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Stamford House Care Home

Inspection report

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Date of inspection visit:
25 January 2023
26 January 2023

Date of publication:
24 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stamford House Care Home is a residential care home providing accommodation for persons who require personal care for to up to 23 people. The service provides support to younger people, older people and people living with dementia. At the time of our inspection there were 15 people using the service. The care home accommodates people across 2 floors in 1 building.

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

Recruitment practices had improved, but we found historic gaps in employment which had not been addressed. We made a recommendation about this. Staffing levels had improved, and the service had addressed the issues from the last inspection in relation to medicines and safe medicine systems were in place. Environmentally, further improvements had been made and appropriate risk assessments were in place. People were safeguarded from risk of abuse. We found infection prevention control was being appropriately managed and people were supported to have visitors. The service was learning from incidents.

Care plans were much improved, though there was still some minor work needed. We made a recommendation about this. Food stocks were being appropriately managed, and people were supported to eat a balanced diet. Staff received regular supervisions and completed appropriate training. People were supported with their healthcare needs. Some adaptations had been made to the home; however, further work was needed to make it more dementia friendly. The registered managers were working on this. 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.

People were supported to express their views and were involved in planning their own care along with their relatives and staff. People were treated with dignity and respect and equality and diversity was being considered. Staff were caring and kind and people's confidential information was stored appropriately.

An activities coordinator had been recruited and activities in the home had improved. Records relating to person centred care were much improved and people were able to make everyday choices. No one in the service was at end of life at the time of our inspection. A complaints procedure was in place and both registered managers knew how to ensure information was made accessible to people.

Audit and oversight had greatly improved, although there were still some small areas in which this could be strengthened. We made a recommendation about this. Necessary referrals were being made and the registered managers spoke about being open and honest when things go wrong. Staff worked in partnership with various agencies to support people and staff meetings were taking place. Surveys had been sent out to people, their relatives and staff and the results had been analysed. The home had a positive culture and staff spoke positively about the changes the new registered manager had implemented.

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 19 November 2022) and there were breaches of regulation. 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 regulations.

At our last inspection we made recommendations about activities, appropriately reviewing food stocks and environmental risk assessments and at this inspection we noted improvements in these areas. At our last inspection we also made a recommendation about recruitment and some improvement had been made but there was still further work to do in this area.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

Recommendations

We have made recommendations in relation to recruitment, records relating to person centred care and governance.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stamford House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors (which included a medicines inspector).

Service and service type

Stamford House Care 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. Stamford House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 2 registered managers in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 25 January 2023 and ended on 26 January 2023. We visited the service on both days.

What we did before the inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 visiting professionals about their experience of the care provided. We spoke with 6 members of staff including the registered managers, the operations director, senior care worker, care worker and domestic staff. During the inspection, we visited both floors of the home and we reviewed a range of records. This included reviewing 3 people's care records in detail. During the inspection we also looked at 4 people's medicines records, storage of medicines and various medicines documentation. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider reviews their recruitment processes to ensure new applicants were recruited safely. The provider had made some improvements although further action was required.

- Recruitment practices had improved, but there were still some minor concerns. Both recruitment files viewed had historic gaps in employment which had not been addressed.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely.

- Interview notes were in place and necessary pre-employment checks had been conducted.
- Staffing levels had improved since the last inspection. Rotas showed shifts were adequately staffed based on the dependency tool used to calculate people's assessed needs.
- Staff comments included, "I feel the staffing is better than it was" and "I think it [staffing levels] has improved."

Using medicines safely

At our last inspection the provider had failed to demonstrate medicines were safely and effectively managed. This was a breach of regulation 12 (2) 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.

- Staff completed training and were assessed to ensure they administered medicines safely.
- Medicines were stored safely and securely. There was an accurate record of people's medicines in the home to help make sure medicines were given safely.
- Information to support staff to safely administer 'when required' medicines were in place and contained person centred information which detailed when to give the medicine to people.
- Topical patch applications and removals were documented and rotated. There were body maps and supporting information available to staff, so they knew where to apply topical preparations such as creams.

