

GCH (Midlands) Ltd

St Stephen's Care Home

Inspection report

St Stephens Terrace
Droitwich Road
Worcester
Worcestershire
WR3 7HU

Tel: 0190529224

Website: www.goldcarehomes.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Stephen's Care Home is a residential care home that provides personal care for up to 51 people aged 65 and over, some people may be living with dementia or mental health needs. At the time of the inspection 33 people were living at the home.

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

There had been many changes at the home including in the roles of home manager and care staff. People and relatives were positive about the improvements made to provide care which reflected people's individual needs and people did not have to wait long if they wanted support from staff.

Staff had a good understanding about how to keep people safe from harm and the safeguarding procedures that should be followed to report any incidents of concern or abuse they identified. Risk assessments were in place to manage potential risks within people's day to day lives, whilst also promoting their independence. The manager was taking action to further mitigate any risks to people during the refurbishment of the home environment.

People were supported by staff to have the medicines they needed to remain well. Staff used their skills and the equipment required to reduce the risk of people experiencing infections. Information on people's safety and care needs was regularly communicated between staff, and learning taken from any incidents.

Staff recruitment procedures were in place and appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction and on-going training was provided to support staff in gaining the skills, knowledge and support they needed to undertake their roles.

Wherever possible, people's consent was gained before any care was provided. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed good health outcomes which were achieved by staff following the advice of health and social care professionals. People were seen to enjoy their mealtime experiences and were encouraged to choose what they wanted to eat and drink.

The views of people, relatives, staff and health and social care professionals were considered when people's needs were assessed, and their care plans developed and reviewed.

Relatives told us staff were approachable and they were encouraged to make suggestions which were listened to. Staff morale was improving, and staff were supported to provide good care. The manager and provider checked the quality and safety of the care provided and were committed to making ongoing improvements and developing the home further.

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

The last rating for this service was good. Last report published (22 January 2021).

Why we inspected

The inspection was prompted in part due to concerns received about management, staffing, management of risks and a specific incident. Following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of falls.

A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Stephen's Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could 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 three inspectors. Two inspectors visited the home. One inspector gathered information from the management team via telephone conversations and email. Additionally, the inspector spoke with relatives over the telephone.

Service and service type

St Stephen's Care 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 both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission [CQC]. A manager had been appointed and their application to become registered with CQC was progressing. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

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. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During our on-site visit to the home, we spoke with three people who lived at the home. We spent time seeing how people were cared for. 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.

We also spoke with the home manager, regional manager, eight care staff members which included senior care staff on shift and an advanced nurse practitioner. We looked at a sample of seven people's care records including associated charts where these were required and multiple medicine records. Additionally, we looked at records relating to the management of the service including staff recruitment, accidents and incidents and the safety of the equipment and premises.

Our off-site work consisted of talking with six people's relatives. We also had further conversations with the manager and looked at various records associated quality assurance including surveys completed by people, relatives and staff.

After the inspection

We continued to seek clarification from the manager and regional manager to validate evidence found. This included looking at additional documentation we had requested.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. A person told us they were, "Keeping well" and they, "Feel safe." A relative said, "I am in no doubt (family member) is safe."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- The provider had systems and procedures in place designed to ensure the relevant external agencies were notified of any witnessed or suspected abuse at the home.

Assessing risk, safety monitoring and management

- Relatives told us they felt their family member was safe and well cared for by staff at the home. A relative commented, "I am very satisfied (family member) is getting the best care and is safe with help from staff."
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people.
- The provider had systems and procedures in place to monitor and maintain the condition and safety of the care equipment used by staff and premises.
- The manager took some further actions to ensure risks were fully mitigated while refurbishment of the home environment was taking place. For example, making sure doors were locked where work was taking place and placed a lock on the gate to the boiler room.

Learning lessons when things go wrong

- Following our last inspection, the provider and management team had further developed their monitoring of reported accidents and incidents involving people who lived at the home.
- Accidents and incidents were recorded. This information was used to look for themes or patterns in the kinds of incidents occurring. This helped to identify any action necessary to prevent reoccurrence.

Using medicines safely

- At our last inspection, we found improvements were needed and made a recommendation in relation to effective management of medicines. At this inspection, we found improvements had been made and sustained.
- The provider had systems and procedures in place designed to support people in receiving their medicines safely and as intended. For example, where people had become to need their "as required" medicines on a regular basis staff were guided in making sure these medicines were reviewed by the person's GP to obtain their medical opinion.
- Medicines systems were organised, and people were receiving their medicines safely.
- The provider was following safe protocols for the receipt, storage, administration and disposal of

medicines.

- Staff were trained and assessed as competent before they administered medicines.

