

Mr & Mrs J Fieldhouse

# Stella House Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 30 March 2015 and was unannounced.

Stella House is registered to provide accommodation and personal care for up to 40 people. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

However, a new manager had been in post since December 2014 and will take over as registered manager from the current manager once registered with the Care Quality Commission.

# Summary of findings

People who used the service told us they felt safe at Stella House and staff we spoke with recognised the signs of abuse and how to report this.

Risk assessments had been undertaken but these had not always been updated when a person's needs had changed which posed a risk of the provision of inappropriate care and risks not being managed.

Medication was administered appropriately and all staff who administered medication had received training and were competent to administer. However, we found the systems in place for storing, auditing and controlling the stock of medication was ineffective and out of date cream was found in one bedroom. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The home was very clean and carpets and flooring had been replaced as part of a refurbishment programme. However, there was a lack of paper towels in people's rooms which meant that care staff could not dry their hands after supporting people with personal care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Preventing and controlling the spread of infection.

All new staff have undergone a 12 week induction which included both theoretical and competency based elements which were signed off by a senior carer. Staff received regular supervision and an annual appraisal.

The registered manager demonstrated a good understanding and knowledge of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made six requests to the local authority. The care staff had not received specific training around capacity and did not demonstrate a good knowledge in this area.

People who used the service and staff told us the food was good and we observed people being offered second

helpings. Choice was offered at mealtimes but staff were not experienced in offering choice to people who could not understand what was on offer such as showing people the options on a plate.

The home had a monitoring sheet to note the food and drink intake of people at risk of malnutrition and dehydration. However, this had not been inputted fully for two people whose care we reviewed, which meant the home had no evidence of what these people had eaten or had to drink.

This demonstrated a failure to protect people from the risks of inadequate nutrition and dehydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff were very caring even commenting that one staff member comes in when they are on leave. We saw people's privacy and dignity were maintained throughout the day and staff spoke kindly when supporting people.

There was a good range of equipment to promote independence in daily living tasks such as seating and adapted cutlery and crockery.

Daily records were not completed fully and when they were completed were task focussed rather than person centred and outcome focussed. We found some records had only been completed once each day. We have made a recommendation about person centred care planning. The lack of recording in a person centred way demonstrated a failure to protect people against the risks of unsafe or inappropriate care because up to date and accurate records had not been maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of meaningful activities. We have made a recommendation about meaningful activities for people who live in care homes.

Audits were not up to date. Medication audits had not been done since October 2014 and care plan audits undertaken by the staff had not picked up the issues with

# Summary of findings

ineffective recording. The lack of recording in a person centred way demonstrated a failure to protect people against the risks of unsafe or inappropriate care because up to date and accurate records had not been maintained. This was a breach of Regulation 20 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe was not always safe

People told us they felt safe and staff we spoke with were able to recognise signs of abuse and what actions to take to report this.

Risks assessments were in place, but these had not always been updated to reflect the current needs of people using the service.

Medication was administered appropriately. However, the medication management system and the storage of medication was not effective.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

New staff were supported with a thorough induction and training programme which included both theoretical and practical elements.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). However, the care staff did not have up to date knowledge around capacity and DoLS.

The home had a good system in place for monitoring people who were at risk of poor nutrition and dehydration. However, the system was not being used leaving people at risk.

**Requires Improvement**



### Is the service caring?

The service was caring

Staff were helpful, polite and respectful with people who lived at the home.

Staff were respectful in their approach and were able to tell us how they maintained people's privacy and dignity.

There was a good range of equipment in place to promote people's independence in daily living activities.

**Good**



### Is the service responsive?

The service was not always responsive

There was a lack of meaningful activities on offer for people at the home.

Daily records did not evidence what care had been offered to the person during the day.

Regular meetings were held to obtain the views of residents and their relatives.

**Requires Improvement**



### Is the service well-led?

The service was not always well led.

**Requires Improvement**



# Summary of findings

Not all audits and governance arrangements were up to date which meant that issues had been missed and remained unresolved.

Regular staff meetings were held with staff at different grades to ensure staff are aware of what is expected of them and to support and encourage improvement.

# Stella House Residential Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 30 March 2015 and was unannounced. At the time of our inspection there were 37 people living at Stella House.

The team comprised of two adult social care inspectors and an expert by experience who had experience of using services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service including the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We

contacted the local authority commissioning and safeguarding teams. We also contacted Healthwatch to share information they might have received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with eight people using the service and five of their relatives. We spoke with seven members of staff including the manager, the registered manager, a team leader, two care staff, the cook, and a visiting community nurse.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe care and support in the dining area during teatime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We reviewed five care plans and daily logs and also reviewed the registered provider's records about the service.

