

# Stowcare Limited

# Chilton Court

## Inspection report

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### 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 |  |

### Overall summary

This was an unannounced inspection carried out on 15 December 2014.

The service is registered to provide care and support, not nursing for up to 47 older people.

The service has a registered manager. 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.

The people we spoke with who used the service informed us that they felt safe. This was also confirmed by their relatives and friends. Appropriate notifications were made by the service where any potential safeguarding matters had been raised. The staff had received training in the safeguarding of vulnerable adults. From our discussions with them they were clear about their roles and responsibilities and how to report a safeguarding matter.

# Summary of findings

There were risk assessments in people's care plans in order to recognise and minimise risk, while supporting people to lead the lifestyle of their choice.

There were sufficient staff on duty to care for people who used the service. Relatives and friends of people who used the service and the staff told us, they found the management and provider approachable and could speak to them if they ever needed to do so or had concerns.

We found that the service had a robust recruitment procedure in place. All the appropriate documentation was checked prior to an appointment being made. This helped to ensure that only people suitable to work with vulnerable adults were employed.

The medication was stored safely, there was a policy and procedure in operation and the service had systems in place to identify medication errors and took appropriate as required to rectify.

People who used the service told us that they knew the staff well. They told us they could express their views to the registered manager or deputy. They also knew the provider and were content with the frequency and actions taken as a result of residents meetings.

The registered manager had received training and they understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards

(DoLS) which meant they were working with the law to support people who may lack capacity to make their own decisions. The service had a plan in place for all staff to receive training in this subject in 2015.

People had access to healthcare professionals including their own GP, dentists and opticians.

The people we spoke with complimented the choice and quality of the meals provided. People told us they were treated with dignity and respect, which we observed throughout our visit.

People told us they could raise complaints and believed they would be listened to and any matters raised resolved. They also considered the service was well run by experienced managers and staff. They also thought the provider of the service was approachable and kind.

The staff told us that they were supported through training, supervision and an appraisal system. The registered manager informed us that the service was actively recruiting for staff to cover vacancies. They were appreciative of the existing staff to cover the vacancies so that there enough staff on duty to provide care to people who used the service.

There were quality monitoring systems in place to seek the views of people who lived at the service. This information was shared with people who lived at the service and the information was acted upon. Audits were carried out in order that the registered manager and provider could evaluate the service and make improvements.

# 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

Staff received training in safeguarding vulnerable adults and there was a clear policy and procedure to be followed should the need arise.

There was a recruitment policy and procedure which was followed regarding taking up references and checking with the Disclosure and Barring Service that staff were suitable prior to appointments being made.

There were enough staff on duty to provide the assessed support to people who used the service.

Good



### Is the service effective?

The service was effective

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had worked with the local authority appropriately.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs.

People were provided with a choice of nutritious food. We were told their likes and dislikes had been taken into account when menus were planned.

Good



### Is the service caring?

The service was caring

People were well cared for and we saw examples of staff providing care with sensitivity and dignity.

Staff were knowledgeable about the people who lived at the service.

Staff treated people with dignity using their chosen names and we saw people knock upon people's doors and waited to be asked to enter.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to make decisions about how they chose to live their chosen life-style.

There were systems in place to receive and resolve complaints and record compliments.

Good



### Is the service well-led?

The service was well-led.

The service was well managed. The registered manager and provider were accessible.

The service had quality monitoring systems in place to monitor and improve the service.

The service had an on-call system in operation when the registered manager was not on duty to support staff with any matters that may arise.

Good



# Chilton Court

## 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 15 December 2014 and was unannounced.

The inspection was carried out by 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 this type of care service. They were skilled and knowledgeable in the field of dementia.

Before we visited the service, we asked the provider to complete a Provider Information Return, (PIR), which they did. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information that we held about the service and the provider. No concerns had been raised.

During our inspection we observed how the staff supported people who used the service. We spoke with nine people who used the service and three relatives. We interviewed the registered manager and spoke with the provider and three members of the care staff. We reviewed five care plans, the staff rota, recruitment policy, medication records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe. One person informed us, “I feel safe here because the staff are kind and they know me.”

We spoke with staff about their understanding and how they kept people who used the service safe. Staff told us that they would discuss any concerns with the registered manager or person in charge of the service at the time. They were all aware that they could inform the Local Authority themselves, if they thought it was appropriate to do so. The staff informed us and this was confirmed from the training records, that they had received training in the safeguarding of vulnerable adults. All staff also informed us about whistle-blowing and said they would not hesitate to whistle-blow if the situation ever arose.

The service had appropriate policies and procedures in place to help safeguard people. These were reviewed regularly. Safeguarding incidents had been correctly reported to the Care Quality Commission and Local Authority. The service had worked with the Local Authority to resolve safeguarding matters. This demonstrated that the service viewed safeguarding matters seriously and ensured they were acted upon promptly to keep people safe.