Assessing risk, safety monitoring and management

At our last inspection we made a recommendation the provider ensures that environmental risk assessments were regularly reviewed to ensure they contain the necessary most up to date information. The provider had made the necessary improvements.

- Environmentally the home continued to make improvements.
- Appropriate environmental risk assessments were in place, had been reviewed and contained necessary information.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns. Safeguarding concerns were being recorded and reported. Since the last inspection, there had been 1 referral to the local safeguarding team.
- Staff received safeguarding training and were able to provide examples of what they would report as a concern.
- People told us they felt safe. Comments included, "I feel safe living here. I know this area well. I feel safe as they make sure the right people get in the building" and "I feel safe, yes".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

Learning lessons when things go wrong

- We had noted an improvement around lessons learned. The registered manager was able to provide some examples of lessons learned relating to a recent fire drill and accidents and incidents. Additionally, staff meetings minutes detailed discussions around how to improve from previous issues. The provider would benefit from ensuring the information contains more detail.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of regulation 9 (1) 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 9.

- Peoples care plans had all been re written and put onto an electronic care planning system. We noted significant improvements in care records, however there were still some minor pieces of work to do to ensure daily notes and health specific care plans and risk assessments were as detailed as they should be.
- Preadmission documentation was not always in place. This was a historical issue and appropriate paperwork was in place to support this practice going forward.

We recommend the provider continues to review and update care plans to ensure they are as person centred as they should be and include all the necessary information.

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

At our last inspection we recommended the service regularly reviewed their stocks of food to ensure best practice guidelines were being followed. The provider had made improvements.

- Regular audits were being completed to ensure food was appropriately stored and was in date. The chef told us how they rotate new stock.
- People were supported to maintain a balanced diet. We observed the lunch time experience and we saw examples of people's specific dietary requirements and wishes being followed. Food was homemade, well presented, looked and smelled appetising.
- The home had a dedicated chef who was aware of people's dietary requirements. Food temperatures were being consistently checked and recorded before being presented to people.
- People told us they enjoyed their food. People told us, "I think it [the food] is lovely" and "Meals are alright, I get a choice. They would change what is offered if I don't like it."

Staff support: induction, training, skills and experience

- Staff were supported through supervisions and appraisals which were happening in line with the services policy.
- An induction programme was provided when staff first commenced employment to ensure they understood what was required within their role.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs and training compliance rates were high.
- Staff told us they felt supported in their role. One staff member told us, "Yes I do [feel supported], I think with the management and other carers, we work like a good team. If I have any concerns, I know I can go to [registered manager] with any problems."

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

- Staff supported people with their healthcare needs.
- People told us they got to see a Dr when they needed to. One person said, "Yes they sort that [seeing a Dr] quickly if I need it."
- The service worked with a variety of health and care professionals including the local authority safeguarding team, quality assurance team, community mental health liaison team, district nurses, GP, local hospice, podiatrist and adult social care.

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

- Some adaptations had been made to the home to meet the needs of the people living there. People's walking aids had been labelled with their names to make them easily recognisable.
- Appropriate signage around the home was in place, which helped promote people's awareness and independence. Further work could be made to make the home more dementia friendly, the registered manager was in the process of making these improvements.

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.

- People had necessary capacity assessments in place. The service had a policy to support best practice around MCA and DoLS and staff had completed MCA and DoLS training.
- DoLS referrals were being made. The registered manager had a DoLS tracker in place to ensure they were following up any necessary information.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Although no new surveys had been conducted since the last inspection, we found people were able to express their views through completing surveys or speaking with management. New annual surveys were due to be sent out in the coming months. We also saw some examples of one-to-one meetings with people, which allowed them to express their views.
- People and their relatives were involved in planning people's care.
- The service had accessed advocacy services, to help support people when needed.