# Is the service safe?

## Our findings

We asked people who used the service whether they felt safe at Stella House and we were told they did. One person told us “I feel safe here.” Another said “I definitely feel comfortable here. I do like the staff. They’re alright”. However, another person told us they thought people were coming into their room and using their toiletries.

We asked five relatives whether they felt their family member was safe. One relative told us “I’m very happy with how [my relative] is looked after. [My relative] is as safe as houses”. Another relative told us “We feel confident that [relative] is looked after”.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. One member of staff told us “I watched a video and then the team leader talked to me about safeguarding” They could describe the signs of abuse and how to report any concerns. We reviewed the home’s training matrix which indicated that all staff had received training in safeguarding vulnerable adults. Staff were also able to describe their response to whistleblowing and one member of staff told us they were confident that the management would act on their concerns but they would take this matter further if they felt management had not acted appropriately.

We saw risk assessments in the five care files we looked at. There were risk assessments for moving and handling, nutritional risk (MUST), falls, infection control, tissue viability and medication. In two of the files we looked at there was evidence that the risk assessments had been reviewed and updated. However, in one file, staff had not removed out of date information and not all the risk assessments were signed or dated. This posed the risk of staff following inaccurate risk reduction plans.

We noted that one of the people at the home had bruising to the nose and eye. On enquiry, staff told us they had fallen on the carpet. On examining the care plan and daily record we could not see the accident form but it was recorded in the accident book. The care plan contained a falls risk assessment which had been completed on admission four weeks previously and a prevention plan was in place which stated the person required supervision and a safe environment. However, following a fall soon after

admission, the care plan had not been updated to indicate additional action to reduce the likelihood of further falls. Consequently they had sustained their latest injury a week later.

The home had a significant problem with falls. The analysis for the last quarter showed there were 79 falls. We discussed falls prevention training with the manager and we were told that they had not implemented any specific training for staff. They did include information on slips and trips within the homes health and safety at work programme. This meant that staff only had a very basic awareness of what might cause an increase in falls within a care home setting.

We asked the manager and the registered manager how they determined the staffing levels and what the staffing arrangements were on a daily basis. We were told there were four care assistants on duty during the day and one team leader seven days a week. During the night there was one team leader and two care staff on duty. The manager worked Monday to Friday and there was on call system for management at the weekends.

The registered manager told us they used their clinical judgement to determine staffing levels based on dependency particularly if they were caring for people living with dementia or who were nearing the end of their life. During our inspection six of the 37 residents were cared for in bed, two people were nearing the end of their life and 11 people needed two care staff to support them. We observed staff were very busy during our inspection supporting people who lived there, the majority of whom had high care needs. We observed staff were busy meeting basic needs which meant there was a lack of time for staff to engage people who lived at Stella House with meaningful activities during the day.

We reviewed three staff recruitment files and found these contained applications forms, interview notes, references and Disclosure and Barring Service (DBS) checks. Which showed recruitment procedures had been followed for these members of staff. The registered manager told us, they were fully staffed and they did not use agency staff. They told us the existing team would cover for any absences and they could also use staff from one of their other homes. This showed the service had contingency plans in place to enable it to respond to changes in staff availability.

## Is the service safe?

We observed staff completing a scheduled medication round. There were two locked medication trolleys, which were stored in the lockable medication room. Peoples details were checked on the Medication Administration Record (MAR) charts and medicines were administered appropriately and on time, the records were completed by signing the MAR charts.

We noted an inconsistency in the recording of the drug fridge temperature and that it was consistently being recorded at 1.9°C rather than between 2-8°C. On examination the fridge could not be locked, it required defrosting and the lock was broken. There was no record of the fridge having been defrosted, and no indication was given by staff that the fridge needed repair or needed to be maintained at the correct temperature. There was no thermometer in the medication room to ensure that unrefrigerated medicines were kept at room temperature and no system for monitoring the temperature of the room. This posed a potential risk of medicines being stored at incorrect temperatures.

We found the audit of fridge temperature records from the previous quarter showed a significant number of missing temperature records, no record of defrosting and temperature recordings that were regularly below the recommended temperature levels.

We reviewed Stella House's Medicine Management Policy. This showed us Stella House were not meeting the requirements of their policy with reference to a locked fridge maintained and monitored daily between 2 to 8°, the temperature of the room where drugs are stored and what to do when the temperature of the fridge is out of range.

