life wishes which were recorded.

People received enough food to meet their nutritional needs, however, improvements were needed to ensure people consistently had a positive experience throughout the home during meal times.

The service was in need for redecoration which had been recognised by the registered manager and the provider.

People knew how to make a complaint and complaints received were addressed in line with the providers policy.

The registered manager worked alongside the management team to continue to embed new ways of working and there were plans in place for the service to continue to develop. People and relatives spoke highly of the improvements that had been made thus far. A number of new systems to monitor and improve people's experience of receiving care had been introduced however, although they had the potential to address the shortfalls in the home they were in there infancy and required further development.

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 and update

The last rating for this service was requires improvement (published 03 September 2018) and there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through the information we receive. We will return to re-inspect in line with our inspection programme for requires improvement services.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Stadium Court Care 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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors, an assistant inspector, a medicines inspector and two Expert by Experiences. 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

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. We looked at the Provider Information Return (PIR). This is a document that the provider sends us telling us about key information about the service such as what it does well and any planned improvements they plan to make. We looked at notifications that we had received. A notification tells us about events that have taken place at the service such as serious injuries and deaths. We used this information to help us plan our inspection.

During the inspection

We spoke with 10 people who used the service and 10 relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, activity co-ordinators, a member of kitchen staff and the maintenance person. We observed staff members to assess how they supported people.

We reviewed a range of records. This included nine people's care records and multiple medication records including how they were stored and managed. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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, '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.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were being stored safely and we could not be sure people were receiving their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made so the provider was no longer in breach of regulation 12.

- Medicines were administered safely and at the time people needed them.
- Medicines were stored securely and kept at the correct temperature.
- Medicines audits were effective in improving the standard of medicines management.
- Staff administering medicines were appropriately trained and competent for this task.
- People received their medication as prescribed and people had pain management plans in place.

Staffing and recruitment

● People could not be assured that they would be consistently supported by effectively deployed staff. There was mixed feedback from staff, people and relatives across the three units. Staffing levels on Stafford Unit were reported as suitable. However, we received feedback that more staff were needed on Spode Unit and Wade Unit.

● For example; One person said, "If you press your buzzer [call bell] it can take ages, sometimes 15-20 minutes before anyone comes. Then they [staff] turn it off and tell you they will come back. Sometimes they come back quickly but often it is another 20-minute wait or they forget completely." A relative said, "The staff here are very nice and really try their best, but I hear buzzers going off for ages and I know they often just turn them off telling people they will come back." A staff member said, "We are short staffed most of the time. This delays the residents going to the toilet, having their breakfast and getting up."

● People's experience was found to be inconsistent because of the staffing levels. On the first day of inspection we observed staff becoming distracted when they were tending to people's needs. For example, whilst we spoke to one resident they pressed their call bell as they needed to use the toilet. Five minutes had passed until a staff member came into their room and switched it off stating they would be back. The person informed us they were suffering with a urine infection and it wasn't until a further 25 minutes had passed until the member of staff returned stating they would fetch the stand aid to support them. On leaving the room the staff member became distracted and did not return until another eight minutes had passed.

However, on the second day of inspection the experience was very different.

- People were left waiting for an extended period of time, as there were not always enough staff to serve people in a timely manner.
- People told us they did not get up or go to bed at their preferred time due to staffing pressures. The registered manager told us the home is currently working on collating people's preferences which will give them a clearer understanding.
- Staffing recruitment procedures ensured staff were subject to pre-employment checks to ensure they were suitable to work in a care setting. This included criminal records checks and references from previous employers.
- The registered manager told us for staff who had previous criminal convictions they [the registered manager] would interview the staff member and complete a risk assessment.
- The registered manager informed us they had recognised the need for additional staff to be placed on Wade unit as this was the larger unit of the three and actions had already commenced which had started by placing the deputy manager on that unit.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were observed using Personal Protective Equipment (PPE) to help reduce the risk of the spread of infection.
- The service employed housekeeping staff who were observed undertaking their cleaning duties throughout the inspection.
- The home was clean and odour free, however, some areas of the home were in need of improvement, for example some flooring in communal bathrooms areas was compromised, the covering to mobility bars attached to some toilets had worn off exposing the metal and handrails within the home was exposed wood where staff had taken it upon themselves to sand down in the attempt to aesthetically improve the home. This meant there was potential risk of cross infection, the provider was made aware and we were assured improvements would be considered.
- The home had recently undergone an infection prevention and control audit, the report highlighted areas of improvements throughout the home and an action plan had been devised which detailed where improvements were needed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living in the home as they felt secure. One person said, "I feel safe, I don't feel in any danger." A relative said, "I know [relative] is safe and looked after."
- Staff we spoke to understood their responsibilities to report safeguarding concerns and could identify different types of abuse and how to recognise it to help keep people safe. One staff member said, "I would always speak to the unit manager or the nurse in charge."
- Staff were aware of the whistleblowing procedure and stated they would feel comfortable using this should they feel the need to.
- Appropriate safeguarding referrals were made to the local safeguarding authority, as required, to help keep people safe.

