Stroud Care Services Limited

Stinchcombe Manor

Inspection report

Echo Lane
Stinchcombe
Dursley
Gloucestershire
GL11 6BQ

Tel: 01453549162

Date of inspection visit:
13 June 2018
14 June 2018

Date of publication:
02 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Stinchcombe Manor on 13 and 14 June 2018. Stinchcombe Manor is registered to provide accommodation and personal care to 26 older people and people living with dementia or with mental health needs. In August 2017, the service's registration changed and they no longer provide nursing care.

At the time of our inspection, 26 people were living at Stinchcombe Manor. Stinchcombe Manor is based in rural Gloucestershire. The service is split over two floors with communal spaces on each floor. The service has a small secure garden, as well as larger gardens overlooking local farm land which people could enjoy. This was an unannounced inspection.

We previously inspected the home on 9 March 2017 and rated the service as "Requires Improvement". The service had not met all of the required regulations, for example the registered manager and provider did not have effective systems to monitor the quality of the service they provided. People's care records were not always accurate, complete and contemporaneous. The provider sent us an action plan detailing the action they were planning to take. At our June 2018 inspection we found the service had taken appropriate action to meet the regulations and was rated 'Good' overall.

There was a registered manager in place at Stinchcombe Manor. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at Stinchcombe Manor. There were enough staff deployed to ensure people's needs were being met. People received the support they required to meet their health and wellbeing needs.

People received their medicines as prescribed. The registered manager was working through an internal improvement plan detailing the actions they would take to improve the management and recording of people's prescribed medicines.

Care staff treated people with dignity and ensured their nutritional needs were met. Catering and care staff were aware of and met people's individual dietary needs. Staff spoke positively about the support and communication they received. Care staff felt they had all the training and support they required to meet people's needs.

Care staff were caring and were aware of people's health needs. People and their relatives felt their concerns and views were listened to and acted upon. Relatives told us the management team was responsive and approachable.

The registered manager and provider had implemented systems to monitor and improve the quality of service people received at Stinchcombe Manor. The registered manager had a clear vision of how they

wanted the service to develop and improve, with a focus on providing people with varied and personalised activities.

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. People received their medicines as prescribed and the registered manager was taking action to ensure good recording practice regarding the management of medicine was always followed.

The risks associated with people's care were managed and people were supported to take positive risks.

There were enough staff deployed to meet the personal care needs of people. People felt safe living at the home and staff understood their responsibilities to report abuse.

Is the service effective?

Good

The service was effective.

Care staff had access to the training and support they needed to meet people's needs.

People were supported to make day to day decisions around their care. People were supported with their on-going healthcare needs.

Is the service caring?

Good

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality was respected.

Is the service responsive?

Good

The service was responsive. People's well-being needs were being effectively acted upon to ensure people received the support of healthcare professionals.

People enjoyed their life in the home and had access to ad hoc activities which met their individual needs. The registered manager had plans to develop and improve people's person-

centred care.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Good

The service was well led. The registered manager had a clear vision for the service. People, their relatives and staff spoke positively of the registered manager.

People and their relatives' views were sought and they felt the provider and management were responsive to their concerns.

Stinchcombe Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 June 2018 and it was unannounced. The inspection was completed by one adult social care inspector. At the time of the inspection there were 26 people living at Stinchcombe Manor

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law. We spoke with and sought feedback from a local GP and from local authority commissioners.

We spoke with seven people who were using the service and two people's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine staff members; including four care staff, the chef, the deputy manager, the registered manager and two representatives of the provider. We reviewed six people's care files and associated records. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People felt safe living at Stinchcombe Manor. Comments included: "I'm happy here, I've got no problems"; "I'm safe and like having me" and "I am safe here, I like being here." Relatives told us they felt their loved ones were safe living or staying at the home. Comments included: "You feel comfortable with (relative) living here" and "No issues here." Information regarding the provider's safeguarding processes including the provider's safeguarding contacts were available for people and their relatives to access on noticeboards within the home.

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would go to (registered manager) any problem and she deals with it". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "We can go to the service director and CQC if we need to".

The registered manager and representatives of the provider raised and responded to any safeguarding concerns in accordance with the local authority's safeguarding procedures. Since our last inspection they had ensured all concerns were reported to the local authority safeguarding team and CQC. Care staff were supported to learn from incidents and accidents to make improvements to people's care and support. For example, accidents or near misses were reviewed and guidance provided to staff to ensure people's health and wellbeing needs would be maintained.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked to ensure it was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Equipment to assist people with safe moving and handling were serviced and maintained to ensure they were fit for purpose.