We noted discrepancies with the system for stock control and management of PRN medication and antibiotics. There was a lack of review dates and signatures for PRN medication and antibiotics were administered differently to the scheduled tablets. We pointed this out to the member of staff to report to the manager. We advised the manager that one person's ointment kept in their bedroom was out of date. We checked the Controlled Drugs used for pain relief and found that the records were in order, however we did not see a record of staff signatures or initials.

We were told by staff and the manager that staff who administered medication to people had received local training in medication management. According to the home's training record all staff that required medicines

management training were up to date. The home had recently transferred to a Bio Dose Service from a local pharmacy and therefore staff had recently received training in the new system.

We found the general cleanliness of the home was good and carpet and flooring had been replaced as part of a refurbishment programme. However there was a lack of paper towels in the bedrooms and where available they were under the sink cupboard. This meant that when care staff had attended to the personal needs of people who lived at the home, they were unable to comply with the good practice guidelines related to hand hygiene and the safe disposal of waste. The bins in toilets were not foot operated opening, but small swing lid bins. In those rooms where there were paper towels, we saw that they were stored inappropriately within cupboards and out of reach of care staff. Some personal protection and clinical supplies we also found stored inappropriately in peoples rooms in baskets on the floor alongside the toilet. Dispensed hand gel was available in some key areas but not readily available or accessible in all areas. For instance, in the food preparation part of the kitchen the soap and hand gel dispensers were empty.

However, we noted a small chest freezer, which we saw was not on the records. It was used to store bread. In addition, the two fridges did not have temperature gauges, one was found and replaced, but we were told that the other was broken and they were waiting for a replacement. There were no plastic aprons in the dispenser in the kitchen and the soap and gel dispensers were empty.

We also saw a number of large dried milk packets stored on the floor of the pantry. We were told that that was because they had been over stocked and there was "no place to put them". One was in use and open. During our inspection we ensured that this was removed and stored on the space on the shelves that was available. Storage of this number of powdered milk stock on the floor was a health and safety issue, as the packets could become contaminated but they were also a trip hazard. We noted that there was ample space in the store room to rearrange the shelving so that this was unnecessary even if they had been temporarily over supplied.

These examples demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(h)



## Is the service safe?

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Preventing and controlling the spread of infection as people were not protected from the risk of infection.

# Is the service effective?

## Our findings

All the staff we spoke with told us the food was very good and the home had a five star food hygiene rating and a Gold Award for their healthy diets and quality of the food they served. The home used local suppliers for fresh milk, meat and fresh vegetables. Specialist diets were recorded on the kitchen notice board. We also saw the sample four week menus which offered a good selection of choices for each meal. We saw drinks and snacks delivered to people who did not use the dining room. Food was well presented and people were offered second helpings. Staff we spoke with told us they encouraged people to drink throughout the day and ensured there was also jugs of juice available throughout the day.

We noted that a picture menu was displayed on the dining room wall; however it could not be viewed from all parts of the lounge. We observed one resident being offered Angel Delight as a pudding choice. They told the carer they did not want to eat an angel and when they told them it was like a mousse, they said "I don't want to eat a moose either". They did not show the person the different options in bowls to assist making their choice. This meant that although choice was being offered verbally, not all people who used the service were able to select from this method of choice.

There was a large dining room with places laid out for 24 people and assistive equipment and paper napkins were available for people to use. We saw 17 people used the dining room at lunchtime and two people ate their meal in the lounge. The kitchen staff monitored and recorded these peoples' dietary intake. We were told eight people were provided with trays for their rooms and the carers monitored and recorded their food and drink intake.

The home had a monitoring sheet to note what people at risk of malnutrition had eaten during the day, and this was monitored each week by an administrator who passed the information to the manager for review. However, we noted one person who was cared for in bed did not have a record in their room to indicate that they eaten breakfast although there was a record of what they had eaten and had to drink throughout the rest of the day. We mentioned this to the registered manager who told us the record had been taken

away with the previous week's records to be audited by the administrator. They said they would ensure that records were not removed prematurely to ensure there was no risk to the person requiring monitoring and assistance.

In a second person's care plan it was recorded they needed support to eat and drink and to have their nutritional status monitored. However, according to the records we examined in their room and in the dining room, they had received no food or drink during the day of our visit. When we enquired, the staff could not tell us what food or drink they had received. In addition when we accompanied the staff member to see this person in the dining room at tea time, they had been given some food but had been left alone with an inappropriately prepared plate of food and a bottle of fortified fluid. Consequently they were not eating or drinking the meal that had been given to them. We pointed this out to the care staff and to the manager.

