

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?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 8 August 2017. The home was previously inspected in March 2017 and was in breach of regulations in relation to good governance, consent, safe care and treatment and meeting nutritional and hydration needs. We asked the provider to take action to make improvements and at this inspection we checked to see the actions had been completed. We found improvements had been made in all the areas.

Stella House is registered to provide accommodation and personal care for up to 40 people. There were 35 people living there at the time of our inspection including five people staying on a temporary basis.

There was no registered manager at the service at the time of our inspection. However the manager had applied to the Care Quality Commission to become registered. 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.

At this inspection we found improvements in relation to identifying pressure damage to people's skin and weight loss. We saw there were detailed care plans and staff were aware of how and when to seek outside health professionals advice.

We saw people were encouraged by staff to move safely round the home and aids and adaptations were in reach for people to do this independently.

The premises were well maintained and visibly cleaner overall. Maintenance checks were in place and an improvement plan for the home was active at the time of inspection. However one check in relation to hoist slings had been missed by the manager which was rectified on the day of inspection.

At this inspection we saw improvements in relation to the audits in the home. We saw the manager and area manager had a system in place for the purpose of assessing and monitoring the quality of the service. Monthly and weekly audits showed this was mostly effective.

Medicine management systems were in place. However some areas of written records were not accurate and mistakes in relation to times of certain medicines were possible if this continued. The management team stated this was going to be addressed through the GP straight away.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty

Safeguards (DoLS).

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). However one person we spoke with had not had their wishes recorded appropriately even though it was recorded in relation to fluctuating their capacity. We felt staff had confidence in using the MCA to make best interest decisions for people who lacked the capacity to make decisions in relation to their care.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found that this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

People told us the food at the home was good and that they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

We saw the home had a list of activities in place for people to participate in. However the activity coordinator was not in the service at the time of inspection. Staff were enthusiastic and we saw staff trying to get people to participate in activities in the afternoon.

Staff we spoke with told us they received supervision every two months and had annual appraisals booked this year with the manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff. Staff told us they had completed training. This was evidence at the time of inspection as ongoing throughout the year.

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always supported with the good practice guidance.

Risks to people's health, safety and welfare were assessed in their care plans.

People felt safe and staff understood how to safeguard people from abuse.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Mental Capacity Act 2005 (MCA) Deprivation of Liberty safeguards had been completed by the provider. However one person did not show any history or level of risk of falling from their bed. This was not evident how this decision had been reached in their care plan.

People received enough food and drink to ensure they were nutritionally balanced and hydrated.

Staff had received appropriate supervisions and training.

### Is the service caring?

Good 

The service was caring.

People told us they were happy with the care they received.

We saw staff worked as a team. They communicated with each other and checked who needed assistance and when.

Privacy and dignity was maintained at all times, people were comfortable in the presence of all staff.

### Is the service responsive?

Good 

The service was responsive.

Complaints were addressed and recorded according to the homes policy.

The service recognised they needed a more person centred approach to activities. Staff had been on a training course to support this.

Care plans were responsive to people's needs.

### Is the service well-led?

Good ●

The service was well led.

Systems to audit the quality and safety had improved.

Staff, people and relatives told us the management were approachable.

Communication with staff and management team had improved and continued to be developed within the home.

# 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 checked 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 was a comprehensive inspection which took place on 8 August 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors and an expert by experience who had experience with supporting people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was not asked to complete a Provider Information Return (PIR). 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with eight people who used the service, five relatives, a visiting professional and eight members of staff including the registered provider, the area manager, domestic, team leader and the manager. We spent some time observing support given to people in their home. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care plans.

# Is the service safe?

## Our findings

At the last inspection we found the provider was not providing safe care and treatment because there was no management of risks which placed people at risk of avoidable harm. We had concerns about the temperature of the water from hot taps in some bedrooms and communal bathrooms. This exceeded the safe temperature recommended for care homes. Pressure cushions had not been utilised effectively in the home. We had also observed at the last inspection some areas of the home were malodorous. We found appropriate action had been taken and there was no longer a regulatory breach in relation to safe care and treatment.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Through our observations and discussions with the manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home.

