

Umika Trading Ltd

Stafford Court

Inspection report

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Canvey Island
Essex
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13 May 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Stafford Court is a residential care home that provides personal and nursing care for up to 29 older people aged 65 and over. At the time of the inspection there were 16 people living at the service.

Though recruitment checks were completed for new staff, these were not as robust as they should be. Safety concerns relating to the service's fire arrangements required strengthening. Whilst medication practices were generally sound, improvements were required where people were asleep and required their prescribed medication to be administered.

The service understood staff required training to meet the needs of the people they supported. However, 'practical' training relating to manual handling was not up to date or in line with best practice. Improvements were required to ensure staff received a robust induction.

Effective safeguarding arrangements were in place to protect people from abuse and avoidable harm. Sufficient numbers of staff were available to meet people's needs in a timely manner. People were protected by the service's prevention and control of infection practices. There was evidence of lessons learned and improvements made when things go wrong.

People were supported to eat and drink enough throughout the day. There was a positive dining experience, with mealtimes not rushed and suitable to meet people's individual needs. People's healthcare needs were monitored to ensure they received ongoing healthcare support; and the service worked jointly with other organisations.

People were treated with care, kindness, respect and dignity, and spoke positively about the caring attitude of staff. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. People were involved in decisions about their care and staff made decisions in people's best interests.

We made a recommendation relating to recruitment practices.

Under previous ownership, the service was rated 'Inadequate'. The then registered provider made arrangements for the current registered provider to manage Stafford Court on their behalf from December 2018. They were formally registered with the Care Quality Commission in April 2019.

This was a planned inspection.

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Stafford Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses care services. In this instance, services for older people and people living with dementia.

Stafford Court 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.

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.

This inspection took place on the 9 and 13 May 2019 and was unannounced. This was the registered provider's first inspection since being formally registered with us in April 2019.

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service.

We observed the support provided throughout the service. We spoke with five people who used the service about their experience of the care provided and two relatives. We spoke with five members of staff, the project manager and the registered manager. We reviewed five people's care files and the manager's recruitment file. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint records.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Staffing and recruitment

- Staff recruitment practices were not operated in line with the registered provider's own procedures or with regulatory requirements.
- Some written references were received after staff commenced in post and did not always include references from the most recent employer.
- Where a person had been previously employed, the rationale of why that employment had ended was not routinely recorded.
- Though Disclosure and Barring Services [DBS] certificates were evident for staff newly employed to Stafford Court, three out of four were issued after the staff member commenced employment.

We recommend the registered manager and administrator familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- The dependency needs of people were assessed each month and this information was used to inform the service's staffing levels.
- The deployment of staff was appropriate and there were enough staff available to meet people's needs
- People's comments about staffing levels were positive. One person stated staff were responsive when they used their call alarm to summon staff assistance. They told us, "Here's my bell that I call them [staff] with, it's always here next to me in bed. I'll show you how quickly they [staff] come, I need a drink anyway." The person used their call alarm facility and almost immediately a member of staff knocked on the door and agreed to get the person a cup of coffee. The person further stated, "It's always like that, it's not just because you're with me, I never feel like staff are too busy, they don't rush me." A second person told us, "I think they [Stafford Court] have enough staff, I certainly don't feel they're too busy for me." Staff told us staffing levels were appropriate and much improved since our last inspection in November 2018.

Assessing risk, safety monitoring and management

- The registered provider did not ensure all environmental risks to people were mitigated for their safety and wellbeing. For example, not all doors were fitted with appropriate intumescent strips and cold smoke seals to ensure these could withstand a fire for between 30 minutes and one hour. We discussed this with the registered manager and arrangements were made to rectify the issue as soon as practicable.
- A Personal Emergency Evacuation Plan [PEEP] was completed for each person living at Stafford Court. This is a bespoke 'escape plan' for people who may not be able to reach a place of safety in the event of an emergency.

- Risks to people were identified by staff and the actions required to keep people safe were documented. This referred to people's manual handling needs, where they were at risk of falls, developing pressure ulcers or at risk of poor nutrition.

Using medicines safely

- An electronic medication management system had been introduced to the service since our last inspection in November 2018. The registered manager confirmed this had been initiated to help reduce medicine errors.
- Suitable arrangements were in place to ensure the proper and safe use of medicines. However, several entries on the Medication Administration Record [MAR] suggested not all people using the service received their prescribed medication as they were 'asleep'. No information was available to show staff had discussed this with the person's GP to see if this medication could be given at another time. This was brought to the registered manager's attention and they confirmed action would be taken to contact people's GP and to review the timings of medicines administered.
- Staff involved with the administration of people's medicine, received appropriate training and had their competence assessed at least annually.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person using the service told us, "They [staff] keep the place very clean, and they jump to it if somebody spills a drink, they [staff] clean it up in no time. They say, "We don't want any of you slipping over, do we?" They work very hard to keep us safe." One relative advised, "I wish my relative didn't need to be here, but I believe they're very safe here."
- No safeguarding concerns had been raised since our last inspection to the service in November 2018. The registered manager was aware of their responsibility to notify us of any allegations or incidents of abuse.
- Staff confirmed they would escalate concerns to a senior member of staff, the registered manager or external agencies, such as the Local Authority or Care Quality Commission. Staff had attained up-to-date safeguarding training.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.
- Staff had received infection control training.