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

- People were treated well, and their dignity was being respected. Staff completed training in privacy and dignity.
- We witnessed some caring interactions between staff and people throughout our inspection including during our observation of the lunch time experience.
- Equality and diversity needs were considered within a variety of policies.
- A general data protection policy was in place and people's personal information was being appropriately stored.
- People spoke positively about staff. Comments included, "I think they are excellent, they care" and "They [staff] treat me wonderfully".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the service ensured people were engaged in meaningful activities. The provider had made the necessary improvements.

- An activities coordinator had recently been recruited. The activities coordinator explained how they were getting to know people and were carrying out a variety of activities. They planned to support people to access the community and outdoor space more in the warmer months.
- People's comments included, "I don't take part in many [activities], though the new lady is very good. I would like to do some things in the garden, and I have spoken to them about that" and "Yes, I have plenty to do, I like the garden."
- Staff comments included, "Now yes [people have enough to do], since we got the activities person. It has got better. They all join in in activities most of the time" and "The residents have brightened up since the new activity coordinator has been in place. It's really nice to see".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care records had significantly improved and had become more person centred, though there was some minor improvement still to be made.
- People were able to make choices about their routines. People told us, "Yes I get up when I want to" and "I can shower when I want to, sleep as long as want. I can do what I want".
- Although no one was at end of life at the time of the inspection, staff had discussions with people around their end of life wishes. Care plans detailed these discussions where people had chosen to discuss this.
- The service had an end-of-life policy in place, which detailed the expectations around end-of-life care. Staff had completed end of life training.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

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.

- Both of the registered managers understood the need to ensure people were able to access information in a format suitable for them.
- The complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received.
- There was a complaints folder in place, though the registered manager told us there had been no complaints since the last inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 the provider had failed to assess and monitor the quality of the service. This was a breach of regulation 17(2) 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 17.

- The provider was able to show us some examples of how they have supported the registered managers since the last inspection.
- The new registered manager had shown how she had worked to improve care and make necessary changes since our last inspection.
- The new registered manager had implemented a number of audits which were more robust than previous audits. Though there was still a small amount of work to do to meet the recommendations in this report.
- The new registered manager created a weekly document to allow the provider a regular overview of the home. However, provider oversight needed to be increased to demonstrate appropriate oversight of management audits were taking place.

We recommend the provider looks to strengthen their governance systems to ensure adequate oversight is in place at senior management level.

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 managers were aware of their responsibility under the duty of candour and spoke about being open, honest and transparent when things go wrong.
- The registered managers reported accidents, incidents and concerns to the CQC and the local authority.
- Lessons learned were taking place and were being discussed with staff at meetings to prevent reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with the local authority, health professionals and various other agencies to

ensure people received appropriate support.

- Staff meetings were taking place and covered a variety of topics. Staff surveys had previously been completed, and analysed, most of the feedback was positive.
- Relatives were regularly kept up to date with telephone calls and during visits and relatives survey had been sent out in May 2022, the results had been analysed and responses were mostly positive.
- People who use the service had also completed surveys, which again were mostly positive and these results had been analysed.

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

- The registered managers promoted a positive open culture. A whistleblowing policy was in place and staff knew how to report poor practice.
- Feedback from staff and people about the management was positive. One staff member said "I think the new manager is a nice lady and she has done a lot of good. I think it has improved" and "There has been a lot of changes. The stuff that [the new registered manager] has implemented has made big improvements. We can see the changes, for example, the medication room is more organised, person-centred care has improved more as I feel that the night staff are not presuming people want to get up. For example [persons name] has settled into a better routine and is sleeping later. The mindset has changes to more person centred. The changes have improved the service for everyone".
- Staff told us they enjoyed their roles. One staff member told us, "Yes, it is [a good place to work]. I love the atmosphere."