

Stocks Hall Care Homes Limited

Andrew Smith House - Nelson

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

Andrew Smith House is registered to provide nursing and personal care for up to 60 older people, people with a physical disability, people with nursing or mental health care needs and people living with dementia. Accommodation is provided in four units over two floors, with the two units on the upper floor specialising in providing care to people living with dementia. At the time of the inspection, 43 people were living at the home.

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

People felt safe at the home and everyone we spoke with was happy with staffing levels. The provider recruited staff safely and staff understood how to protect people from the risk of abuse. People received their medicines as and when they should. Staff followed appropriate infection control procedures, and people and staff told us the home was always clean. Risks to people's health and wellbeing were managed well and the safety of the home environment was checked regularly.

Staff supported people to achieve good outcomes. Staff received an appropriate induction and training and were able to meet people's needs. 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. Staff supported people with their dietary and healthcare needs and referred them for specialist support when they needed it. The environment had been adapted to meet people's needs and enable them to remain as independent as possible.

Management and oversight of the service had improved significantly since our last inspection. Regular audits and checks were effective in ensuring appropriate levels of safety and quality were maintained at the home. Staff understood their responsibilities and provided people with care which resulted in good outcomes. The home worked in partnership with community agencies to ensure people received the support they needed. People's views were sought about the service and acted upon. People, relatives and staff found the manager approachable and supportive and felt he had made significant improvements to standards of care at the home.

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 13 January 2020). At that inspection we found multiple breaches of regulation and the service was placed in special measures. This meant the service was kept under review and we would re-inspect within six months to check if enough improvement had been made. 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 the key questions of Safe, Effective and Well-led and the provider was no longer in breach of regulations. 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

We carried out an unannounced comprehensive inspection of Andrew Smith House service on 19, 20 and 25 November 2019, due to concerns received about the service. Breaches of regulation were found in the key questions of Safe, Effective and Well-led. These related to inadequate staffing levels, staff not always treating people with dignity and respect, lack of induction and training for staff, failure to recruit staff safely, poor medicines management, lack of effective infection control practices, failure to act upon complaints and lack of effective management of the service. The service was placed in special measures.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe, Effective and Well-led which contain those requirements. Although we did not look at the key questions of Caring and Responsive at this inspection, the ratings for those key questions from the last inspection, were used in calculating the overall rating at this inspection. At that inspection, the key questions of Caring and Responsive were rated Requires improvement. Therefore, the overall rating for the service has changed from Inadequate to Requires improvement.

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 Andrew Smith House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Andrew Smith House - Nelson

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.

Inspection team

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

Andrew Smith House 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 did not have a manager registered with the Care Quality Commission. The home manager had applied to become registered and was waiting for this application to be processed. Once registered, they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the manager a short period of notice, to enable them to contact staff and people's relatives to gain their consent for us to telephone them for feedback about the service.

What we did before the inspection

We reviewed the last inspection report and information we had received about the service since the last inspection. This included notifications about events which the provider is required to send to us by law. We

reviewed information received from the local authority and other agencies involved with the service, during regular Quality and Performance Improvement Planning (QPIP) meetings, which we had attended since January 2020. We also sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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.

During the inspection

We spoke with six people who lived at the service about their experience of the care provided. We also spoke with the manager, deputy manager, a senior nurse and the head chef.

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

After the inspection

We contacted eleven relatives by telephone for their feedback about the care provided. We also spoke on the telephone with five staff, including a unit manager, care staff and a member of the domestic staff.

We reviewed a variety of records relating to the management of the service, including environmental checks, audits, policies, staff meeting and supervision notes. We also contacted two community professionals who regularly visit the service for their comments.

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 Inadequate. At this inspection this key question has now improved to Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) 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 10.

- People were treated with dignity and respect. Staff spoke to people in a respectful way and respected their right to privacy and dignity. People told us, "Everyone is very nice, I'm very happy here" and "I'm treated beautifully. I love all the staff."
- Staff provided people with support in a timely way. Everyone we spoke with told us they received support from staff when they needed it. One relative commented, "[Person] is getting more attention from staff, so they are much happier now."
- People told us they felt safe living at the home and when staff supported them. One person commented, "Staff use a hoist and I feel safe when I'm being moved."
- Some safeguarding concerns had been raised about the service since our last inspection. We found the manager had taken appropriate action to address these, making improvements when necessary, including addressing performance issues with staff when needed.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) 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.

- Staff were recruited safely. Appropriate checks had been completed before staff started working at the home, to ensure they were suitable to care for the people living there.

At our last inspection the provider had failed to ensure that staffing levels were appropriate to meet people's needs. This was a breach of regulation 18 (Staffing) 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 18.

