

Stilecroft (MPS) Limited

Stilecroft Residential 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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stilecroft Residential Home is a residential care home providing personal care to up to 44 people. The service provides support to older people and people living with dementia and mental health needs. At the time of our inspection there were 29 people using the service.

Stilecroft Residential Home accommodates people in one adapted building across three floors.

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

People were at risk of harm because of failures to adequately identify and address concerns about the quality and safety of the service. The registered manager and manager were working to make improvements, however quality assurance systems were not always effective in guaranteeing the quality and safety of the service.

Whilst noticeable improvements had been made in response to concerns identified at our last inspection, further improvements were needed. We identified new concerns, which placed people at risk of harm.

People were at risk as medicines were not managed safely. People did not always receive their medicines as prescribed. Staff did not monitor or escalate concerns where people refused their medicines repeatedly.

Environmental safety issues had not always been identified or addressed by the provider to keep people safe. This included issues we identified at the last inspection.

People were not always supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People and their relatives had confidence staff had the necessary skills and knowledge to provide effective support. We made a recommendation about first aid training.

People received personalised care from staff who knew about their preferences. The manager was working to improve and develop the variety of activities on offer to stimulate and engage people.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was inadequate (published 30 September 2021) and there were breaches of regulation. The provider met with us and completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection, we found the provider had made some improvements but remained in breach of some regulations.

At our last inspection we recommended that the provider improve the support given to people living with dementia. At this inspection we found the provider had not met this recommendation.

This service has been in Special Measures since 30 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stilecroft Residential Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to consent to care, safe care and treatment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stilecroft Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Stilecroft Residential Home 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 we looked at both during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post. There was also a manager, who had applied to register, we have referred to them as 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers send us annually with key information about the service, what it does well and improvements they plan to make. At the time we sent the PIR request we asked providers to return this to us on a voluntary basis. We used all of this information to plan our inspection.

During the inspection

The inspection was carried out by conducting a site visit and speaking to people, relatives and staff remotely. We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, manager, deputy manager, care workers, housekeepers and a maintenance worker.

We reviewed a range of records. This included five people's care plans in part and multiple medication records. A variety of records relating to the management of the service, including staff training records, quality assurance checks and policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management systems were not always effective to support their safe and proper use.
- When people refused their medicines it was not clear this was monitored and any issues escalated. For example, three people had regularly refused to take their medicines for over a month without this being raised with their GP.
- Medicines were not always administered as prescribed. For example, one person was prescribed a medicine that needed to be taken before food and separately to other medicines. A staff member told us they would give the person this medicine at their other medicines at breakfast time. This was against guidance on safe use of this medicine and would impact on its effectiveness.
- We could not be assured that covert medicines were administered appropriately. Covert medicines are medicines given to people without their knowledge. One person was being given their medicine covertly, there was no information from their GP or pharmacy about how this could be given.
- Topical medicines, including creams were not managed safely. Information on where and how care staff should apply these was not recorded. Care staff were expected to administer creams without having received relevant training in this area.

We found no evidence that people had been harmed. Systems were not established to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection, risks to people's health and safety were not always effectively monitored or managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and provider was still in breach of regulation 12.

- The premises and equipment were not always appropriately maintained to support their safe use.
- Environmental issues highlighted to the provider at the last inspection had not been addressed. For example, external fire escape staircases were unsafe and had not been properly maintained. Some fire exit doors had two handles at different heights, making them difficult to access in the event of an emergency.
- Call bells were not always in working order. This prevented people seeking assistance if needed.

We found no evidence that people had been harmed. The provider had failed to ensure premises and equipment were safe for people to use. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action during our inspection to address maintenance issues. This included improving accessibility of fire exit door handles.
- Following our inspection the provider arranged for the fire escape staircases to be cleaned and made safe. Ongoing checks were required to regularly check and maintain these.
- Staff were aware of risks to people and knew how to manage these appropriately. Risk assessments were in place to identify particular safety concerns for people and guide staff in how to reduce the likelihood of these occurring.
- Risk assessments were recorded for people who could present with behaviours that challenge the service. We spoke with the manager about adding further detail into these, which they started to work on.

Systems and processes to safeguard people from the risk from abuse

At our last inspection the provider had failed to ensure systems and processes were established to effectively prevent service users experiencing abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff knew how to identify and raise any safeguarding concerns.
- The manager raised safeguarding concerns appropriately with the local authority and supported their investigations.
- People felt safe living at the service. One person said, "Oh yes, I feel safe."