Assessing risk, safety monitoring and management

- The service had systems in place to identify and mitigate people's risks, which were recorded in people's care plans. People's risk assessments were reviewed and changed to align with people's changing needs. For example, following a change in one person's mobility additional equipment was provided including the use of a hoist and two staff members to support them.
- People's risks were managed by staff that knew them well and staff could tell us of people's risks and the

actions they would take.

- People had individual evacuation plans in place, to ensure people were able to get out of the building in an emergency in a safe way.
- We observed radiators throughout the home were uncovered exposing pipes and many were missing thermostat covers, creating a potential injury should someone come into contact with them. We raised this with the registered manager and directors who said this would be addressed.

Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. For example, accidents and incidents were recorded and monitored to identify trends and actions were taken where necessary to reduce the likelihood of reoccurrence.
- The registered manager and deputy manager told lessons learnt were shared with staff who attend the daily flash meetings, this was then disseminated across all the units, so all staff were made aware during handover meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same, 'Good'.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had enough food to meet their dietary requirements. People told us they enjoyed the food and they were given choices. Comments we received included, "The food is good, you are not overloaded" and "The food is quite nice, and we do get choices." A relative said, "The food is excellent, [relative] is putting weight back on."
- People's dining experience varied on each of the units, one of the units had a very relaxed atmosphere with music playing and staff interacting whilst people were waiting for food. However, on another unit there was a lack of interaction with people and a lack of atmosphere. Some people were supported to eat by staff who did not interact with them.

We recommend the provider implements a system to monitor, assess and improve people's dining experience across all units.

- People had their dietary needs met, we saw these were detailed in their care plans and observed people receiving meals in line with their needs.
- There was lack of vegetarian options for people should this be their preference. However, the provider had already recognised this and told us this was going to become a more regular option and not just be part of a persons' diet plan.
- Staff were knowledgeable in regard to people's dietary needs. One staff member said, "Any changes to people's nutritional needs are discussed in the handovers."
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.

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

- The layout of the home allowed people to walk around freely. Each of the units were on one level and had wide corridors with grab rails to support people when moving around.
- Specialist adapted bathrooms provided easy access for people to bathe, although we did see one bathroom being used as storage and therefore, not accessible.
- On Stafford unit, where many people lived with dementia had signage to support them to orientate around the unit, including an area which was dedicated to items of memorabilia to promote memorable conversations.
- A unit manager told us of a person who liked to walk around the unit but had observed they started to

become disorientated which resulted in fatigue whilst looking for their room. To support this person the home put personalised signs up to aid navigation. We saw this practice was working well for them.

- The general décor of the home was run down, and staff took it upon themselves to try and improve the aesthetics. The registered manager understood this was an area of improvement and we were assured by the provider this was an area which would be addressed.

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

- People had their needs assessed and care plans were developed in line with their needs and choices.
- Care plans were reviewed to ensure they captured people's changing needs.
- People's care plans were audited to ensure they were up to date and reflective of their needs.
- People's care plans gave staff clear guidance on how to meet people's needs.
- We saw people were given choices, demonstrating people had control over their own needs and wishes.

Staff support: induction, training, skills and experience

- Staff received an induction prior to commencing their duties. One staff member said, "I was given information about the different units, I shadowed other staff and read the policies and procedures, read through the care plans and spent time with people."
- The registered manager used a training matrix as a mechanism to identify training staff had received and when updates were due.
- Staff stated they would benefit from more face to face training opposed to online training. The registered manager told us they were planning for more interactive training sessions with staff. One staff member said, "Overall, the training is sufficient. It is better now than what it was, this is down to the registered manager as they are on top of the training."
- We observed staff supporting people to transfer with the aid of equipment, such as a hoist. These practices were executed in a safe and dignified way for people.