- Sufficient numbers of staff were available to meet people's needs safely. Everyone we spoke with was happy with staffing levels at the home. One staff member told us, "Staffing levels are much better now. People are supported when they need it." Staff were visible throughout the home during our inspection and we observed there were enough staff to respond to people's requests for support quickly.
- The provider used a dependency tool to assess people's support needs and the number of staff required to meet their needs. Staff were consulted regularly about staffing levels at the home.
- The number of agency staff working at the home had reduced significantly since the last inspection. This meant people were supported by staff who knew them and were familiar with their needs. Shortly after the inspection, the manager recruited two additional nurses and told us that when they started working at the home, there would no longer be a need for them to employ any agency staff.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. 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.

- People's medicines were managed safely. Staff administered people's medicines in line with current guidance and medicines records included all necessary information.
- Medicines, including controlled drugs, were stored safely. Fridge and room temperatures were recorded daily, and action was taken where these were outside safe limits. Stocks of medicines were checked regularly and the ones we reviewed were accurate. 'When required' medicines were included on people's medicines records and information was available to guide staff about how and when to administer them. Medicines were dated on opening when appropriate.

Preventing and controlling infection

At our last inspection the provider had failed to ensure that effective infection control processes and practices were in place. 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.

- Infection control practices at the home were effective. Staff wore appropriate personal protective equipment (PPE) when supporting people with personal care and carrying out cleaning at the home. We found the home was clean, including all furniture, and smelled fresh throughout. Two community professionals who visited the home regularly told us it was kept clean and tidy.

- 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.

Assessing risk, safety monitoring and management

- The provider had processes to support people to manage risks to their health and wellbeing. Risk assessments guided staff on how to support people and were updated regularly. Staff updated relatives about any changes to people's risks and needs.
- The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred and completed the necessary documentation.
- Regular safety checks of equipment and the home environment were completed, including lifting equipment, fire safety and water checks.

Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and safeguarding concerns and make improvements when needed. The manager had worked hard to improve standards at the service since the last inspection and we saw evidence that lessons learned were shared with staff through handovers, meetings and supervisions.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff received an effective induction and sufficient training to meet people's needs. This was a breach of regulation 18 (Staffing) 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 18.

- The provider ensured staff received the induction and training they needed to support people effectively. All staff completed a thorough induction, which included training and observing experienced staff before they provided care. Records showed that 98% of staff had completed all of their mandatory training. Since the last inspection, training in mental health, learning disability and end of life care had become mandatory and most staff had completed this, with further dates scheduled for the remaining staff.
- Staff were happy with the induction and training provided at the service. One staff member commented, "There has been lots of training since the manager took over. The staff are more skilled." People and relatives felt staff had the knowledge and skills to provide good support.

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

- People were supported to maintain a good diet. Staff offered people choices at meal times and menus were displayed on each unit. One person commented, "I am asked what I want to eat. I just want sandwiches at teatime and that is what I get."
- People told us they liked the food at the home. We observed lunch on one of the units and saw that people were relaxed and comfortable and enjoyed their meal. Staff were friendly and respectful towards people and supported people with their meals when they needed it.
- Care documentation guided staff on people's dietary needs and risks, and kitchen staff were kept up to date with any changes. The head chef described the improvements made to people's dining experience since the last inspection, which included more choice and improved quality and presentation of pureed meals.

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

- The manager and staff provided people with care and support which met their physical, mental and social

needs. Care documentation included detailed information to guide staff about people's needs, risks and preferences. Information was also included about what people were able to do for themselves and how staff should support them to achieve good outcomes.

- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance, including up to date guidance on the Covid 19 pandemic. We observed staff delivering care in line with relevant guidance during the inspection.
- Care documentation included detailed information about people's healthcare and communication needs, including those of people with a learning disability. We observed the manager and staff using Makaton with one person to communicate (Makaton is a learning programme for people with learning or communication difficulties, which uses signs, speech and symbols to help people communicate) in line with their care plan.

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

- The home had been adapted to meet people's needs and enable them to maintain their independence. A passenger lift and lifting equipment were available to support people with moving or transferring, and adapted bathroom facilities were available. Specialist equipment was used to support people at risk of falling and to prevent pressure damage to people's skin.
- People were happy with their rooms and the home environment. They had personalised their rooms to reflect their tastes and make them more homely.
- The two units which specialised in supporting people with dementia, had been designed to meet their particular needs. For example, people's bedroom doors were brightly coloured and easy for them to identify, bathrooms had toilets with contrasting colour seats and many people had memory boxes outside their doors, with photographs and other items to support memory and reminiscence. The manager showed us sensory equipment he had recently purchased, to stimulate people's senses and improve their wellbeing.