These examples illustrated a failure to protect people from the risks of inadequate nutrition and dehydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider was unable to demonstrate they were meeting the nutritional and hydration requirements of the people who lived at Stella House.

We looked to see how new members of staff were supported in their role. The registered manager told us new staff completed a 12 week induction programme which included both theoretical and competency based elements which were signed off by a senior member of staff. They told us new staff shadowed other staff on shifts to gain practical experience. We asked staff about their experience of the induction and they confirmed they had both theoretical and practical training plus the team leader also discussed the needs of each person who used the service, with them. Staff told us they had four supervisions sessions each year and an annual appraisal. This showed us staff were supported in their role.

The registered manager told us they used an external training provider for staff training. They also utilised the local authority and NHS training programmes and they told us staff had been on these training programmes to learn how to support people living with dementia. They told us six members of staff were to attend training on caring for

## Is the service effective?

people who were at the end of their life. We looked at the training matrix for all staff and saw that staff had up to training in all the areas the home had highlighted as a mandatory requirement.

The registered manager demonstrated a good understanding and knowledge of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The manager had made six requests to the local authority for authorisations, had one authorised and were waiting for the outcome for the other five. This showed us the home understood its responsibilities to ensure people who lived at the home had appropriate safeguards in place.

The manager was awaiting training around MCA and DoLS which had been arranged at the time of our inspection. Staff had not received specific training about MCA and DoLS but the manager told us this had been included in the induction and refresher training on safeguarding vulnerable adults. The care staff we spoke with did not have an up to date knowledge around capacity or The Deprivation of Liberty Safeguards (DoLS) and when we raised this with the registered manager, they agreed to provide this training to ensure all staff were aware of the principles of the legislation and their responsibilities under the Act to protect the rights and freedoms of the people who lived at Stella House.

People were supported to keep appointments with hospitals and opticians, chiropodists GP's and community nurses visited regularly to see people when required.

# Is the service caring?

## Our findings

People told us they thought the staff were very caring. One person said “The staff are very good and so friendly. One even comes to visit me when she’s on leave.” We saw staff spoke respectfully with people and they knew the residents well. We observed that staff were very busy but did not rush with people who were confused or in need of support. Staff were helpful, polite and respectful with people who lived at the home. One member of staff told us they treated people how they wanted to be treated themselves.

During our inspection we saw evidence of staff reassuring a person who used the service, who was having a choking episode. The member of staff was with another person at the time and politely excused themselves, sought assistance from another staff member and resolved the issue offering reassurance and comfort to the person who had been choking.

Staff told us the home was very friendly, like a family. One said they loved working at Stella House and it was so caring whilst another one said it was hard work but care was good. We spoke to a visiting professional who told us they had no concerns about the home and that all staff were very helpful. Staff received handovers regularly during the day and key workers were encouraged to contribute to care plans to ensure effective communication and information sharing

Throughout the day we saw people’s privacy and dignity was maintained. One member of staff told us how they

ensured people’s dignity and privacy. They said “I ensure doors are closed, and locked. I place a towel over the person and I provide care section by section. I wouldn’t like it if I was exposed. I also tell them who I am and what I am going to do before I start.” However, we noted that the music playing in peoples’ rooms was not always appropriate. This was raised with the manager during our inspection.

We asked about equality and diversity and how people were supported in relation to their religious and social need. We were told that the local clergy visited people in the home regularly and family members supported people to maintain people’s cultural needs. We also asked the manager whether any of the people who lived at Stella House were supported by an advocate. They were unable to advise us of the situation regarding advocacy at the time. They told us they would investigate this to ensure that those people without a voice would be supported whilst they lived at Stella House.

We saw there was a good range of equipment to promote independence from bed rails to assist transfers in and out of bed, toileting equipment to promote independent toileting and adapted cutlery, plate guards and cups to enable people who used the service to feed themselves. The registered manager told us that people who used the service were encouraged to mobilise as much as possible and this included encouraging people to walk to the dining room for meals.

# Is the service responsive?

## Our findings

We examined the care plans and daily records of five people. Personal details were recorded with a photograph of the person as well as the named key worker and allergy status. All Do Not Attempt CPR (DNACPR) forms we reviewed were original and stored in the front of the folders. Each care plan included a personal agreement form which included a general consent for care and treatment. A general summary of medical and social history was followed by detailed care plans that cover 12 aspects of personal care, risk assessments, and specialist inputs as well as evaluations.