People could be assured the home was clean and that housekeeping and care staff followed and recognised safe practices in relation to infection control. People and their relatives felt the home was clean. Care staff wore personal protective clothing when they assisted people with their personal care. One relative told us, "The home is always clean and tidy."

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information about the support they needed to assist them to be safe. For example, one person was admitted to the home following falls in their own home. Care staff had identified the person was at risk of falling from their bed. Assessments had been carried out to see if bedrails would be safe. The risk assessments took into account the person did not have capacity to understand the risks to their health and wellbeing. A best interest decision was made, with bed rails being placed on one side of the bed, and a crash mat and sensor

being placed on the other side. The care plan detailed how this enabled the person to be kept safe if they fell from bed and also alerted staff to any concerns.

People were supported to balance their personal wishes with their care and risk assessments. For example, care staff told us one person would place themselves on the floor from their chair or bed. Care staff had a clear protocol to follow if the person placed themselves on the floor, which included ensuring they had not sustained an injury and ensuring they were kept comfortable. We observed care staff following this protocol and respecting the person's wishes to place themselves on the floor. One member of staff said, "(Person) goes on the floor. They can be unpredictable, we make them comfortable, however it's their choice and we respect that choice."

We observed there were enough staff deployed to meet people's needs. People and their relatives told us there were enough staff available to meet their needs. Comments included: "They do look after me if I need them"; "I can't fault the staff, I can come in anytime. I tip my hat to the staff" and "There are lots of people to make a fuss out of me."

Care staff told us staffing had improved and there were enough staff deployed to ensure people's needs were met and to support them to enjoy one to one time and activities. Comments included: "It's quite relaxed and staggered here, I don't feel we're rushed"; "We get time to sit and spend with people, I think we have a really good bunch here now" and "It's been hard, but its brilliant now. It is a good team and we get time to spend with people."

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that staff who came to work at Stinchcombe Manor had the skills, experience and the character required to meet people's needs.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) these were administered in accordance with the proper and safe management of medicines.

People received their medicines as prescribed. We found some gaps in people's medicine administration records as care staff had not always signed to say when they had administered people's prescribed medicines. The registered manager and senior care staff were able to explain the gaps in recording. This reassured us that people received their medicines as prescribed. The registered manager was working through an internal improvement plan detailing the actions they would take to improve the management and recording of people's prescribed medicines.

We observed one member of care staff assisting people with their prescribed medicines in a person-centred manner. For example, they assisted a person with their prescribed medicines in a kind and compassionate way. They clearly communicated what the medicines were for and asked if the person wanted to take them. They gave the person plenty of time and support to take their medicines. The person was in control throughout, offered choice by the staff member and given a drink with their medicines.

Good

Is the service effective?

Our findings

People and their relatives felt the care staff were skilled and knew how to meet their daily needs. Comments included: "They give me the support I need"; "The staff are very caring, I don't have a favourite"; and "They are patience personified. Skilled, I can't fault them." One healthcare professional spoke positively about the commitment and skills of care staff employed at the home. They said, "There is a very stable set of staff, they have been really good."

Care staff told us they had access to the training they required to meet people's needs. Staff informed us that since the service stopped providing nursing care to people they had been receiving support from the registered manager and the provider to develop professionally. Comments included: "Stroud Care (the provider) are good at organising training if we request it. District Nurses have also been supportive with any training requests"; "We get the training we need, I am doing a team leader management course. If I even had any issues or needed backup or more knowledge I'm not afraid to say, I'd ask (registered manager)" and "No problem with training. I've asked about end of life and dementia care. I'm going on a two-day dementia course. If we can explain why we need the training and how it will help they don't refuse."

Care staff were supported to carry out additional qualifications in health and social care and develop professionally. For example, one senior member of care staff told us they were being supported to undertake a nationally recognised qualification in health and social care. They explained how this is something they wanted They also discussed how they have been supported to be involved in the day to day running of the home. They said, "(The registered manager) and (provider) are hands on and they listen. If they do an assessment (of a person) they ask about meeting their needs. We have loads of support."

Staff spoke positively about the support they received from the registered manager. One member of staff said, "We have supervision every six weeks. If I have something to say I can say it to the registered manager." Another member of staff told us, "I have meetings which are helpful. (registered manager) has been nothing but supportive, been fantastic."

Care staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care staff understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We enable people to make their own choices as much as they can. What they like to eat, what they like to dress and how they like to express themselves. One person likes to wear tights and long dresses we respect that" and "We are always giving people choice. One person used to be a famous fashion editor. We talk to them about clothes."

People's mental capacity assessments to make significant decisions regarding their care at Stinchcombe Manor had been clearly documented. For example, one person was cared for in bed and was at risk of pressure area damage. Care staff had supported the people with equipment to protect them from this risk including pressure relieving mattresses. The person was supported to reposition, however had the capacity to refuse. The person's ability to consent to their care and make decisions had been clearly recorded.