Risks to people were managed appropriately. One person told us. “When my care plan is looked at or reviewed, we talk about risks and discuss any changes.” Staff told us that they completed assessments for each person at the service to ensure they were safe whilst supporting them. We looked at five care records and saw that in each, a risk assessment and supporting plan had been written. The risk assessments included manual handling, prevention of falls and actions to be taken in an emergency.

One person informed us that there were enough staff on duty to meet their needs. Three people who used the service thought that the staff could sometimes do with some more support on occasions in the form of additional staff but not every shift. One person said. “They felt the service was quite pushed at times especially during the night.” Two relatives told us that they thought there were sufficient staff on duty whenever they visited as did a visiting professional who regularly came to the service. Two

people who used the service thought there sufficient numbers of staff on duty. One person said. “The staff worked hard and work together, I think there are enough of them. A visit to the service informed us, they had visited the service regularly and for a long length of time, the staff were busy but there were enough staff to meet people’s needs. A relative informed us. “There is always plenty of staff around, they are busy but I never hear call bells ringing for any length of time.”

We spoke with the manager who told us they calculated the number of staff required for both day and night duty depending upon peoples individual needs. They explained that staffing levels were higher during the day as people’s dependencies were higher.

The manager explained how staff were recruited to the service. The successful candidate from the interview process would be given a probationary contract for their induction period. The appointment would be confirmed in writing should they successfully pass the induction period. We looked at the recruitment policy for employing staff. This included taking up written references, satisfactory Disclosure and Barring Service (DBS) clearance and proof of identity. This helped to ensure that the staff were suitable to work with the people who used the service.

People were happy with the way their medication was managed. One person said. “The deputy manager is meticulous with the drugs. The service had trained senior staff and had systems in place to manage the administration of medication to people who used the service. We looked at the medication records for twelve people. We saw from the medication administration records (MAR) that people were receiving their medicines as prescribed by their Doctor. The medicines were stored appropriately and the service carried out regular audits to ensure that medicines were administered appropriately and the quantities of medicines were in balance with the records. We observed a medication round and found that people received their medication at the correct time. The temperature of the medicine room and medicines fridge were checked daily to see if they were within the acceptable limits. We saw the controlled drug book had a dual signature for each medicine given as per the medication policy.

# Is the service effective?

## Our findings

The service had an induction procedure for all new staff and a training plan. Training was recorded when staff had received each training session. Subjects included dementia training, food hygiene, health and safety and fire. The manager told us that if people missed training sessions, this would be discussed in supervision and a new training date provided. Staff informed us that they had regular supervision with a senior member of staff and an appraisal each year. We saw that the service had a policy and procedure for supervision and staff appraisal. A member of staff told us that because of the support they had received they had been encouraged and intended studying in the future to develop their caring skills.

The manager and provider we spoke with understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals regarding the (MCA) and had worked with the Local Authority appropriately. The service had plans to deliver training in (MCA) and (DoLS) to the entire staff team in 2015. The manager had addressed this issue with staff at staff meetings, so that they had some knowledge prior to the arranged training sessions.

One person told us. "The manager asked me to sign a consent form, this was so that some people could read my care plan, very good idea, so that important people know what they need to know." The manager told us the service sought peoples consent, firstly by having a discussion about consent prior to them coming to the service. We saw in the care plan that consent for people to read the care plan had been sought and the person had signed to given permission. We also saw that consent for staff members to enter people's rooms to clean should they not be present were also recorded. This included consent to their medication being given. We observed staff explaining people's medicines to them at lunch time and asking if they required any medicines for aches and pains.

The manager also told us about how the service supported people with their choices as well as gaining consent. Some people who used the service were able to make choices and decisions about all the aspects of their daily live. One person told us. "Sometimes I have meals in the dining

room for company while others I have it here in my room, depends how I feel." A relative told us. "I have explained to the staff how [relative], lived their life and the staff use that as a blue print to follow."

People were supported to have sufficient to eat and drink. One person told us. "I always enjoy the potatoes, beautifully cooked. Each person we spoke with spoke highly about the food and the catering team. One person said. "The food is truly lovely." One person informed us "The food is good and there is always plenty of choice" Another person said "There are lots of homemade cakes and sponges." Another person informed us that the service always made a birthday when it was someone's birthday. Water and squashes were available for people to drink and the service planned how it supported people to have meals in their rooms if this was their choice.

We saw staff providing a choice to people regarding their meals. The menu was clearly displayed with a choice of main meals and deserts. Some people asked the staff about the meals available and one person did not find anything appetising. The staff worked with the person to find them an alternative meal. The meals provided were presented and nourishing.