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

- People had access to a wide range of health services, and referrals had been made to relevant professionals as and when required.
- We saw records of professional's visits, such as, GP's, Podiatrists, Chiropodists and Community Psychiatric Nurses (CPN).
- Staff we spoke to could tell us about people's health needs and outcomes, which indicated a consistent approach.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were being deprived of their liberty, applications had been made to the local authority to ensure this was being lawfully done.
- People had capacity assessments in place and staff actively sought people's consent when providing care.

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.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same, 'Requires Improvement'.

This meant people were did not always feel well-supported, care for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's experience of receiving care was variable and was negatively impacted upon by the availability of staff within the home.
- Whilst we observed some positive interactions between staff and people; staff were rushed in their interaction and this meant that people did not always feel valued.
- People's equality and diversity were not routinely assessed or reviewed. For example, one person spoke to us about their religious beliefs and how they would like to have the opportunity to continue to attend their local place of worship.
- Despite this some relatives spoke highly of the staff. Comments we received included, "I think they [staff] are nice I cannot fault them. I think they are kind", "Staff here are marvellous", and "The staff absolutely go above and beyond for my [relative] nothing is too much trouble for them. [Relatives] quality of life has done a total 360 since they have been here."

We recommend the provider reviews people's equality and diversity needs to ensure they are having all their needs met.

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

- People were encouraged to participate in decision making. For example, we observed people were given a choice of meals and were asked if they wanted to wear clothes protectors. However, the systems in place to gather and act upon peoples' preferences required further development and strengthening.
- People and relatives were given the opportunity to express their views through residents' meetings should they choose to. For example, we saw that one resident requested if the home could have clear beakers. The registered manager gave an explanation to why they had been unable to order them previously, but this had now been resolved and an order had gone in.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity upheld. One person said, "I like my own space and they [staff] do seem to respect that." A relative said, "I visit my [relative] and we go into their room in the afternoon and sit and talk in privacy, staff are very supportive of this and do not disturb us."
- We observed people being spoken to quietly and taking to private areas discreetly when needed.
- Staff understood the importance of respecting people's dignity and privacy. One staff member said, "It is things like, making sure you close the door when supporting with personal care, not fully undressing people,

covering them well when going to the bathroom through communal areas."

- People were encouraged to be independent. One person said, "They [staff] put everything into supporting me, they help me and have taught me to use my walking frame. I am now able to walk, when I came here a year ago I could not walk."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same, 'Requires Improvement'.

This meant people's needs were not always met.

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

- We saw people received inconsistent support with activities and meaningful occupation during the inspection. Staff told us they believed it could be much better. The registered manager had already recognised the home did not have a robust activity programme in place, they said, "It did not feel personalised" and informed us plans were in place to improve this area. These plans included, meeting with the wellbeing workers, consulting with people, bringing in a new activity programme and evaluating activities that take place to ensure they have met the desired outcome.
- Whilst the registered manager was aware that activities needed to improve and they were planning the implementation of a new activities programme we did not see these planned improvements had yet been made or implemented in practice. We will assess these plans during our next inspection.
- People were supported to maintain links with family and friends. We saw visitors coming and going throughout the day which meant relatives and friends were able to visit without any restrictions. Visitors had access to a hospitality area where they could help themselves to drinks and snacks.
- The home employed wellbeing workers to plan entertainment, activities and trips out for people. There were three wellbeing workers in place, however, one was currently undergoing their induction meaning there were only two who were supporting activities at the time of inspection.
- We observed one of the wellbeing workers knew people well and visited each of the units and was seen speaking to individual people and would deliver daily newspapers.
- Weekly activity planners were displayed on each of the units, however, there was not a daily activity which were specific to people's likes and preferences.
- On the day of the inspection we saw on one unit the activity planned was baking, however, this was changed to a singalong.

