

Antonipillai Gnanabalan

Stamford House Care Home

Inspection report

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20 October 2022

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stamford House Care Home is a residential care home providing accommodation for persons who require personal care for to up to 23 people. The service provides support to older people. At the time of our inspection there were 15 people using the service. The care home accommodates people across two floors in one building.

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

Medicines were not always managed safely. Systems and processes were in place to safeguard people from abuse and people told us they felt safe. The home had made improvements in relation to environmental risks, however, some risk assessments needed reviewing and updating. We made a recommendation about this. Staffing levels were low at times, but the manager was in the process of recruiting new staff.

Recruitment practices had improved, however, there was still some improvement required. We made a recommendation about this. Infection prevention and control (IPC) practices were safe and people were supported to have visitors. Some examples of lessons learned were available for us to review.

People's care plans did not always contain necessary information and people's needs had not always been appropriately assessed. The manager told us they would look to make improvements in this area. Staff received support through regular supervisions and appraisals and staff received appropriate training to ensure they had the necessary skills to carry out their role. People were supported to maintain a balanced diet. During the inspection we did find several food items that had not been used within the dates specified by the manufacturers. We made a recommendation about this. Some adaptations had been made to the home to meet the needs of the people living there. People's healthcare needs were being supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and staff were able to express their views and the service supported people to access advocacy services when required. People's privacy and dignity was being respected and people spoke positively about staff.

People's records and care plans were not always person centred. End of life discussions were taking place with people when appropriate and staff received training in end of life care. A complaints policy and procedure was in place. There had been no complaints logged since the last inspection. Activities were not regularly taking place. The manager was in the process of recruiting an activities coordinator. We made a recommendation about this. The manager explained how they could access information in various formats should people require this.

Audits were in place, though these were not as robust as they should have been. The provider had increased

their oversight of the service, though further oversight was required. The home had internal CCTV in place, though paperwork required reviewing and updating. The manager and provider agreed to disconnect this until all necessary paperwork was in place and up to date. Staff knew how to escalate any concerns and people and staff spoke positively about the management of the service. Necessary referrals were being made and the manager spoke about being open and honest when things go wrong. Staff worked in partnership with various agencies to support people and staff meetings were taking place. Surveys had been sent out to people, their relatives and staff, but the result had not been analysed. The manager told us they would ensure this was done.

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 inadequate (published 8 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas, however, the provider remained in breach of some regulations.

This service has been in Special Measures since 12 January 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

The provider was in the process of addressing the outstanding breaches and had plans in place to mitigate our concerns.

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

We have found evidence that the provider still needs to make some improvements. Please see the safe, effective and well-led sections of this full report.

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

Enforcement and Recommendations

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

We have identified breaches in relation to person-centred care, medicines and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is

added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stamford House 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 4 inspectors (which included a medicines inspector).

Stamford House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stamford House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post and there was also a new manager in post who told us they planned to register.

Notice of inspection

This inspection was unannounced. Inspection activity started on 12 October 2022 and ended on 20 October 2022 when we delivered feedback remotely. We visited the location's service on 12 and 13 October 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, 1 relative and 1 health care professional about their experience of the care provided. We spoke with 8 members of staff including the registered manager, manager, the operations director, senior care workers and care workers. During the inspection, we visited both floors of the home and we reviewed a range of records. This included reviewing 3 people's care records in detail. During the inspection we also looked at 7 people's medicines records, storage of medicines and various medicines documentation. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to demonstrate medicines safety was effectively managed. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were not always kept securely, as unauthorised staff had access to the medicines room.
- There was no staff on the night shifts with the ability to administer medicines if they were required. This meant that people who may need a medicine during the night such as pain relief might have had a delay in being able to receive it.
- Information to support staff to safely administer 'when required' medicines was not always available; therefore, people may not have been given their medicines when they need them. We found 2 people did not have plans to support staff to safely administer medicines to treat agitation, therefore there was a risk people were administered medicines to control their behaviour.
- There was not always an accurate record of people's medicines in the home, therefore people may not have been given their medicines as prescribed. Medicine administration records for medicines that were not administered every day, did not always contain information to make sure staff knew the required dose of medicine or when the next dose was due.
- The site of the application of topical patch preparations was not always recorded, therefore we were not assured the site of patch was rotated as recommended by the manufacturer. This increased the risk of skin irritation.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to demonstrate safety was effectively managed. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach regarding environmental risks.

