

Stallcombe House

# Stallcombe House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Stallcombe House provides accommodation for up to 33 people. The service is situated in the village of Woodbury near Exeter in Devon. The service consists of the main Stallcombe House which looks after 27 people with a learning disability, within four 'zones' within the house. The Willows is a separate unit which looks after six autistic people with complex needs. At the time of our inspection there were 32 people living at the service.

The care service had not originally been developed and designed in line with the values that underpin the principles and guidance of 'Right support, right care, right culture.' It would be unlikely that we would register this model of services now when considering applications for services for people with a learning disability and autistic people. This was because the home was situated in a rural area and supported 33 people.

However, the service had mitigated some of these areas, because the main house had been divided into four areas, so people could live in smaller groups of six or eight. Whilst there was a bustling atmosphere it was not evident that there were 27 people living at Stallcombe House due to each area having their own dining area, kitchenette and lounge areas. This location may not be ideal for some people who would want to access the local community independently. However, people were given plenty of choices and their independence and participation within the local community was encouraged and promoted.

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

Concerns were raised with regards to how many regular staff had left who had a lot of experience and knew people very well. Staff said they remained in post because of their love for their job and their relationship with the people living at the home. Staff and relatives' comments and three staff exit interviews showed that staff had left for various reasons, but consistently stated that it was due to staff feeling unsupported and undervalued which had impacted on staff morale. Staff leaving statistics showed that 23 staff had left within the last 6 months. How long they had worked at Stallcombe House ranged from over 12 years to four weeks.

10 out of the 15 staff we spoke with, did not feel listened to and felt communication was poor between the home and the provider. Staff felt there was a 'void' between the home and the provider, they said they felt unable to go to the provider with a problem. This did not demonstrate a positive culture which was open and inclusive, despite the service' whistleblowing policy encouraging this.

Staff surveys showed evidence of staff feeling a lack of fairness, feeling undervalued and communication being poor. This demonstrated that the concerns raised impacting on high staff turnover had been raised by staff as part of the gathering of their views in May 2021. The provider commented, "Once the staff survey (and other surveys) had been completed and the results collated we held feedback sessions for staff as part of the team building event where we shared the results and discussed what people felt had contributed to their view of things." However, these concerns remained and still needed to be addressed to improve staff retention.

We found no evidence that people had been harmed however, staff did not feel valued and supported by the provider which did not demonstrate a positive culture which was open and inclusive.

We did receive positive comments from staff about their experience of the management of the service. A new management structure had been agreed and started to be implemented. The aim to establish clear lines of accountability, with the aim of helping to improve communication at all levels within the service. The provider commented, "The employment of new heads of department has also been a direct attempt to improve our structure, listening capacity and communications."

Concerns were voiced by staff and relatives about the staff turnover at the service, with regular staff leaving who knew people really well as they had supported them for many years and were knowledgeable about their individual needs. However, despite regular staff leaving, staff confirmed that people's care and support needs were met, which we observed during our visit when people needed support or wanted to participate in particular activities.

The provider was actively recruiting for staff on an ongoing process via various advertising sources and had been successful in recruiting appropriate care staff. There were effective staff recruitment and selection processes in place.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that people were constantly encouraged to lead rich and meaningful lives.

A total communication approach had been adopted to maximise people's choices and independence regards to things which were important to them. Staff were passionate about this approach when supporting people. For example, regards to activities, holidays and meal choices. Total communication is about finding and using the right combination of communication methods for each person. This approach helps an individual to form connections, ensures successful interactions and supports information

exchanges and conversations.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Comments from people living at the service and relatives included, "I am happy here"; "Thumbs up"; "People are kept safe" and "I have no concerns about the safety of (relative), they are very well supported to lead a fulfilled life."

Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf. The home was clean, and staff adopted good infection control measures linked to Covid-19.

Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. Policies and procedures were in place and the service worked in line with them to ensure a safe service. The service worked with other health and social care professionals in line with people's specific needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 April 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about a high turnover of staff due to issues around the management and leadership of the service and how this could be impacting on consistency when providing care and support to people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found that people's needs were being met consistently in line with their care and support needs. However, concerns about staff support at provider level was having an impact of staff retention and staff morale.

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 not changed from good based on the findings of 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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stallcombe House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 safe.

Details are in our safe 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** ●

# Stallcombe House

## 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 one inspector.

#### Service and service type

Stallcombe House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. 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 on 9 March 2022 and announced on 11 March 2022.

#### What we did before inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information we had received about the service. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. This information helps

support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language. We spent time observing the interactions between them and staff.

We spoke with 10 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided, three staff files in relation to recruitment and various audits/reports relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from relatives, staff and health and social care professionals to obtain their views of the service provided to people. We received feedback from five staff, six relatives, and one health and social care professional. We continued to seek clarification from the provider to validate evidence found. We provided initial feedback to the service on 12 April 2022.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Concerns were voiced by staff and relatives about the staff turnover at the service, with regular staff leaving who knew people really well as they had supported them for many years and were knowledgeable about their individual needs. However, despite regular staff leaving, staff and relatives confirmed that people's care and support needs were met, which we observed during our visit when people needed support or wanted to participate in particular activities.
- Staff explained that during the daytime people received varying levels of support in line with their individual needs. In addition, staffing levels increased dependent on what activities people had planned and in line with people's additional funded one to one hours.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. We were told that generally regular staff and consistent agency staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- The provider was actively recruiting for staff on an ongoing process via various advertising sources and had been successful in recruiting appropriate care staff.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Comments from people living at the service and relatives included, "I am happy here"; "Thumbs up"; "People are kept safe" and "I have no concerns about the safety of (relative), they are very well supported to lead a fulfilled life."
- Some people were not able to comment directly on whether they felt safe. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy.
- The management team demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff



confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for behaviour management, eating and drinking and accessing the local community.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. Positive behaviour support plans are used to support where people's behaviours escalate and can challenge. This gives staff a consistent approach and understanding to the support that needs to be delivered and is devised by Stallcombe House following the information given by relevant health and social care professionals.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and support. The service was both responsive and proactive in dealing with incidents which affected people.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out

this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

#### 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 service was following government guidance regards to visitors. There was prominent signage and instructions to explain what people should do to ensure safety. Information was easily accessible on arrival and before visits to ensure visitors followed guidance, procedures and protocols to ensure compliance with infection prevention control.

