HC-One No.1 Limited

Stadium Court 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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Stadium Court is a care home that was providing personal and nursing care to 65 people across three separate units at the time of inspection; these were called Wedgwood, Spode and Wade units. Each unit had their own adapted facilities. There were five units in total, but two were closed. The service can support up to 110 people. People who used the service were over 65 who had mental health needs such as dementia and physical disabilities.

People's experience of using this service and what we found
Quality assurance systems had not been fully embedded, but the registered manager had been making improvements. Medicines were not always managed safely as there were some stock discrepancies, and medications that had expired but had not been disposed of. Although we did not find anyone having come to harm as a result of this, action was taken to address immediately by the registered manager and nursing staff.

Staff recruitment was on-going and some agency staff were being used to meet people's needs.

Risks to people were not always assessed and planned for, and some care plans needed reviewing. Staff did not always understand people's needs. This was being addressed by the registered manager.

Staff were trained to recognise and respond to concerns of abuse. There were adequate infection prevention and control measures in place.

Lessons were learned when things went wrong. Actions were taken to address incidents and share learning with staff. The registered manager was aware of their duty of candour.

Staff felt the registered manager was approachable, supportive and visible.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 26 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about staffing, medicines and falls. As a result, we undertook a focused inspection to review the key questions of safe 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 Stadium Court Care Home on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified a breach in relation to Regulation 17 (Good governance) at this inspection.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Stadium Court 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 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 three inspectors, an assistant inspector and two Experts 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. One Expert by Experience was on-site speaking with people and their relatives, the other made telephone calls to relatives after the site visit.

Service and service type
Stadium Court 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 had a manager registered with the Care Quality Commission. 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.

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, Healthwatch and professionals who work with 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 used all this information to plan our inspection.

During the inspection
We spoke with 12 people who use the service and nine relatives about their experience of the care provided. We spoke with 16 members of staff including the nominated individual, regional director, area director, registered manager, unit managers, staff nurses, senior care workers, care workers, wellbeing staff, housekeeping and maintenance staff. We viewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also interviewed the registered manager over Microsoft Teams after the site visit.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- People had not always been provided with equipment in a timely way. Two people had been waiting a lengthy period for suitable equipment to be provided to enable them to be supported in line with their care and support needs. This meant they were being unnecessarily restricted because they were not able to get out of bed as they did not have suitable chairs and were not able to access communal areas. This had been on-going for several months.
- People with specific health conditions, such as diabetes, did not always have the correct information available in their care records to enable staff to support people in the most effective way. However, staff understood how to support people safely and information was subsequently added to care records for clarity.
- Care plans and risk assessments had not always been updated when there was a change in a person's needs and staff were not always able to tell us why they supported people in line with their changing needs. For example, one member of staff we spoke with was not sure why a person was being cared for in their bed because this information was not available to them.
- Safety checks of the premises and of equipment were completed regularly and outstanding actions were flagged on the provider's system. Unsuitable equipment was taken out of circulation to protect people from the risk of harm.

Using medicines safely

- We could not be assured that people had received their medicines as prescribed.
- Whilst people had not come to any harm, we found the management and recording of people's medicines needed strengthening.
- We found discrepancies in medicine stock levels across all three units. This could have led to people being under- or over-medicated because the number of medicines available did not match the electronic system.
- One person who received covert medicines did not have information in their care plan/records to reflect how their medicines should be administered. Covert medicine is medicine which is 'hidden', usually in food or drinks. We found no information from the pharmacist as to how the medicine should be given to ensure the efficacy of the medicine was not affected. For example, by the temperature of the food or drink. This meant there was a risk the medicine may not have its desired effect.
- Protocols for 'as and when' required medicines was not always detailed clearly enough for staff to know when this should be administered. Staff we spoke with knew how to support people, however there was a risk of people not receiving their medicines as prescribed by new or unfamiliar staff.
- Following our feedback, the registered manager took immediate action to address all the above issues.

Staffing and recruitment

● We received mixed responses from people about the staffing levels across the service. One person commented, "I don't think there are enough [staff]", another said, "They are short of staff and sometimes I have to wait to go to the toilet." Other people commented, "I don't think I have to wait a long time" and, "They [staff] are always there."

● The registered manager shared with us the tool used to calculate the number of staff needed in each unit to ensure people's needs were met. The registered manager told us they requested additional staff when needed. Agency staff were used when needed to ensure there were enough staff available to meet people's needs.