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

- People were supported to meet their healthcare needs. Staff supported people with healthcare appointments and referred people to community healthcare professionals to ensure they received any additional support they needed. These included GPs, community nurses, podiatrists and dietitians.
- People's care documentation included information about their healthcare needs, medical history, medicines and allergies. The service was part of the 'red bag' scheme, which ensured that medication and personal belongings went with people if they went to hospital, and important information about people's needs and risks was shared with paramedics and hospital staff.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

- The service was working within the principles of the MCA. People's care plans included information about

their capacity to make decisions about their care. Where they lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives or advocates. Where people needed to be deprived of their liberty to keep them safe, the manager had applied to the local authority for authorisation to do this.

- The service gained people's consent before care was provided. We observed staff asking people for their consent during our inspection and encouraging people to make decisions about their care.

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 Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there were effective systems in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) 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.

- Management and oversight of the service had improved significantly since our last inspection. The breaches of regulation found at the last inspection had been addressed, with significant improvements made to standards of care, staffing arrangements, staff induction and training, the home environment, medicines management and infection control. Regular audits and checks were completed, including those related to health and safety, infection control, medicines and care documentation. Action plans were in place and necessary improvements were being addressed in a timely way. We found the audits and checks completed were effective in ensuring appropriate standards of quality and safety were being maintained at the home.
- People living at the home and relatives told us standards had improved at the home since the last inspection. Their comments included, "You can see a significant difference in the last six months", "The working practices are a lot better. We are a lot more comfortable with [person's] wellbeing" and "The management seems good, much better than it was." One staff member commented, "Standards of care have improved significantly, it's like a different home. The residents are happy again." One community professional told us they found the home to be welcoming and homely and felt it was organised and well run.
- The provider and manager understood their roles and regulatory responsibilities. The manager was responsible for the day to running of the home, with support from a deputy manager and four unit managers. The provider and operations manager had regular contact with the home and the quality assurance manager completed regular audits of quality and safety.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and staff meetings.

- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

Continuous learning and improving care

- Everyone we spoke with felt care at the home had improved since our last inspection. Staff told us, "It's one hundred per cent better than last year. I'm happier in my job and the residents are much happier. [Manager] has done a great job" and "With the new manager things are much better and the atmosphere is better. People are safe and they get good care."
- At the time of the last inspection, a large proportion of the staff working at the home were agency staff. Since his arrival, the manager had recruited a number of permanent staff, to ensure people were being supported by staff they knew, who were familiar with their needs. He had also dismissed a number of staff due to performance issues. One staff member told us, "Staff are doing what they should now. There's been a massive improvement since [manager] came."
- The manager had plans to improve the home further. There was a detailed home improvement plan in place which he updated regularly and shared with the provider during regular meetings, when they reviewed the progress of improvements and discussed any issues at the home.

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

At our last inspection the provider had failed to ensure that complaints were responded to appropriately. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- None of the people living at the home we spoke with had raised concerns or made a complaint. Relatives who had raised concerns told us the manager had dealt with them quickly. One relative told us, "Shortly after [manager] took over, there was an issue with a staff member and [manager] dealt with it immediately. That would not have happened before. We have more confidence in him."
- People and their relatives found the manager and staff approachable. They told us, "The manager is a very pleasant man, he always talks to me. He is very approachable" and "I like [manager] and all the staff are good". Staff found the manager approachable and supportive. Some described him as very caring and gave examples of exceptional support they had received from him in relation to both their personal and professional lives.
- The manager was familiar with the needs of everyone living at the home. One staff member told us, "The manager knows all the residents. He walks around the home every morning before the morning meeting."
- The manager had processes to gain feedback from people and relatives about the care provided at the home. Residents' meetings took place regularly and people's concerns and suggestions were listened and responded to. He also spoke with people during his daily walks around the home, when they were able to raise any concerns.
- Staff meetings took place regularly and staff felt involved in the service. They felt able to raise any concerns with the manager or deputy manager. One staff member told us, "You can raise any concerns and you feel 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 provider had a duty of candour policy and the manager was aware of their duty of candour responsibilities. Where accidents or incidents had occurred, the manager had investigated appropriately and where the service was found to be at fault, had offered an apology.

Working in partnership with others

- The service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, community nurses, hospital staff, dietitians, podiatrists and the local community mental health team.
- The manager and staff kept relatives up to date with changes in people's needs, and regularly updated them about changes in practice at the home related to the Covid 19 pandemic. One relative told us, "[Manager] set up meetings with residents and family, which unfortunately had to stop due to Covid 19. Communication is still happening now though, with updates and emails and we were asked how we wanted to be kept up to date."
- The manager had worked with the local authority to maintain adequate supplies of PPE and to source training for staff that the service was unable to access elsewhere due to the pandemic.