# 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 now deteriorated to 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Concerns were raised with regards to how many regular staff had left who had a lot of experience and knew people very well. Staff said they remained in post because of their love for their job and their relationship with the people living at the home. Staff leaving statistics showed that 23 staff had left within the last 6 months. How long they had worked at Stallcombe House ranged from over 12 years to four weeks.
- Staff and relatives' comments and three staff exit interviews showed that staff had left for various reasons, but consistently stated that it was due to staff feeling unsupported and undervalued which had impacted on staff morale. Staff commented, "I love working here, but we are losing consistent staff due to how Stallcombe is being run, staff do not feel supported" and "We have lost staff with a wealth of experience, there is no empathy towards staff."
- Relatives commented, "I am concerned about the amount of excellent staff leaving and worry that in the end this will impact on people living at Stallcombe House" and "The staff are fantastic, hijacked by a management structure wanting to run Stallcombe House as a business." One exit interview stated, 'There is not only a recruitment problem, as there is in the whole care industry, but it would seem Stallcombe has a retainment problem. Stallcombe has lost many good staff, staff who truly enriched the lives of the residents, perhaps this could've been prevented had they been valued more. Happy staff mean happy residents. There appears to be a serious lack of empathy and compassion at the top, this is felt throughout the heart of Stallcombe.' Another exit interview stated, 'Staff morale for many (staff) at breaking point.'
- 10 out of the 15 staff we spoke with, did not feel listened to and felt communication was poor between the home and the provider. Staff commented: "I do not feel listened to, there is no consistency" and "Communication is a real problem, we (staff team) are not kept in the loop." Staff felt there was a 'void' between the home and the provider, they said they felt unable to go to the provider with a problem. This did not demonstrate a positive culture which was open and inclusive, despite the service' whistleblowing policy encouraging this. The provider's whistleblowing policy stated: 'Stallcombe House aims to create an atmosphere of open communication and commitment to high standards of work, within which criticisms can be frankly made and thoroughly investigated.'
- Staff surveys showed evidence of staff feeling a lack of fairness, feeling undervalued and communication being poor. 45% of staff felt they were not treated fairly; 28% did not feel valued and 56% felt communication was a problem. This demonstrated that the concerns raised impacting on high staff turnover had been raised by staff as part of the gathering of their views in May 2021. The provider

commented, "Once the staff survey (and other surveys) had been completed and the results collated we held feedback sessions for staff as part of the team building event where we shared the results and discussed what people felt had contributed to their view of things." However, these concerns remained and still needed to be addressed to improve staff retention.

- We found no evidence that people had been harmed however, staff did not feel valued and supported by the provider which did not demonstrate a positive culture which was open and inclusive.
- We also received positive comments from staff about their experience of the provider. Comments included, "I am confident in the way Stallcombe is being taken forward. It was quite institutionalised here, not now. I can honestly say that I have never seen the residents as happy and relaxed, making their own choices. There has been a positive impact on people, possibly not so much for the staff. Staff don't like change" and "Staff are not moving forward; the old management had their favourites. I love it here and am here for the residents. It's about fairness, everyone is treated fairly now."
- A new management structure had been agreed and started to be implemented. There will be four 'heads of', a Head of Care and operations, Head of Finance, Head of HR, Training and Administration and Head of Facilities. These positions will sit below the Head of Charity. The aim to establish clear lines of accountability, with the aim of helping to improve communication at all levels within the service. The provider commented, "The employment of new heads of department has also been a direct attempt to improve our structure, listening capacity and communications." Staff commented, "I see the new tier management structure as a positive thing, tighten things up" and "I think the new structure will help improve accountability and communication."
- The service sought feedback from people who use the service and relatives to identify areas for improvement. The survey asked specific questions about the standard of the service and the support it gave people. Comments from people using the service and relatives were positive, praising staff for how caring and supportive they were.
- We also received positive comments from relatives regards to the care and support provided to people. Comments included, "The staff are amazing"; "(Relative) wouldn't have it any other way. He is extremely happy at Stallcombe, he has grown as his own person. Couldn't ask for better staff. (Relative's) key worker has done wonders with him. Cannot praise the staff enough" and "Dedicated, committed staff. The care provided is wonderful."
- The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that people were constantly encouraged to lead rich and meaningful lives.
- A total communication approach had been adopted to maximise people's choices and independence regards to things which were important to them. Staff were passionate about this approach when supporting people. For example, regards to activities, holidays and meal choices. Total communication is about finding and using the right combination of communication methods for each person. This approach helps an individual to form connections, ensures successful interactions and supports information exchanges and conversations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, infection control, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk

assessments updated.

- Policies and procedures were in place and the service worked in line with them to ensure a safe service.
- The provider recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The provider had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs, physiotherapists and learning disability practitioners. Regular reviews took place to ensure people's current and changing needs were being met.
- A professional commented, "I have no concerns about Stallcombe House. They are reliable at attending hydrotherapy sessions. There are clear lines of communication and the service is proactive in contacting us if changes are noted in a person's care and support needs."