Interhaze Limited

Stanbrook Care Home

Inspection report

Manor Road Precinct
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Date of inspection visit:
08 October 2020

Date of publication:
28 October 2020

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
Stanbrook Care Home is a residential care home providing personal care to 25 older people; including people who may live with dementia. At the time of the inspection 22 people were being supported by the service. The accommodation is provided in one adapted building with bedrooms on the ground and first floor and a small garden area.

People's experience of using this service and what we found
Enough improvements had been made to meet the previous breaches of regulations but there remained some areas for further improvement. Some staff were not wearing PPE in line with current guidance. Care plans to support people with distressed behaviours required more detail however, staff were aware of people's needs and risks were monitored. People told us they felt safe and were happy with their medicine support. Staff had received safeguarding training and knew how to recognise and report any concerns. People and staff told us they were enough staff in the day, but one person and some staff felt more were needed at night.

Audits were carried out by the registered manager and the provider, but they had not identified the infection control concerns we found on inspection. There were improved systems to ensure risks to people were monitored. The provider had followed our recommendation to improve the environment and positive changes had been made. People, relatives and staff gave positive feedback about the registered manager and their views were sought and acted on.

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

Rating at last inspection
The last rating for this service was requires improvement (published 19 May 2020) and there were two breaches of regulation. We took account of the exceptional circumstances at the time arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe. We continued to monitor the service by contacting them on a fortnightly basis.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 May 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
We undertook this focused inspection to check for improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which

contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same 'requires improvement'. This is based on the findings 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 coronavirus and other infection outbreaks effectively.

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

Follow up
We will continue to monitor the service. We will work alongside the provider and local authority to monitor progress. 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.

Stanbrook 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 two inspectors and an assistant inspector. The assistant inspector worked off site making phone calls to people's relative and staff.

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

judgements in this report.
We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior carers, and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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.

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. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Although we saw most staff wearing the appropriate PPE in line with current guidance, two staff were wearing cloth masks in communal areas and one staff member did not wash their hands or wear gloves after direct hand contact was made between different people. This is not in line with current government guidance to prevent the spread of COVID-19. This was addressed by the registered manager when we shared our concerns.
- One staff member was not wearing a mask, the registered manager advised this was due to a specific health condition. Although they did not provide direct care to people, on the day of inspection they were working in the communal area and at times within two metres of people. A risk assessment was not in place to explore other actions that could be taken to reduce risks of infection spread during the current pandemic. Following our feedback, the registered manager put a risk assessment in place to reduce the risk.
- People told us the environment was kept clean. One person said, "It's a lovely place and they keep it nice and clean". Our observations confirmed this.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take all reasonable steps to reduce risk associated with people's care which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- At the last inspection we found concerns about how people who may display 'distressed behaviours' were supported. At this inspection we found improvements in staff knowledge about potential triggers that may lead to the behaviour, however, this wasn't always included in the care records. This increased the risk of inconsistent care, particularly as agency staff were used within the service.
- Improvements had been made to manual handling practices and care plans were detailed, including specific guidance for staff to follow.
- At the last inspection people were not protected from the risks associated with constipation. At this inspection we found improvements had been made and appropriate action was taken when the risk increased.
- Regular fire drills were carried out, and additional training had been put in place, when staff response was not satisfactory.

Systems and processes to safeguard people from the risk of abuse

● Prior to our inspection a safeguarding had been raised in relation to dehydration risks. We found staff had knowledge about who may be at risk of dehydration and what they needed to do to support people. We saw where people were at risk, fluid charts were in place to monitor this and regular recording was taking place. For two people, their fluid charts did have a number of identical entries, particularly at night which raised some concerns about the accuracy of these record. We shared this with the registered manager who was looking into the safeguarding concern.

● People told us they felt safe. One person said, "It's lovely, they look after me really well". A relative told us, "I feel [person] is safe. They always ring quickly with safety concerns."

● Staff had received safeguarding training and understood the signs of abuse and how to report concerns. One staff member told us, "I would report to the manager, if I suspected the manager, I would speak with CQC or owner."

Staffing and recruitment

● Most people and relatives felt there were enough staff and told us they didn't have to wait for care.

● Staff felt there were enough staff on duty during the day although some staff told us on occasions more staff were needed at nights. We saw this had been discussed at a recent team meeting with the registered manager. The registered manager stated the use of agency staff at night had an impact and had recruited a new member of night staff. They also had completed a night shift with staff and encouraged staff to talk to them if it continued to be a problem.

● Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable to work with people who may be vulnerable.

Using medicines safely; Learning lessons when things go wrong

● People told us they received their medicines as prescribed. One person told us, "They give me my medicine on time, everything's fine with that." Another person said, "No problems with my medicines, I'm glad they do it."

● Staff told us they had received training to administer medicines which included an observation of their practice to ensure they were administering medicines safely. Records seen confirmed this.

● When a medicine error occurred, appropriate action had been taken to reduce the risk of this happening again. This included improving the system when medicines where checked into the service. The provider also shared learning across their other homes to improve practice.

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 inadequate. At this inspection this key question has now improved 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 there were insufficient and inadequate systems in place to monitor and improve the quality of the service. This constituted a breach of Regulation 17 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 17.

● At the last inspection we identified areas of significant concern. These concerns related to the providers systems being ineffective in identifying and mitigating risk to people. In addition, care records were not sufficient and lacked information in relation to monitoring risks and action taken. At this inspection we found improvements in the governance systems, however there remained some areas for further development whilst embedding and sustaining the improvements made.
● Care plan audits had not identified the improvements required to ensure there was robust guidance in place to support people who may display 'distressed behaviours' including any potential triggers. Although staff had knowledge, this increased the risk of inconsistent care.
● The audits carried out for infection control had not identified the issues we found with correct wearing of PPE and the providers COVID-19 risk assessment had not been updated in line with current COVID-19 guidance. This increased the risk of unsafe care and transmission of infection.
● Since the last inspection systems to monitor accidents and incidents, new admissions to the service and staff competency had improved. We found regular audits were taking place and analysis of information to identify themes or lessons learned.
● At the last inspection we recommended the provider considered best practice guidance in relation to adapting the environment further to meet people's needs who may be living with dementia. At this inspection we found the provider had made improvements, for example toilets had coloured seats and lighting had been changed. A bus stop had been introduced in the garden which one person enjoyed using. Future improvements were also identified, for example the summer house was going to be used as a quieter space for people to access.

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

● Feedback was sought from people through meetings, surveys and individual conversations with the registered manager. One person told us they were the 'representative 'at the service. They told us, "I feed back to the manager on any issues that the residents have." We saw their information was displayed on the notice board in the communal lounge.

● Surveys had been completed with relatives and there had been regular communication to keep them updated and connected to the person during the COVID-19 pandemic.

● People knew who the registered manager was and spoke highly of them. One person said, "[Registered manager] is great, she doesn't stand for any nonsense, I've been so impressed with her."

● Staff gave positive feedback about the registered manager and felt staff morale was good. One staff member said, "It is a nice friendly team, the manager is approachable, and happy to speak about things even if at home."

Working in partnership with others

● The registered manager had worked in partnership with the local authority quality team to make improvements within the home.

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 her responsibilities in relation to the duty of candour regulation and being open and honest and accepting responsibility when things went wrong.