Staff we spoke with knew how to prevent and identify pressure damage to people's skin. We saw there were detailed care plans where people needed particular care and staff assessed the risk using a recognised tool, making adjustments as people's risks increased, such as through changes to their weight. Staff told us they worked closely with district nurses to maintain people's skin integrity and they would always seek advice if they had any concerns. We saw evidence of referrals to the district nurses to support people's skin care needs. Where people needed specialist equipment for their safe care, this was in place or there was evidence this had been assessed and ordered. Records showed and we saw practice to confirm, regular pressure relief was given to support people's individual needs. One member of staff noticed a person was not sitting on their pressure cushion and they went to get it to put in their chair.

We saw clear assessments of people's risks in relation to pressure ulcers, malnutrition, moving and handling, choking and falls. Where people had recorded risks, it was evident staff knew these. For example, one person's care plan stated they were at high risk of choking and they needed their food to be cut into small pieces, with staff to support them at meal times. We saw at lunchtime one member of staff followed this person's care plan, cut up their food and stayed with them whilst they ate.

We saw staff supported people safely and encouraged people to move safely round the home. For example, staff walked slowly alongside people and reminded them to use their walking aids. We saw walking frames were accessible to people when they were seated in the lounge areas.

Where people needed to be supported moving and handling using equipment, operating instructions along with specific sling types were detailed in care plans.

Risk assessments in care plans were clear and up to date. For example, they were rated as red/amber/green according to people's level of risk. Personal emergency evacuation plans (PEEPs) were in place in care files. The management team were in the process of completing a more person centred approach in relation to PEEPs. The management team told us this would be completed in the near future.

Where people required bedrails there were assessments of their risk of falling out of bed. However, we saw one person was assessed as not being at risk of falling from their bed and there had been no history of this, yet they had bedrails in place. We asked the provider to reassess this person's needs.

The premises were well maintained and visibly clean overall, although there was a strong odour of urine in one person's room. Two raised toilet seats in use were not securely fixed to the toilet. Hot water temperatures were safe for people to touch, as were radiators (which were not on at the time of the inspection). The area manager told us new radiator covers were being sought and would be in place by September. There was evidence of new furniture, although some carpets were showing signs of wear and some carpets in the lounges were heavily patterned which is not conducive to a dementia friendly environment. We spoke to the management team who told us they had an action plan in relation to redecoration of the home throughout 2017-2018 which was evidenced on the day of inspection. The manager told us they would adapt their cleaning audit straight away to ensure all environmental issues would be picked up.

People told us they felt safe. One person said, "Oh aye, if I lived on my own I wouldn't feel safe. They [staff] keep a watch on me". Another person said, "I do think I'm safe in here, this is a safe place to live."

Staff understood how to identify and report any concerns with regard to safeguarding the people in their care. Staff were confident to use the whistleblowing procedures to report any poor practice if they witnessed this. One member of staff said they would take concerns to the management team or to the safeguarding authority if necessary. They told us, "None of the managers here would tolerate any kind of abuse of the residents and they would take immediate action".

Medicine administration records (MARs) we looked at were up to date with no gaps in recording. However, there were some hand written MARs in place. We spoke with the team leader about these and they told us sometimes the pharmacy did not pre-print the MARs for people. We saw these handwritten records did not always state the quantity of medicine received and did not always have two staff signatures to show these had been robustly checked in. On one record we saw there were no staff signatures so there was no clear line of accountability. The provider carried out monthly medicines audits, although this issue had not been identified through this.