The twelve aspects of care in the main section was completed well with detail of the person's needs and preferences. The review of need continued on from this section and we saw regular reviews had been completed. However, as the review and assessment were not recorded in separate sections, if people's needs had changed, it was not easily evident. As they were not separated, the main section could not be updated if the review showed a change in the person's needs. For example, one person's records stated they did not use a wheelchair, but at review the person needed two carers and a wheelchair to mobilise. We also saw three moving and handling care plans in one file as staff had not removed the older information which posed a risk of the incorrect plan being followed.

In each of the care records we reviewed we found minimal information about people's life history. We saw incomplete "This is me" documentation in two of the care files we reviewed. 'This is me' is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. We asked the registered manager about this documentation. They told us they struggled to get families involved with the compiling of these documents but that staff spent time with people to build up their life stories which is recorded in the appropriate sections in the care plans

The daily logs we reviewed did not demonstrate that choice had been offered and were often only completed once a day. For example, in one person's daily log we looked at, on the 28 March 2015 the only entry stated the person 'has slept well.' The next day's daily records reported 'very sleepy this morning'. These records did not evidence person centred care nor what care had been

undertaken that day. However, all the care we observed during our inspection was person centred and staff were offering choice to people they were supporting during the day.

We could not see from the daily records when or how people were making choices about their personal care delivery and the care plans were not specific. For example in relation to receiving personal care such as bathing, we could see no evidence in the care plans that people had been offered this option. The home had one shower, which was not in use at the time of our inspection and two adapted baths which meant that not everyone could have a bath or shower daily from choice. We examined the homes weekly lists of people who had taken a bath. We could see no specific pattern in the dates, there were no times recorded for when these would have been planned. Most people were bathed every fortnight and we were told that one person refused to be bathed but their name was on the list and no record of this preference was obvious. To ensure that care is person centred, we recommend that the service seek advice and guidance from a reputable source, on documentation to ensure staff know what matters to people and that people are receiving care that is centred on them as an individual.

The lack of recording in a person centred way demonstrated a failure to protect people against the risks of unsafe or inappropriate care because up to date and accurate records had not been maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us one of the care staff acted as activities coordinator for 24 hours a week and the largest of the three communal lounges was utilised as the activities room although staff told us people normally undertook their activities in the two smaller lounges. We also saw a list of activities posted on the door of the smaller lounge and in people's bedrooms. The home had celebrated its 25th anniversary the week before our inspection and there had been a singer and celebrations during the day. We saw photographs of these celebrations and people who lived at the home and staff were observed to be enjoying themselves.

The recording of activities people had undertaken was inconsistent, which gave the appearance that not many

## Is the service responsive?

people were taking part in activities. However, we did see in one person's care file, staff had recorded they had taken part in skittles and beanbag throwing on 13 March 2015 and bowling on 14 March 2015. Their view of the activity was recorded in the activities section which asked if they enjoyed the activity and whether they would like to do it again. This showed us they had sought the view of the person undertaking the activity with a view to tailoring activities which were meaningful to the person. However, no further activities were recorded for the following two weeks up to our inspection on 30 March 2015.

Five people had played dominoes during the afternoon of our inspection. Other people were in the lounge or their rooms with their televisions and radio's on and we observed very little meaningful activities taking place. One person told us "I don't go downstairs. There's nowt to do and everyone's just asleep, so I stay up here and watch telly mostly". We did raise the lack of meaningful activities with the registered manager, and suggested people could help with some of the household tasks, if that had been identified as meaningful to the person. They told us they had in the past involved people in day to day activities but they were no longer able to take part in these activities. We recommend that the service seek advice and guidance from a reputable source on meaningful activities for people living in care homes.

We looked at the minutes of the latest residents meeting which was held on 25 March 2015 and attended by 11 residents and three members of staff. An agenda item had been activities. Residents had been asked what activities they would like to do. Various ideas were recorded from the people who used the service ranging from trips out to the purchase of a mini indoor golf set and knitting and sewing activities. Laundry was also discussed and one person who used the service requested that a crease was ironed into their trousers. The minutes recorded that they would pass this information to the laundry staff to ensure they complied with this choice. People who used the service also stated that there was not enough choice at tea time and preferences for alternatives were expressed. We were assured that actions would be implemented from this latest meeting

In the audit of complaints we saw that there had been one formal complaint during the last year. We received a copy of the complaints policy which staff understood. All staff felt confident that managers would deal with any complaint that they or a person who lived at the home might make.