The staff we spoke with were knowledgeable about people's choices and said that should someone's diet become a concern this would be noted in the daily notes and care plan altered as required. This would include weighing the person more regularly, discussing the situation with them and look at alternative foods. The staff were aware that people with dementia may struggle to concentrate to eat a full meal. Hence they would support them or ensure that they had snacks to eat between meals times.

People were supported to maintain good health. One person told us. "I am weighed each month to keep a check on things." We saw staff providing a choice to people regarding their meals. The menu was clearly displayed with a choice of main meals and deserts. Some people asked the staff about the meals available and one person did not find anything appetising. The staff worked with the person to find them an alternative meal. The meals provided were presented and nourishing.

We spoke with a visiting professional during our inspection. They informed us that they visited the service regularly and found it was well organised and the staff were helpful and

## Is the service effective?

supportive to them. We saw from the care records that each person had their own Doctor and arrangements were in place for access to dentists and opticians. We noted that there was a section in the care plan for the visiting professional to record their comments regarding the support and care they had provided to the person who used the service. This meant that the care records were organised and all visiting professionals and staff of the service could easily find the latest information they

required to care for the person who used the service. Two people told us that they were able to arrange to see the Doctor and Dentist as they wished and made their own appointments. They informed the staff of these meetings and their outcomes so that the information would be recorded in their care plan. They were also aware that friends living at the service with them had arrangements made for them by the staff.



# Is the service caring?

## Our findings

A relative informed us. "I think the care is excellent." One person who used the service said. "The staff are nice, but do not have time to stop and chat." Another person said. "The staff do a wonderful job, I can't fault them."

The manager informed us that staff were supported to speak with people as they provided care and there were times at less busy times such as coffee and tea time in the mid-morning when staff had time to chat with people. This was confirmed by three staff members we spoke with and three people who used the service. We observed staff talking with people who used the service at meal times and coffee times.

People told us that their views were listened to. We saw the minutes of the residents meeting of 12 November 2014. People confirmed with us that they had attended, the meeting was conducted in a friendly supportive atmosphere and the minutes were correct. One person told us that they thought the provider was open to suggestions and that they had found the service responsive when making suggestions to them.

People were involved in making decision about their care and treatment. One person said. "They ask me a lot of questions about what I wanted to do and what was my usual day, time to get up and time to go to bed. I usually get up at the same time but going to bed depends upon what is going on, so we agreed to record flexible."

Five people we spoke with were aware of their care plans. We spoke with the manager who informed us that people were asked to sign their care review which was carried out every six months. They were not asked to sign the record of monthly reviews carried out by the staff. They also said people were welcome to see their care plans at any time and importance was placed upon the writing the plan when people joined the service, based upon the assessment of the person's needs. We saw that people who used the service had signed the care plan constructed from the original assessment.

Staff treated people with dignity using their chosen names and we saw people knock upon people's doors and waited to be asked to enter. People's privacy was protected as staff

ensured that doors were closed and curtains drawn before they provided personal care. During our inspection we found the atmosphere of the service was calm and peaceful throughout the lounges and dining area. One person told us how the staff helped them to dress and was impressed with the way the service looked after their clothes. A relative informed us that the service kept in regular contact with them and advised of when new clothing was required. They said. "My [relative] always looks smart".

We observed staff treating people with respect and were understanding to their needs. At lunchtime, we saw a member of staff supporting a person who was not sure what was happening with regard to the windows being cleaned. The person who used the service clearly felt supported by the re-assurance given by a member of staff from their manner and non-verbal communication.

We saw from the care records that the service had consulted people about their choice and followed the care plan with regard to when people got up and chose to go to bed. The daily notes within the care plans confirmed that people's choice regarding when they got up had been respected.

One person told us they were treated with privacy and dignity. We observed staff talking with people who used the service in a polite and respectful manner. One member of staff informed us that offering choices was so important and to ensure that doors were closed when personal care was given or people were in a state of undress.

A visitor said. "I see the staff interactions with my friend and the other residents when I am here. They are constantly reassuring them and privacy and dignity are always maintained. I feel that my friend is very well cared for, I know their relative took a lot of time in choosing the right place. I would say the care is excellent. I visit quite a few people in various care homes and this is one of the nicest I have ever been in. I have always thought from the word go that it felt like a good home, it has a good atmosphere." They also said. "I feel that the main body of the care workers do know and understand my friend. They had a lot of problems and seems to be in a much better place now they are here and having good care."



# Is the service responsive?

## Our findings

One person told us. "I please myself; they do not dictate to me at all, I could sit up all night if I wanted to do so."

Another person informed us that they felt lucky as they had family and friends to visit them regularly and informed us there were no visiting times. One visitor informed us that they always felt welcomed by the manager.