Where people's medicines were prescribed to be given 30 to 60 minutes before food it was not always evident this had happened. Staff told us they were mindful of the prescribing directions in relation to food and they ensured people on such medicines had their medicine correctly before their meal. However, records showed the morning dose was 8am, which coincided with breakfast so it was not possible to see if this had happened. Similarly where medicines were required to be given with food, it was not possible to see this happened as again the MARs stated 8am. However we did speak to staff throughout the day who could tell us when and how medicines were given and what times. We spoke to the manager who told us they would speak to the GP and together ensure this would be changed on the MARs.

Some people who lacked capacity to make decisions about their medicines were given them covertly (hidden in food). We saw best interest decisions were held around this and recorded, with the consent of the person's GP obtained in a letter. However, there was no reference to the pharmacist having also been



consulted in the decision making process in line with good practice guidelines.

## Is the service effective?

### Our findings

At the last inspection we found there was a lack of evidence to confirm people had their nutritional and hydration needs met appropriately. We found management of people's nutritional and hydration needs had improved and there was no longer a regulatory breach in relation to this. However further work was needed to ensure robust and accurate information in relation to people's nutrition and hydration was detailed at all times.

We saw people had access to frequent drinks and snacks throughout the day. People in their rooms were offered regular drinks. Where people needed thickener in their drinks this was individually prescribed and stored securely. Staff we spoke with were aware of people's dietary needs and there was a list in the kitchen with Speech and language therapist (SALT) advice, examples of different food textures and recipes for custard shots along with food and fluid records which staff referred to and completed. However, drinks were not always recorded accurately for some people. For example, records showed 'drink left in reach' but not always details of actual intake. We saw evidence in people's care records of their weight being monitored in line with their risk and care plans showed clear actions to take where there were concerns. We saw in one person's record where an increase in weight had been shown over the last few months.

We spoke to people about the food at Stella House. One person said, "The food is very good. When I was in hospital recently I went down to seven stone. They are feeding me up here. I drink milk instead of tea. I am eating like a horse. I am up to seven stone nine now. They make a record of what I'm eating." Another person said, "I'm 86 now and in the last six years I have had a lot of health problems and eating problems. They look after me so well."

We observed lunch which was well presented with condiments and cutlery on each table. People were asked by staff where they would like to sit. Music was on in the back ground and people were chatting and laughing throughout.

People we spoke with said staff knew how to do their jobs properly. One person said, "They know what to do and I know they do things right here." Another person said, "They know me, they know I like to have a laugh, [member of staff] is the best of the lot."

Staff we spoke with told us they had sufficient training and felt supported through training and supervision to do their work. Staff said their competence was checked, such as for administering medicines, so they were seen to carry out their work effectively. Staff had being trained in moving and handling and was now the 'train the trainer' in the home.

Staff we spoke with told us they received supervision every two months and had annual appraisals booked this year with the manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff. Staff told us they had completed training. We saw evidence of this at the time of inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The manager was able to tell us who had conditions attached to their authorisations and how these were being met. At the time of inspection 12 DoLS had been granted and seven were pending.

MCA assessments in people's care plans were clearly documented with a flow chart and there was evidence where people had capacity, they signed consent for their plans of care. Where DoLS were requested there were documented follow ups with the authorising body.

Staff we spoke with said they understood 'the basics' of the mental capacity act and DoLS legislation in support of people's rights. Staff said they always ensured people were supported to make their own choices and decisions as much as possible.

We spoke with one person in their room and they told us they were unhappy with having bedrails on. They described feeling they were 'in prison' 'in a coffin' 'in a box' 'in a drum' 'in a trap' and clearly stated they wanted these removing. They told us they had asked staff to take them off but staff had said 'it's the law, it's the rules, and we have to put them on'. The person told us "I know my own mind and I know I don't want these things," and they said they had cried about this frequently. They told us staff had said they could not make this decision for themselves.