● Some staff were being trained as nurse assistants to provide additional nursing support to the unit they were on. This meant the provider had implemented extra staff training to ensure people were supported by enough suitably trained staff to meet their needs.

● The provider ensured permanent staff were recruited safely as they had checks prior to starting work. This included asking for staff employment history and references, as well as verifying their identity and completing criminal records checks.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living in the home. One person said, "Yes I feel safe. Everything's spot on." Another person said, "I feel safe here. I would not wish to change things here." Relatives also told us they felt people were safe. One relative commented, "I think they do very well, I have no complaints at all."

● Staff told us they had undertaken safeguarding training; they could tell us how they recognised concerns and how they would respond to concerns of abuse.

● Incidents of alleged abuse were being reported to the Local Safeguarding Authority by the registered manager to ensure people were protected from abuse.

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.

Visiting in care homes

● The provider's visiting arrangements for people in the service were in line with the current guidance.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. For example, moving and handling training was carried out after an incident had occurred involving a piece of mobility equipment. Staff confirmed this and moving and handling practices were observed to be safe in the home.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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

- Systems in place were not effective or robust enough in identifying when care plans needed updating to reflect a change in people's needs, which meant staff did not always have up to date information to follow.
- The electronic medicines system was not robust enough in identifying out of date medicines as some medicines had expired over a year before and there was a risk of this being administered in error. Audits of medicines had identified that people's medicines did not match the electronic system stock levels. This was addressed upon our identification but the system in place was not identifying nor leading to actions to address errors. This meant the system in place to monitor and mitigate the risk associated with medicines was not effective.
- The service had been rated as requires improvement repeatedly over the past three inspections. Action had not been taken to ensure systems were improved to monitor and mitigate risks to people in a timely way. There had been a lack of sustained improvement at the service to ensure people received a good standard of care.

Working in partnership with others

- Referrals were being made to other professionals, but the registered manager failed to follow-up the required assessment for two people who required specialised equipment to meet their needs. Although some delays related to COVID-19, the nominated individual was looking into how this could be improved to reduce delays for people.

There was a lack of oversight of the quality and safety of care and the governance had not always been effective in identifying and mitigating risks to people. This constituted a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The registered manager had started to implement new systems and processes to increase people's safety. We will assess the effectiveness of these systems at our next inspection. This included daily meetings for all three units as well as additional medication checks to monitor and make improvements at the service. We saw notes from meetings held. The registered manager increased staff awareness of the issues and ensured staff read the medication policy.

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

characteristics

● People's and relatives experience of their opinions being asked for was mixed. One person said, "Yes, I did one [survey] yesterday. It was about activities and a survey from the home". Another person said, "When I first came into the service I was asked about the meals. The cook came in and we talked about the food and I think things are better." While other people told they were not asked for their opinions. Some relatives said they were involved in people's reviews while others were not.

● Staff team meetings and staff supervisions had not been held for some time and staff confirmed this. Staff generally felt supported by senior members of staff. The registered manager has now arranged staff team meetings and staff supervisions as these ceased due to COVID-19.

● Review meetings were held regularly to discuss people's needs and any concerns which needed addressing. Staff confirmed this and we saw the records of these meetings.

● Staff were able to tell us how they supported people with protected characteristics under the principles of the Equality Act 2010 and were non-judgemental. There are nine characteristics that are protected under the Equality Act 2010(4), including; age; disability; religion or belief. One person told us, "My religion is important to me, I am going to the services at the church over the road."

● Wellbeing staff supported people to participate in activities. Staff and the registered manager told us how they supported people to safely access the community during COVID-19.

● One staff member told us there was a "really eclectic mix [of staff] with different strengths." There was career progression for staff in this service and staff had been able to change their roles to better suit their skills. Staff told us they could train to be nursing assistants to support the nurses on the unit and they saw this as positive.

Continuous learning and improving care

● An action plan was in place to address outstanding actions, and actions were being completed by the registered manager.

● The registered manager and nominated individual were receptive and responsive to feedback and explained they had implemented additional checks and over-sight to keep people safe.

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

● One member of staff said the registered manager was 'very supportive' while another said that the registered manager was, "definitely approachable".

● Staff told us they felt able to raise concerns should they need to and felt they would be listened to.

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 registered manager understood their duty of candour and told us they had sent a duty of candour letter to family when things had gone wrong. The registered manager said, "I don't apportion blame but look at accountability."

● The registered manager had been submitting statutory notifications to the Care Quality Commission when safeguarding concerns had been reported, in line with regulations.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not effective in assessing and monitoring the quality and safety of the service.