Staffing and recruitment

At our last inspection the provider had failed to ensure there were adequate numbers of suitably qualified staff on duty to deliver safe care and support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service was being staffed in-line with the provider's dependency tool, which showed how decisions about staffing levels were decided. We noted that staffing had dropped to within the lower average level and advised the manager to monitor this.
- We observed people receiving prompt and attentive care. However, staff told us at times they felt stretched and unable to spend quality time with people. One relative said, "Sometimes we've struggled to find someone."
- Safe recruitment processes were followed to ensure appropriate staff were appointed.

Preventing and controlling infection including the cleanliness of premises

At our last inspection we recommended that the provider ensures infection prevention and control practices were implemented and monitored in-line with best practice. The provider had made improvements.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Government guidance in relation to visiting in care homes was being followed.

Learning lessons when things go wrong

- Safety concerns, such as the medicines and environmental issues we found were not consistently identified or addressed.
- Accidents and incidents were monitored and analysed on a monthly basis by the managers. Trends and patterns were not always being looked at to consider wider learning and improvements.
- The manager regularly met with staff to share learning amongst the staff team. Staff valued this open approach.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the provider had failed to ensure people were effectively supported in line with principals of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- People's consent to receive care was not recorded. It was not always clear what information had been discussed with them and what their decisions about their care and support were.
- It was not always clear how people's capacity to make specific decisions had been assessed.
- The use of bedrails had not always been considered as a restrictive practice and assessed for in-line with the MCA.

We found no evidence that people had been harmed. The provider had failed to ensure people's consent was obtained and the MCA was followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager started to review how people's capacity was assessed and their assessments recorded.
- The provider tracked which people had DoLS in place and when these were due for renewal.

Staff support, training, skills and experience

At the last inspection the provider had failed to ensure all staff had received appropriate support and training to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were knowledgeable about how to support people with dementia. We observed staff intervening appropriately, including when one person became distressed. The manager was arranging for staff to receive further training in this area to enhance their knowledge.
- Staff received regular supervision to look at their learning, development and performance.
- Staff were encouraged to develop in their roles and supported to take on additional responsibilities to progress within the home. One care worker said, "I feel confident that I will have the support I need to be a senior."

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

At the last inspection the provider had failed to robustly assess risks to people's health, safety and welfare. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- People's care needs were assessed prior to them being admitted into the home. Further work was needed to make these more robust and ensure the provider had all relevant information needed to make a decision about admitting people.
- Staff carried out regular checks on new admissions to the home to support this transition.
- People received care and support to meet their needs and outcomes.
- People received effective support to maintain their oral hygiene.
- Relatives were kept informed of how their family members were and of any changes in their needs.

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

- People received appropriate support from staff to access food and drink throughout the day. The manager had recently introduced a recording system and additional checks to improve the monitoring of people's food and fluid intake.
- People responded positively to mealtime experiences. Dining areas were pleasant, with food well-presented.
- People gave positive feedback about the meals at the home. One person told us, "The food is alright here, I do recommend it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked effectively together to ensure people received consistent support. One care worker said, "We are a close-knit team and our communication is good."
- People were supported to access healthcare services and support from relevant professionals when needed. Staff acted on any advice they received. One social care professional had provided written feedback and said, "I was impressed with what I saw and also the improvement in the person."
- The manager had set up a file to support the sharing of information with mental health professionals and ensure they were able to provide advice to support the staff approach.

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

- The provider was carrying out extensive improvements and renovations at the home to make it more welcoming and appealing to people that lived there.
- Some areas of the home were not suitable and easy to navigate for people living with dementia. For example, on one floor the dining room was along an unlit corridor that had no signage.
- The garden had been developed and secured. People were not able spend time in the garden without supervision and support due to access arrangements.
- People were able to personalise their rooms. One relative said, "I was invited to take in anything to personalise the room, pictures and things."

Is the service responsive?