We looked at the person's care plan which stated they had capacity to make all decisions and they had signed consent to care and treatment. There was a risk assessment in place which said the person had been consulted. The person told us they had once been confused when they had an infection, but this was no longer the case. The risk assessment did not show any history or level of risk of the person falling from their bed and it was not evident how this decision had been reached. The manager, staff and the area manager stated they asked the person each day at regular intervals if they would like these up or down. However these were not recorded. We asked the provider to review this person's needs in relation to their right to make their own decision about the bed rails.

## Is the service caring?

### Our findings

Everyone we spoke with told us they thought that the staff were kind, caring and treated them with respect. We saw caring and professional relationships between people and care staff. Staff interaction was kind, warm and friendly and staff were attentive to people's needs.

Care records identified people's individual needs including their cultural, spiritual and faith needs.

One person had recently been bereaved and we saw in their care plans they had been very well supported with time staff spent chatting with them about their memories. They had also been in touch with the local vicar for support.

We walked past one person's room and saw a member of staff sitting with them, holding their hand and chatting kindly. This meant staff knew people well.

We observed one person became disorientated and staff helped to reassure them about where they were and offered them a cup of tea and a chat.

When one person began to cough staff were attentive and offered them a drink. When this did not work staff offered them a different drink and encouraged them to take small sips. Staff encouraged the person to breathe slowly in and out and did this alongside them until they felt better.

One member of staff asked a person if they could help them feel more comfortable by offering a cushion for their back.

People's rooms were personalised with their belongings and photographs.

We heard one member of care staff supporting a person to get dressed. They asked them what perfume they would like to wear and gave them the choice. "These are both nice, do you want Charlie or Estee Lauder, both are lovely, it's up to you."

We saw some people were in their rooms and in their beds with their doors open. We spoke with staff who said this was people's choice. We heard one member of staff ask a person "Shall we close your door so you can eat your meal without anyone looking in? I know I wouldn't like it if people were looking at me eating my lunch in my room". Staff knocked on people's doors before entering and were discreet when offering support for personal care.

We saw evidence of end of life care plans and where conversations had been held about people's wishes.

## Is the service responsive?

### Our findings

At the last inspection we found the provider was not maintaining complete and accurate records. People receiving respite care did not have care plans in place with all the relevant information included. We found that this had improved and there was no longer a regulatory breach in relation to this.

We saw care records which were clearly documented and easy to follow. There was a 'snapshot about me and my life' as well as a personal profile of people's needs. There were up to date entries in risk assessments and daily notes. We saw people receiving respite care had full care plans in place in relation to their likes and dislikes and also in relation to their overall care. However for one person who had lived at the home since December 2016 we saw the 'snapshot of my life' and 'how to support me when I need help' sections were blank and staff had written '[Person] lacks capacity to answer these questions', but there was no indication to show who else may have been consulted. We spoke to the staff who told us, "We have tried to contact the family with no luck. We are working closely with the person to update this. We will continue to monitor this through direct observation in the home around likes and dislikes and daily routines."

We saw evidence of care plan reviews and care plan audits within the home. Some families had being involved in this process.

We spoke to the manager about the activity coordinator. They told us they were on maternity leave and another staff member was completing this role but had not started yet due to unexpected early maternity leave. The manager told us they were working on a more person centred approach and more 1-1 time for people. This was on going in the home.

We spoke to the manager about training for staff called 'Portrait of a life' this was in relation to getting to know people and how and why people do certain things. One member of staff told us, "[name of person] slept all day and was awake all night. We thought this was down to not been stimulated enough through the day, so we worked on doing 1-1 sessions with this person. Through that we realised it was not down to that it was due to the person used to work nights and this was there pattern. It is a great training course and this will help us get to know people better." We spoke to one family who told us, "Yes staff have told us about this training and we are excited about this been developed in the home for my mum."

Some people said there was not much for them to do. One person said, "I just sit around, there's not much going on. Sometimes they put a film on but it's not always my cuppa tea". The person said they liked gardening but they did not get chance to go in the garden and they were aware there were other people for staff to attend to. We spoke to the manager about this. However one person said, "yes I attend the gardening club I really like it." Another person told us, "I do what I want here. Staff come and sit and sing with me all the time." Another person told us, "I do games and puzzles. I would like to go out on day trips more though."