# Is the service well-led?

## Our findings

At the time of our inspection the previous manager was still registered with the Care Quality Commission. The current manager was in the process of registration. The registered manager told us they were supporting the current manager daily by telephone and were always on call should they be needed. The registered manager was currently managing one of the provider's other newly acquired homes.

The manager had been in post for three months at the time of our inspection and told us they did not have care home management experience or care home manager qualifications but had registered to undertake an NVQ 5 management course at the local college. The manager shadowed the registered manager for six weeks induction before the registered manager moved to the registered providers other home. The manager had not yet built up a good knowledge of the daily practice or an overview of the service and was dependent on the registered manager to provide the inspection team with the information they required. The manager's office was outside the main building accessed through the car port and open plan with other admin staff. This meant in addition to the difficulty in maintaining confidentiality during discussions, the manager was not in the main building when undertaking managerial administration tasks.

Staff we spoke with told us the culture in the home was open and transparent and they felt they could go to the manager and registered manager with any concerns. The manager told us their vision was to have a happy home, where care is person centred and residents come first and are happy. Staff we spoke with told us they worked well as a team and supported each other. The home held regular staff meetings and management meetings to ensure that staff knew what was expected of them.

We saw the home had up to date and detailed policies and procedures in place. These were regularly reviewed and updated. We reviewed the homes policies on MCA, DoLS, safeguarding, infection control, emergency contingency plan, sickness and absenteeism, and recruitment policy. However, we observed during our inspection that staff were not complying with their own infection control and policy requirements relating to hand washing facilities in each bedroom.

We inspected the modern and appropriately laid out kitchen premises and examined the records which showed that all kitchen audits were in order. We saw a list of monthly audits for documentation and care plans, medication, accidents and incidents, equipment, cleaning, infection control and environment. The registered provider's care plan audit showed that all the audited files were in order. However, the care plan audit had not picked up on the incomplete and out of date information contained in the care plans we had reviewed which showed us the audit was not effective. We reviewed the homes medication audits and noted the last audit was in October 14. The manager had recorded there were stock control errors for anti-depressive drugs in November 2014. The manager told us the outcome of the investigation but this was not recorded against the error which gave the appearance that no actions had been undertaken following this error.

These examples show that there were not effective systems in place for assessing, monitoring and mitigating risks relating to health, safety and welfare of people using the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We also noted that in two of the communal toilets, call bells had been tied up and were out of reach of the toilet. We raised this issue with the manager, but no explanation could be provided as to why they were not accessible and this information had not been acted on by the end of our inspection. We also noted the seat on one of the bath hoists was cracked and needed replacing to prevent an injury to people using the bath lift. The bath hoist had been serviced but this issue had not been picked up. The window restrainers were not of the type recommended by the local authority to be fitted in care homes. These examples showed that although there are checks in place, they are not picking up on potential hazards to people who used the service.

These examples demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## Is the service well-led?

The home had the benefit from an all call handyperson for all maintenance issues to be resolved quickly. The home was well maintained and all the required maintenance checks were up to date. These included LOLER (Lifting Operations and Lifting Equipment Regulations 1998) testing of the hoists and slings, PAT (Portable appliance testing) of electrical equipment, Fire alarm checks, and maintenance of the lifts

The home sent out questionnaires throughout 2014 to relatives and people who used the service both on a long term and respite basis. They had a 55 % response rate to these questionnaires which asked for feedback on the service provided relating to professionalism of the staff, staff availability, standard care delivery, cleanliness of the home, food standard, involvement in care and complaints

results. The home compiled an annual quality assurance report in January 2015 and reported that the feedback from the questionnaires demonstrated that most people who used the service and their relatives rated the quality of care provided as excellent and good., The home was achieving its aim of providing a homely, caring environment with a team of staff who strive to provide excellent care. Some comments included “Really happy with the quality of care received by my mother” and “we are confident that any concerns that the Stella Team have will be appropriately communicated and discussed with us.” We saw comments and suggestions made and the proposed actions which showed us the registered provider was acting on suggestions to improve the service.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation</p> <p>17 HSCA (RA) Regulations 2014 Good governance.</p> <p>17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality and safety had not been assessed, monitored or improved.</p> <p>17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks had not been adequately assessed, monitored and mitigated.</p> <p>17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accurate, contemporaneous records had not been kept.</p> <p>17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Evaluate and improve practice.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs</p> <p>This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to meet nutritional needs and hydration needs.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Preventing and controlling the spread of infection.