- Environmentally the home had made improvements to mitigate environmental risks. All rooms we looked at had wardrobes which were now securely fixed in place and window restrictors.
- Appropriate environmental risk assessments were in place, but these needed reviewing as these referred to redecoration works of areas that had been completed.

We recommend the provider ensures that environmental risk assessments are regularly reviewed to ensure they contain the necessary most up to date information.

Staffing and recruitment

At our last inspection the provider had failed operate an effective recruitment process. This was a breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staffing levels were low on some shifts. Rotas showed that some shifts were under-staffed based on the dependency tool used to calculate people's dependency.
- Staff comments included "Most of the time there is 3 staff in the day but some days there are 2 due to staff sickness or annual leave, this is not enough" and "There is usually 3 staff on in the day and 2 staff at night. Some days there are only 2 staff in the day and this is a struggle." There had been no impact for people using the service when less staff were on shift. The manager told us recruitment had been difficult due to the enforcement action taken by us, however they hoped this would begin to stabilise out following the inspection.
- Recruitment practices had improved, but there were still some minor concerns. Interview notes were not always in place making it difficult to ensure staff were recruited in an open and honest way. Staff had also not always confirmed the reason for leaving previous roles before starting with Stamford House. One person's gaps in employment had not been fully addressed.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were in place and being followed to prevent abuse of people and that these processes operated effectively. This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff were able to provide examples of what they would report as a safeguarding concern, and we saw examples of referrals that had been made to the local safeguarding team.

- People told us they felt safe. One person told us, "Yes I feel safe." One relative told us "Yes [I feel mum is] very safe."

Preventing and controlling infection

At our last inspection the provider had failed to ensure appropriate processes were being followed regarding IPC practices. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach regarding IPC practices.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- People were supported to have visitors in line with current government guidance.

Learning lessons when things go wrong

- The manager was able to provide some examples of lessons learned relating to accidents, though this information was not as detailed as it could have been.
- Staff meetings showed discussion around how to improve from previous issues, though again this appeared to lack any level of detail.

Is the service effective?

Our findings

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

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

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

At our last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Peoples needs had not always been assessed. The care plans we reviewed did not have a pre-assessment on file that had been done by the home to ensure they could meet the person's needs. This was a historic issue as the home had not admitted any new residents recently. The manager showed us that they had a new form that could be used if any new admission were taken.
- Peoples care plans did not always have health condition specific care plans and risk assessments in place and was not always reflective of their abilities or requirements.
- One person did not have a skin integrity care plan in place when it was needed. This person's mobility care plan was out of date and did not reflect their current needs.
- One person's continence needs was not clearly or accurately recorded and was contradictory in a different part of their care plan. This person was identified as a falls risk but there was no falls risk assessment in place.

The provider had failed to ensure staff provided people with individualised care which met their needs. This placed people at risk of harm. This was a continued breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they would look to ensure all care plans were updated to include all necessary information within 6 weeks.

Staff support: induction, training, skills and experience

- Staff were supported through supervisions and appraisals which were happening in line with the services policy.
- An induction programme was provided when staff first commenced employment to ensure they understood what was required within their role.

- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs and training compliance rates were high.
- Staff told us they felt supported in their role.

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

At our last inspection the provider had failed to ensure that people's nutritional needs were being met. This was a breach of Regulation 14 (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to maintain a balanced diet. We saw examples of people's specific dietary requirements and wishes being followed.
- The home had a dedicated chef who was aware of people's dietary requirements.
- People told us they enjoyed their food. One person told us "It [the food] is wonderful."
- Food temperatures were being consistently checked and recorded before being presented to people and we found people's food was prepared and presented in an appropriate way.
- During our inspection we found several items that had been frozen then not used within the time frame given. The manager ensured a full audit was done during our inspection and any necessary items disposed of.

We recommend the service regularly reviews their stocks of food to ensure best practice guidelines are being followed.

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

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

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

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

At our last inspection the provider had failed to ensure systems and processes to prevent abuse of people operated effectively. This was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had necessary capacity assessments, necessary DoLS referrals were being made and the service had a policy to support best practice around MCA and DoLS.
- The manager had a DoLS tracker in place to ensure they were following up any necessary information.
- Staff had completed MCA and DoLS training, though staff knowledge in this area was mixed.
- One person that had capacity told us they do not have the key code to leave the home and they had to ask staff to leave, however they were happy with that arrangement.