Learning lessons when things go wrong

- Though there were still areas which required improvement as detailed within this report, the new registered provider and manager had addressed many of the concerns highlighted following the last inspection in November 2018. For example, most risks highlighted for people using the service had been addressed.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received online and 'face-to-face' mandatory training opportunities.
- Not all staff had completed 'practical' manual handling training and not all staff who provided this training, had completed a 'train the trainer' course in this subject. This meant they did not have subject matter expertise to deliver this training safely. Few staff had attained relevant training relating to people who could be anxious, distressed or behaved inappropriately towards others. This was despite some people living at Stafford Court being anxious and distressed. An additional training plan was in place for staff. This included additional training for staff, for example, managing people's inappropriate behaviours. The provider told us this would be completed within 12 months.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not begun or completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff told us they felt supported by the new management team and received regular formal supervision. The project manager confirmed staff supervision records were completed in a written and electronic format. However, although dates were recorded on the computer, an actual record of the discussions and topics held were not always completed and available.
- The project manager had not received supervision since commencing in post in December 2018 at Stafford Court.

Effective arrangements were not in place to ensure staff received key practical training or a robust induction. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed by the service prior to admission to ensure the service could meet these. The assessment was reviewed and included people's physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

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

- People's comments about the food were positive. One person told us that since the change of registered provider and manager at Stafford Court, the quality and choice of meals provided had improved

significantly. One person told us, "I've got stewed beef and dumplings today which I'm looking forward to. If I didn't want what is on the menu, they'd [chef] do me something else." Another person told us on both days of the inspection they had enjoyed their meal. People also confirmed staff closely monitored their fluid intake and were always reminding them to drink throughout the day.

- The dining experience for people was positive. People had access to enough food and drink and meals were nicely presented.
- People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom and at a time of their choosing. For example, one person did not want to eat their meal at lunchtime, this was provided to them later in the afternoon.
- People had alternatives to the menu, for example, on both days of inspection, one person did not want the planned meal of the day at lunchtime and opted for a bowl of porridge instead.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

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

- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. One relative told us, "They're [staff] quick to see if [relative's name] is poorly, and they'll call a GP out, they'd tell me also. The GP also visits weekly anyway, so things aren't left for too long." A person using the service told us they had recently had a routine optician's appointment and been referred to a specialist. Another person using the service told us, "If I was in pain I'd only have to tell them [staff], and they'd bring me some painkillers."
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- Stafford Court is a single storey building located within a residential area of Canvey Island. Above the premises are privately owned flats.
- There were enough communal areas for people to use and access. These consisted of a large lounge and dining room, a small quiet lounge and a conservatory. People had personalised rooms which supported their individual needs and preferences.
- The registered manager confirmed on-going refurbishment and decoration was planned for the service. However, since our last inspection to the service in November 2018, the entrance lobby, communal corridor and main lounge and dining room had been redecorated.
- The environment lacked appropriate signage for people living with dementia and did not comply with the Accessible Information Standard. The registered manager was aware of this and confirmed this would be addressed as part of the ongoing refurbishment programme to Stafford Court.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's comments about the quality of care were positive. Comments included, "They're [staff] marvellous here, they never rush me, they're always kind to me. The girls are lovely, they'd do anything for you, the night staff are very caring too." The same person stated they could become low in mood but staff came and sat with them to have a chat. A second person told us, "The staff are very nice, it always feels like they've got time for us, they'll notice if we're looking fed-up, or we've run out of drink." Another person stated, "I lark about with the girls and they never seem to mind. It's good to have a bit of fun. I'll admit it, I get irritable sometimes but they [staff] never get irritable back, they understand."
- Relatives confirmed they were happy with the care and support provided for their family member. Relatives confirmed since there had been a change of registered provider, care provided was much improved. One relative told us, "Most of the staff have been here for some time, so they understand my [relative], and they seem to genuinely care for them, they know how I like them cared for. Staff never make me feel unwelcome."
- People received kind, compassionate and person-centred care. People also had a good rapport and relationship with the staff who supported them. We overheard one person having their mobility needs met whilst in their bedroom. Staff were quick to reassure them during this process, particularly as the person's legs could be painful and they were anxious.
- People and staff were relaxed in each other's company and it was evident staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them. The registered manager confirmed no-one at the time of the inspection required specialist assistive technology.