Staffing and recruitment

- Relatives we spoke with confirmed there had been some changes in the staff team and agency staff were used to cover staff shortages. However, relatives believed there were sufficient numbers of staff on duty to meet people's needs.
- During our inspection visits, we found the number of staff on duty, and their range of skills, enabled people's care and support needs to be met safely.
- The manager explained they monitored and adjusted staffing levels and staff skills mix in line with the current occupancy level and people's individual dependency levels. Additionally, the manager undertook daily direct observations in relation to staff meeting people's individual needs.
- Staff recruitment activities were ongoing. We found the provider followed safe recruitment practices when employing new staff, to ensure they were suitable to work with the people who lived at the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home and regularly reviewed. This included information on their likes, dislikes, spirituality and sexuality as well as their care and support needs.
- The views of other health and social care professionals were also considered when people's needs were assessed.
- Management and staff had access to the provider's internal communications network to help keep themselves up to date with any changes in the law or best practice guidelines.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were provided with the training they required to meet people's diverse needs and staff felt supported by the manager.
- Staff had the skills and knowledge to support people. Relatives felt staff were experienced in caring for their family member. A relative said, "Staff are well trained and help my [relative] to walk safely with the support they need."
- New staff members completed a structured introduction to their role.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, this included information regarding specific diets associated with their individual needs.
- At a lunchtime sitting during the inspection, the dining tables were well laid out. People were offered a choice of food and drinks. There was a delay with people sitting at the tables waiting to receive their meals. Whilst we did not evidence this impacted on people, we did talk with the manager about this. The manager told us they wanted the dining room to be a social experience for people to enjoy. We could see this had been achieved.
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or dietician for advice.

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

- Relatives told us their family member was supported when they were unwell. A relative said, "I feel (family member) is really well supported by staff when unwell. GP is contacted and they (staff) keep me informed."
- Staff helped people to access community healthcare services or, where appropriate, emergency medical services in the event they became unwell.

- People's GPs and advanced nurse practitioners visited the service on a regular basis to monitor and respond to people's current health needs.

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

- The design of the home and grounds ensured people had appropriate space to socialise with others and receive visitors, participate in recreational activities, eat in comfort, or spend time alone.
- Bathrooms were adapted to ensure they could be accessed by all.
- Equipment was in use to support people to move around the home environment independently.
- The manager and provider had a series of ongoing improvements to the home environment to enhance people's experience of living at the home. This included redecoration of various rooms.

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

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

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People's capacity to consent to their care and treatment was assessed where required.

- Deprivation of Liberty Safeguard applications were submitted for those identified as potentially being deprived. These were monitored to ensure authorisations remained in date and applications resubmitted for those due to expire.
- Mental Capacity Act assessments were carried out for people when necessary.
- Staff had received training about MCA and DoLS. Staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During our inspection, we met with the manager. The manager had commenced their employment with the provider in July 2021 and would be progressing their application to the Care Quality Commission (CQC) to become registered manager of the home.
- The manager worked effectively with the provider's regional manager to maintain shared oversight of any quality performance issues and risks at the service.
- The manager felt confident they had the support and resources they needed from the provider to manage the service effectively and drive improvements in people's care.
- Staff were clear what was expected of them at work and spoke with enthusiasm about people's care and support.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place, based upon an established audit schedule, designed to enable them to monitor and drive improvement in the safety and quality of people's care.
- These included monthly audits on people's care plans, their food and mealtime experience, and the management of their medicines.
- Systems and procedures were in place to share information on risks across the staff team, including the daily shift handovers and staff meetings. The manager believed this promoted consistency in communication in relation to driving through improvements and learning.
- The manager and regional manager were open and transparent and engaged positively during the inspection. The manager was aware of the areas they wanted to improve upon which included promoting effective communication. They also spoke about initiatives such as, the employee of the month to support and value staff's achievements.

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

- The management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care.

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

- We received varied views from staff we spoke with about the management at the home including some staff not feeling valued. There had been changes in the management and staffing team at the home which had impacted on staff morale. Staff and the manager believed staff morale was beginning to improve as there was now consistency in management which was valued by people, relatives and staff.
- Staff said they enjoyed providing people's care and without exception relatives told us staff showed compassion and really cared about people they supported.
- Staff commented on the sense of teamwork amongst the current staff team. A staff member told us, "[The manager] is amazing she's turning it around. Best manager I've worked for. Amazing team and that's down to (the manager)."
- The manager showed a clear understanding of people's individual needs and preferences. The manager had spent time with people and their relatives since coming into post in their quest to continually promote people's needs.

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

- People's views and suggestions were considered and used to improve the service.
- The majority of family members believed the communication between them and staff at the home to be effective in ensuring information was passed to them as appropriate. Relatives were aware of visiting arrangements in relation to government guidance as a result of the pandemic.
- Staff felt able to raise concerns and were listened to. A staff member said, "(The manager) has changed things for the better and they (the manager) are approachable."
- People's equality, diversity and human rights were respected. The manager's vision and values centred around the people they supported, and this was evident during the inspection.
- The manager and staff team worked closely with other agencies to ensure good outcomes for people.