People told us that that received personalised care that was responsive to their personal situation.

There were activities sheets displayed on notice boards along the corridor, and people who used the service told us they also received this in their rooms, and through the resident's newsletter. There were also slots for 1:1 activities. One person said. "There is something going on every day." Another person informed us they and their friend were looking forward to going out to the Christmas tree fair at the local church that afternoon, and the forthcoming Christmas party to which relatives and friends were invited. They said. "The activities co-ordinator is very good, she arranges all sorts of outings and things." One person showed us some of their knitting and Christmas decorations they had helped to make positioned around the small lounge area, including a small Christmas tree, a snowman and all the bunting and chains.

A visitor said that there were lots of activities going on and that their [relative] was always encouraged to join in, but with no pressure, and that her [relative] had very much

enjoyed the summer garden party. They had received a homemade invitation to the forthcoming Christmas party that her [relative] had made this at one of the activity sessions.

People told us that they received an assessment of their needs before they moved into the service. They were also invited to look around and received a brochure to inform them about the service. One person told us. "They checked and double checked that the care was right over the first few weeks that I was here."

We saw that the service had a complaints policy and procedure. The manager informed us that all complaints in the last year had been resolved to everyone's satisfaction. One person told us. "I have never needed to complain, you solve things as you go along and staff are helpful. If I did need to complain the manager is very good and will sort things out."

We were also informed by the manager that the catering team were responsive to people's change of menu requests and were involved when new people joined the service to ensure they could provide appropriate nutrition and avoid any food allergies of people.

The manager considered that there were so few complaints due to good communication between the staff and the people. The feeling was that through good communication we can resolve matters before they become a complaint. People we spoke with felt that the staff and management were approachable and were confident that they could raise matters if they felt the need to do so.

# Is the service well-led?

## Our findings

One person who used the service informed us that the registered manager and deputy manager each had over 20 years' experience in care. They thought this experience accounted for why the service was well managed.

The manager explained to us that they strived to for a service that was positively person-centred.

We looked at five care records. Each care record was person centred and contained detailed information about the individual. This included how they wanted to be cared for and their preferences about when they liked to get up and what they liked to be called. The care records contained detailed information about the individual's life history. Staff told us, the care plans were reviewed each month. One person told us, "They are as regular as clockwork checking if anything has changed."

A person told us, "The manager and the deputy are very caring, even though they are based in the office they are both, at heart, carers, they are superb, because they come and help when required." The manager informed us that they toured the service environment each day to listen to people and also see if any maintenance was needed. They could also check upon the cleanliness of the service and see that audits were being carried out.

Staff and visitors we spoke with described the management of the home as open and approachable. One visitor said, "I have found the manager understanding and helpful."

The staff we spoke with during our inspection thought that the management were responsive. It was considered that they could raise matters at anytime and there staff meetings when issues could be discussed. Staff members liked the way in which the rota was prepared well in advance so they could plan their own lives and activities when not at the service. It was also thought that the service was supportive to requests for annual leave and days off. One member of staff told us, "I like the rota being planned well ahead and you can also arrange holidays well in advance, this is very helpful to me."

The provider, manager and deputy manager provided positive management and leadership. We saw that the management team were available to support the staff. One person said, "I can talk to whoever is in charge and they are

helpful." There was a clear management structure within the service with on-call arrangements. The provider visited the service regularly as did staff from the quality department and training department to provide support and advice. We saw that people who used the service and members of staff felt comfortable in the presence of the management team.

There were effective quality and monitoring and assurance systems in place to review how the service was functioning. There were checks to monitor the care provision and safety of the service. We saw that the service carried out tests of the fire alarms and records showed that the fire-fighting equipment was maintained. The service had decorated and furnished a room having read and considered information regarding the care and provision to people with dementia. The room was currently vacant and once a person moved to the service, the staff would monitor if the way in which this room had been designed was of benefit.

All accidents and incidents which occurred in the service were recorded and analysed. We saw that when it was recognised that a person who used the service required support from a professional from the community the appropriate referral was made. The service had made arrangements for this additional support from district nurses for example.

The manager provided a monthly report for the provider which was used as a basis for meetings to plan the development smooth running of the service.

The manager worked with people and organised the staff to be responsive to information received to continue to develop the quality of care. We saw that the service carried out regular satisfactions surveys, consulting, and the people who used the service, relatives and visiting professionals. The information was considered by the management and provider and used to respond to issues that were raised. This included information received about the menus and there was strengthen feeling for there to always be mashed potatoes at the main meal time as well as other ways of presenting potatoes.

We saw that there were residents meeting every three months and information was acted upon for the benefit of the people who used the service. The service was planning to undertake surveys of the people who used the service and relatives to learn their latest thoughts about the service in January 2015.