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

- People were supported to express their views and to make decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through the completion of a questionnaire in March 2019. However, the number of responses completed and returned was poor. Where issues for improvement were raised, for example, in relation to the quality of meals provided, this had been addressed and the improvements made.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated and people were supported to wear items of jewellery.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, except at mealtimes, and they were always made to feel welcome.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since our last inspection to the service in November 2018, an electronic care planning system had been introduced.
- Though people had a care plan in place detailing their care and support needs, information recorded conflicted with the actual care provided. For example, one person's care plan detailed they were at risk of poor nutrition and required food 'little and often,' with fluids offered every 20 minutes. Records viewed over a five-day period suggested this was not happening.
- Improvements were required to ensure people living at Stafford Court were enabled and supported to follow their interests or encouraged to take part in social activities relevant to their interests and hobbies; and to access the local community.
- On the first day of inspection two people were supported to make a cake. One person who participated in this activity told us, "We've only made a plain Victoria Sandwich, but it was nice to do something." Other than this people were seated within the communal lounge with two people watching the television. People were not offered any opportunity to participate in meaningful activity or provided with entertainment. Most people were disengaged with their surroundings and had fallen asleep.
- On the second day of inspection, the activities coordinator provided one-to-one support to people in the morning and the service's maintenance person played several games of cards with one person. In the afternoon, the activities coordinator facilitated a game of bingo with three people.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues with the service. One person told us they had complained about a member of staff's attitude to the registered manager. They told us, "It was handled very well." Relatives told us they would not hesitate to discuss any concerns or worries with the management team or staff, particularly since the change of registered provider and manager. One relative told us, "I would be more likely to speak to the manager as I have more confidence in their ability to deal with any situation well."
- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. There was a low incidence of complaints and complaints logged were investigated and responded to in an open, transparent and timely manner.
- Compliments to capture the service's achievements were recorded within a well known external website. One comment recorded their relative was safe and since living at Stafford Court had a new lease of life and gained weight. The person's relative wrote, "I would recommend this home to all. You can see how much things have changed for the better."

End of life care and support

- Staff told us there were three people requiring end of life care. End of life care plans were in place for two

out of three people and described the care and support to be delivered.

- The registered manager and project manager was aware how to access local palliative care support and healthcare services as required.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; continuous learning and improving care

- Although quality assurance arrangements were in place, these had not identified the issues found during our inspection. Areas which required improvement related to the registered provider's recruitment practices and procedures, ensuring all risks to people's wellbeing and safety were addressed [service's fire arrangements] and discussions held with a person's GP to ensure people received their prescribed medication. Improvements were needed to ensure staff received practical manual handling and robust induction; and people had regular opportunities for social activities. These areas were not picked up by the registered provider's quality assurance arrangements.

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

- Arrangements were in place for gathering people's views of the service. As already stated the number of responses completed and returned was poor.
- People using the service and those acting on their behalf are invited to attend a monthly meeting to discuss any topics relating to Stafford Court. Though people choose not to attend, the registered manager has an 'open door' policy, whereby discussions can be held on a one-to-one basis.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss any topics, including areas for improvement or concern.

Effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection to the service in November 2018, whereby the service was rated 'Inadequate' and placed in 'Special Measures', a new provider was tasked with managing the service until they were formally registered with us in April 2019.
- People were complimentary about the new registered provider and manager. One person told us, "[Name of registered manager] is a good man, he's changed a lot of things for the better. It's definitely better here now, there's a better atmosphere, staff seem more relaxed." A second person told us, "It's got a lot better

over the last six months and since it's [Stafford Court] been sold. When it was under the old regime it all got a bit lax."

- A relative echoed what people told us and stated, "The previous manager spoke to me once in four years, they were very aloof. [Name of registered manager] speaks to me every time he sees me, he wouldn't just walk past ever. There's been a vast improvement since he took over. He's a lovely man, very accommodating. He seems genuinely interested in our views. Most of the staff have stayed on since the changes, I think that says a lot. I think people look happier now, that's residents and staff."
- Staff were positive about the improvements made by the registered provider and manager and about working at Stafford Court. Staff confirmed they were now supported to undertake their role, clear about their specific areas of responsibility and morale was much improved.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.
- The service was part of the PROSPER [Promoting Safer Provision of Care for Elderly Residents] project. This is an initiative run by Essex County Council to reduce preventable harm from falls, urinary tract infections and pressure ulcers for people in care homes. The incidence of falls, urinary tract infections and pressure ulcers was low and showed the service was working hard to keep admissions to hospital as low as possible.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Good governance Improvements were required to the service's quality assurance arrangements to ensure this was effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Effective arrangements were not in place to ensure staff received appropriate training, induction and supervision.