Our findings

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

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

Planning personalised care

At the last inspection the provider had failed to provide people with person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received the personalised support they needed and formed good relationships with the staff supporting them. One person said, "Anything you want, the staff will do, they are smashing."
- Staff were knowledgeable about people's preferences and life histories, they used this to adapt their care. One relative told us, "The staff understand [name] very well as a person."
- When people's care needs changed, staff reviewed their support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. Staff understood their communication preferences.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to maintain their relationships with family and friends. Visitors to the home were able to spend time with people in the privacy of their own rooms.
- People were able to participate in a range of activities including baking, dominoes and theme meals. One relative said, "The day [person] arrived at the home there were animals in. [Person] absolutely loved that, [person] felt very much at home."
- Staff had observed a positive impact on people's wellbeing following changes to the home. This included activities and relatives being able to visit regularly following changes to government guidance. One care worker told us, "People are coming out of their shells now that more is happening, it really has lifted things and has a positive impact on their wellbeing."

- Further work was needed to look at developing the range of activities on offer for people's differing needs.

Improving care quality in response to complaints or concerns

- The provider had not received any recent complaints about the home. A complaints policy was in place with a process for them to follow should any issues be raised.
- People and their relatives knew how to complain and were confident any concerns would be listened to. One relative said, "If we highlight an issue, staff always follow it up."

End of life care and support

- End of life care plans contained basic information about the support people may need at this life stage. They were not always personalised to each person.
- Staff provided support to people's families prior to and following people's deaths. They had supported one relative to attend the funeral of a family member.
- The service had links with healthcare professionals to provide people with a dignified, pain-free death.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure systems were in place, followed or robust enough to demonstrate the service was effectively managed This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Issues identified at the last inspection had not been acted on or addressed in full, including fire doors, fire exit staircases and the recording of capacity and consent.
- The provider's quality assurance systems had failed to identify the issues we found on inspection, such as with medicines, the environment and MCA.
- Recommendations from the last four inspections for the provider to review best practice in the delivery of dementia care had not been met. The provider had not finalised their dementia care strategy to establish their approach for supporting people living with dementia.
- The provider's medicine management policy was not robust and did not follow best practice guidance. For example, it did not include details of the provider's processes should a person refuse medicines.

We found no evidence that people had been harmed. The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager advised further work had been done to make the home more dementia friendly.
- People, relatives and staff consistently spoke positively about the manager. One member of staff told us, "[The manager] will give me ideas and support me, [manager] is wonderful, very approachable and wants the home to be better."

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

outcomes for people; Continuous learning and improving care

- There had been a significant improvement in the culture of the home. Staff were focused on providing people with high quality care and worked together to achieve this although there was not always a clear strategy in place from the provider to support this. For example, the provider's dementia care strategy.
- People and their relatives were confident in the care and manager's oversight of this at the home. One relative told us, "I don't want [person] to move anywhere else."
- Staff told us they would be happy for their family members to live at the home. One care worker said, "I wanted my [relative] to come here for respite, I wouldn't have considered this in the past."
- Staff worked together to encourage best practice and support improvement across the home. For example, staff felt able to challenge others if they identified poor infection prevention and control practice.
- Staff spoke positively about the changes at the home and shared in the provider's ambition to continue to make improvements. One care worker said, "I genuinely love the staff I work with and the people. You feel like you can achieve anything together."

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

- Managers understood their responsibility to be open, honest and apologise to people and their relatives if things went wrong.
- Statutory notifications were submitted to CQC. These are notifications about specific events and incidents that occur in the service which the provider is required to inform us of.

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

- People and relatives felt able to give feedback to improve the home. One person told us, "They listen to me if I have suggestions."
- Staff were able to suggest improvements to the home and felt these were welcomed. One care worker said, "We can resolve things together and share ideas. Our opinion is more valued now."
- Monthly relative's meetings had been set up virtually to provide an opportunity for family members to share their experiences and be updated by the manager on any changes planned for the home. One relative said, "We're always asked our opinion on anything they can do to improve."

Working in partnership with others

- The provider welcomed and acted on feedback from professionals. The manager showed us an action plan they had developed following a recent visit by the local authority, many of the points had been addressed.
- The manager had built and was working to strengthen relationships with key organisations.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure people's consent to their care was recorded and that the Mental Capacity Act 2005 where people lacked capacity. 11 (1)(3)(4) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve quality and safety. 17 (1)(2)(a)(b) |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to mitigate risks to people's health and safety to ensure the premise was safe for use and that equipment was safe for use. The provider had failed to ensure the proper and safe management of medicines. 12 (1)(2)(a)(b)(d)(e)(g) |

The enforcement action we took:

Warning notice to be issued.