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

- Some adaptations had been made to the home to meet the needs of the people living there and people's disability aids had been personalised to make them easily recognisable.
- Appropriate signage around the home was in place, which helped promote people's awareness. However, internal signage around use of CCTV internally was not in place, this is covered in more detail in the well-led domain.

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

- Staff supported people with their healthcare needs.
- People told us they got to see a Dr when they needed to. One relative said, "Yes there was an incident recently where Mum became unwell and the home notified her GP and myself."
- The service worked with a variety of health and care professionals including the local mental health team, district nurses, GPs, advocates, podiatrists and the local safeguarding team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views through completing surveys or speaking with management. We also saw some examples of one to one meetings with people, which allowed them to express their views.
- People and their relatives were involved in planning people's care.
- The service had accessed advocacy services, to help support people when needed.

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence

- People were treated well and their dignity was being respected. A privacy and dignity policy was in place.
- We witnessed some caring interactions between staff and people throughout our inspection.
- Equality and diversity was covered throughout a variety of policies.
- A general data protection policy was in place and people's personal information was being appropriately stored.
- People and their families spoke positively about staff. Peoples comments included, "The staff are all very good" and one person told us staff were "kind" and "caring." One family member said, "The staff are all very nice."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- At the time of the inspection, the service did not have an activities co-ordinator. The manager explained how they found it difficult to employ staff to fill positions due to the current rating of the home. They had however recently managed to recruit an activities coordinator who was going through the necessary recruitment checks before being able to start.
- People's comments included, "They don't do any activities in the home it can be boring" and "We don't have any activities, it can be boring because I don't like to watch TV."
- Staff comments included, "No there are no activities, we used to have someone come in and do that but we don't anymore. They have cut paper out for Halloween decorations" and "We don't have activities."

We recommend the service ensure that people are engaged with meaningful activities.

- People were supported to see their visitors in the home as mentioned in the safe domain.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care records were not always person centred as detailed in the safe and effective sections of this report. Care plans were in place, however, these did not always contain necessary risk assessments for people's health conditions including Angina, diabetes, alcohol dependency, gout, COPD and self-neglect.
- Although no one was at end of life at the time of the inspection, staff had discussions with people around their end of life wishes. For people that wished to discuss end of life wishes, care plans were in place.
- The service had an end of life policy in place, which detailed the expectations around end of life care and staff had completed end of life training.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

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

- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received.

- There was a complaints folder in place, though the manager and registered manager told us there had been no complaints since the last inspection.
- The manager and registered manager understood the need to ensure people were able to access information in a format suitable for them.



Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to assess and monitor the quality of the service. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Various audits that were in place had not identified all the risks we identified.
- Whilst there had been some learning and improvement, not all breaches from the previous inspection had been met.
- The provider was able to show us some examples of how they have supported the registered manager and new manager since the last inspection. However, provider oversight needed to be increased to ensure appropriate oversight of audits was taking place.
- The service was not working in line with their own medicine policy in relation to body maps and staff training.
- CCTV was in operation in some internal communal areas, the provider was not able to provide all necessary up to date paperwork around this. The manager and provider took a decision to disconnect the internal CCTV until a time that they had ensured all necessary paperwork was in place. External CCTV was still being used to ensure the safety of the building.

The provider had failed to ensure good governance. This was a continued breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure that the registered manager was acting on the duty of candour and appropriately notifying CQC when required. This was a breach of Regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

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

regulation 18.

- The registered manager reported accidents, incidents and concerns to the CQC and the local authority.
- The manager was aware of their responsibility under the duty of candour and spoke about being open, honest and transparent when things go wrong.
- Staff had completed duty of candour training.
- Lessons learned were taking place and were being discussed with staff at necessary meetings, though detail around this could be strengthened.

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

- People using the service were at risk of receiving poor outcomes as identified in this report.
- A whistleblowing policy was in place and staff were aware how to escalate any concerns.
- People and staff provided mostly positive feedback on the management of the service. Staff told us they enjoyed their roles, their comments included, "I have stayed here all this time because I think it is really good here" and "I like it here". People's comments included, "I feel able to approach the manager, she is new", "I can express my views" and "There is a new manager she is very nice."

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

- Staff did work in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.
- Staff meetings were taking place, as well as some one to one meetings for people that used the service and their relatives. Relatives were regularly kept up to date with telephone calls and during visits.
- Surveys had been sent out to people and their relatives and responses had been received, however this data had not been analysed for trends or patterns to help drive improvement. The manager told us they would ensure responses were reviewed and any trends analysed.
- Staff surveys had recently been sent out and the service was awaiting responses.