People in their rooms did not have much social stimulation if they were confined to their bed. One person said, "There's nowt happening so I've nowt to look forward to." One person said, "I like to look into the garden. Which I do."

We saw in the afternoon there was a sensory activity taking place in which people were offered different aromas to smell, to prompt memories and conversation. People were encouraged to join in. We saw evidence throughout pictures around the home of trips out, gardening, outside entertainment and exercises within the home. We saw the home had a list of activities in place for people to participate in which included; Arts and crafts, gardening, sing along, film nights and social outings.

Resident meetings had taken place and discussions around food, activities had been on the agenda. People had said they would like to go out on trips more. We spoke to the manager and area manager about this who told us they had booked transport to take people out and then people had changed their mind and did not want to go. This had happened on a few occasions. The management team were looking at ways forward into this.

People told us they knew how to complain and would do so if they needed to. A complaints policy was available to people, relatives and staff. We spoke to a community professional who told us, "No I do not have any complaints about this home. When anything occurs they contact us."

## Is the service well-led?

### Our findings

At the last inspection we found the provider was not meeting the regulation in relation to governance. Robust audits were not in place. We found that this had improved and there was no longer a regulatory breach in relation to this.

There was no registered manager at the service at the time of this inspection. However the manager had applied to become registered and was going through the process with the Care Quality Commission.

We saw evidence of falls audits, pressure sore, and care plan and complaints audits. We also saw accident and incident records which looked at themes and any trends. We saw evidence of regular audits which included medicines, mattresses, bed changes, bedrooms, environment, wheelchair decontamination, security checks. Whilst we saw these were carried out consistently we were unable to see the level of detail that had been checked in some audits, particularly in relation to the environment, as these were more 'tick lists', so it was not always clear what had been looked at. We discussed this with the manager who told us they would work together to ensure this was completed immediately. It was evident the provider had worked hard to address the issues from the last inspection and given high priority to improving the rigour of the quality assurance processes in the home.

We looked at maintenance records for premises and equipment and saw these were mostly up to date, with the exception of sling checks which had not been done since September 2016 and had been due in March 2017. This was quickly addressed by the area manager who arranged for this to be completed that week. Where maintenance checks had highlighted actions, we saw these had been addressed.

The home had just recently had an external audit in relation to Resident Experience, Environment and Leadership on 1 August 2017. Questions were asked of people living in the home around their experiences. These included, 'Do staff look after you and do you know how to complain and is their enough activities. Throughout these audits were high percentage of satisfaction across all areas. Stating 'Well managed care home. Evidence of learning and consistency'.

The area manager completed a quality assurance report for March 2016 - April 2017. This spoke about the home and on going projects in the home. Questionnaires from people and their relatives were completed with a high level of satisfaction. Comments included, 'I enjoy taking part in activities' and 'Dignity is foremost, and 'Staff are very friendly and always helpful'. Discussions around the CQC last report was also commented upon. These stated audits had increased as well as cascading any areas of concern to the staff team so improvements could be made. All the staff we spoke with told us they had a team meeting to talk about this and how they could all improve the home further.

We saw staff meetings of various groups of staff, such as domestic, kitchen, team leaders and managers, as well as residents. All minutes made reference to the previous CQC inspection and it was clear the provider was taking steps to address issues raised.

It was evident from the managers' meetings audits and the quality of these had been extensively discussed.

Staff and people we spoke with said the home was well led. Staff told us the management team supported them and were visible in the home. Staff told us there was very good teamwork and they all 'pulled together'. One staff member said, "We all work as a team. We have all worked so hard over the last few months. We know we do a good job here." Another member of staff told us, "The manager is great. She is really approachable." Staff told us they felt a sense of family at the home and communication had improved greatly.