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

- People's care plans were person-centred and contained detailed information about their preferences and life history. This meant staff were able to tailor care around individuals needs and wishes.
- Staff we spoke to understood the importance of giving people choice and control, for example asking people if their preferred choice was to take a bath or shower. People confirmed they were given the option to choose.
- Staff stated they spoke to people and their relatives to support them in getting to know people.
- Staff were kept up to date with people's changing needs through daily handovers and a communications

book.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's communication needs were assessed and people were supported in line with their care plan. For example, one person needed staff to talk slowly, to maintain eye contact and to pause to allow the person to process what had been said.
- We were informed people had access to listening books should they choose to use them, and menus were available in pictorial format to support people to choose their preferred meal.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been investigated and responded to in line with the policy.
- People and relatives knew how to make complaints and told us they would were confident they could speak to anyone if they had a problem and they would feel listened to and changes would be made.

End of life care and support

- People who were nearing end of life were supported in a dignified and compassionate way and were given medicines to ensure people were comfortable and pain free.
- People had been involved in end of life conversations, and we saw these detailed in their care plans. One relative said, "We a helpful discussion about end of life care with the nursing staff and doctor. If I need to ask anything I know it will be answered. I am confident [relative] will be cared for if I am not there."
- The home worked alongside specialist palliative care services who supported the development of peoples' end of life plans.

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, '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.

Continuous learning and improving care

- Systems were not conducive to ensure that people received consistently good care.
- People and relatives told us of the improvement they felt the home had undergone since there had been a change in management. The registered manager was aware of areas that needed improvement and action plans were place however, it was recognised further improvements needed embedding.
- For example, the home had a system in place called 'resident of the day' which involved all departments speaking to people about their care needs, preferences, likes and dislike to establish if there had been any changes. This system was not effective, and people were not having their preference fully considered. The registered manager acknowledged this system was not effective or meaningful and had plans in place to improve this area. This had yet to be implemented.
- The home had daily flash meetings, discussing areas such as, housekeeping, catering and maintenance. We saw feedback was sought from departments and actions were noted.
- The registered manager would analyse accidents and incidents to identify if there are any trends. For example, they noted a person would tend to fall more when they acquired a urine infection, staff were more proactive. The registered manager said, "The moment they show any signs of infection, they are more prone to falls, therefore staff are to encourage them to use their walking frame."
- The registered manager told us how they carried out spot checks within the home, and some improvements had been made following these. However, these spot checks required further development and embedding into practice before we could be assured that they were working effectively and consistently.
- The provider recognised the need to support the registered manager and the development of the home. They had recently strengthened the support provided to the manager. This additional support had the potential to enable the manager to focus on implementing sustainable improvements and we will assess whether the strengthened governance arrangements within the home have been successful at improving people's experience of receiving during our next inspection.

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

- The senior management team demonstrated they understood the importance of promoting person-centred care.
- People and relatives felt able to approach the registered manager and management team. One relative

said, "The registered manager is very approachable. The unit manager keeps me informed if anything goes wrong."

- The registered manager was very active within the day to day running of the home and would carry out 'daily walkabouts' which looked at areas such as residents care and infection control.
- The registered manager told us how they were involved in serving Christmas lunch to residents. They said, "We had great reviews from residents and relatives, we wanted to make it feel like a special day in a restaurant."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted in line with duty of candour when things went wrong. People had received formal apologies where there had been problems with their care.

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

- The registered manager had systems in place for auditing the quality and safety of the home.
- The registered manager informed us other departments such as, the housekeeping department was responsible for checking pressure cushions and completes a check list and the deputy manager was responsible for conducting medicines audits. The registered manager would then complete a review of the audits before signing them off.
- There were extensive governance systems in place which meant the registered manager worked long hours to ensure everything was completed. The provider recognised this, and we were assured they would spend time with the registered manager supporting them to streamline systems.

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

- The home involved people and relatives with decisions within the home, this was done through residents and relatives' meetings and annual surveys.
- We saw relatives who attended these meetings were able to freely voice their opinion and actions were noted by the registered manager for improvement.
- The registered manager involved relatives in a dining experience audit which involved two of them being involved spending time on each of the units gaining peoples' thoughts regarding the dining experiences, critiquing the service.
- Relatives had been involved in the recruitment process of potential new employees. One relative said, "The manager is approachable. They try and get people involved. I've done reviews and a "ward round". I've been on an interview panel."
- There are plans in place to establish a volunteer programme within the home. There is currently a relative responsible for running the 'tuck shop' for residents.

Working in partnership with others

- The registered manager spoke highly of the support they received from the local safeguarding authority, stating they receive good guidance when needed.
- Local community links were lacking, and people were not supported to practice with their choice of faiths by attending their local and preferred place of worship.