At the time of this inspection a number of people were being deprived of their liberty within the home. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living under DoLS this was reflected in their care plans. Care plans also documented how staff should support people in the least restrictive manner. Where people were under constant supervision or equipment was in place to monitor people's safety and movements, such as sensor mats, this was included in DoLS assessments and relevant mental capacity assessments had been completed.

People's needs were assessed before moving to the service. These assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's nutritional needs and needs around their anxieties and mobility needs. The care plans provided staff with basic guidance on the person's dietary preferences and how they should be supported with day to day choices. Care staff told us that the care plans provided them information on people's health needs.

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. Where people had specific language, cultural or religious needs these had clearly been identified and guidance provided to staff.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. Additionally, people were supported to attend appointments when required (such as when families were unable to escort their relatives to appointments). People's care records showed relevant health and social care professionals were involved with people's care.

People spoke positively about the food and drink they or their relatives received in the home. People told us they had access to plenty food and drink. Comments included: "The food is quite good. I'm well fed"; "I have plenty of water and tea" and "I'm happy, there is lots of cakes." Care staff supported people to have access to food and drinks throughout the day. Homemade cakes and snacks were available for people to access throughout the day. We saw people helping themselves to these snacks and enjoying them.

People received diets which met their dietary and cultural needs. The registered manager ensured the chef and care staff were aware of any changes in people's weights or nutritional needs. The chef had a clear profile for each person which stated the dietary support they required, including soft diets or pureed food. At meal times people were offered a choice of the food they wanted and they were able to see and smell the food which was on offer. Care staff took time to communicate these choices to people

The premises were suitable to people's needs. People living with dementia were able to orientate themselves around the home. The provider and registered manager had decorated the home with each

corridor being a theme. For example, one corridor had a seaside theme, and another had a village and railway theme. One person told us, "I think the home looks nice."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring nature of staff employed at Stinchcombe Manor. Comments included: "The staff are always chatting, they are very caring. (Relative) feels at home"; "Oh we have a laugh, I'm happy"; "The staff are very lovely and caring" and "They do look after me."

People enjoyed positive relationships with care and other staff. The atmosphere in the home was friendly, inviting and lively in the communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person wanted to go outside and see the horses. The registered manager and head of care went with the person outside where they enjoyed the fresh air and the sunshine.

People engaged staff and were comfortable in their presence. They enjoyed friendly and humorous discussions between each other. People talked to each other and clearly respected each other and were observed talking and laughing with each other. One person was assisted by a member of staff to do some crochet. The staff member ensured the person had everything they needed. The staff member told us, "(Person) likes to talk to me. They like to crochet. I hold it for them and help them start with it. It's good to spend time with people, you don't get this feeling elsewhere. It's a good home."

People were supported to maintain their personal relationships with people who were important to them. For example, people and their relatives told us that visitors could visit at any time and there were no restrictions in the visiting times. One relative spoke positively about the service and the welcome they received when they came to Stinchcombe Manor. They said, "I am always offered a drink when I come. They really do care. (Person) has the home's cat stay in their room, which is really positive."

People's dignity was respected by care staff. For example, when people were assisted with their personal care, staff ensured this was carried out in private. People living at Stinchcombe Manor felt they were treated with dignity and respect and their wishes were listened to. We received comments such as: "I am supported and I am respected" and "I feel it's dignified here."

Care staff told us how they ensured people's dignity was respected. One person was supported to go back to their room for some bed rest, in accordance with their care needs. Care staff spoke with this person and ensured the person was happy with this. The person was involved and was comfortable with staff. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed.

People were able to personalise their bedrooms. For example, people displayed decorations or items in their bedroom which were important to them or showed their interests in their bedrooms. For example, one person's room contained pictures which they had drawn themselves. The person was a keen artist and was supported to follow their interests. The person said of their room, "This is my room, I've made it nicer. I am never bored here, I am creative, I paint and I do drawings."

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and their wants and wishes regarding their end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans. Other people had completed advanced care plans which documented how they wished to spend their final days and what things were important for them to have at the end of their life, such as family and specific music.

People were supported to follow their religious and cultural needs. One person had specific religious needs which they followed. Care staff supported this person, with one ancillary member of staff assisting the person to go to church services with them as they were of the same cultural and religious background. Staff expressed the positive impact this had for the person in maintaining their wellbeing. One staff member said, "(Staff member) takes them to church. They can speak in Polish. It's important for (person) and has enabled them to follow their religious needs."

Care staff understood people's needs as well as their backgrounds. Staff told us that people were moving to the service with mental health conditions, which was an area of development for the service and was the background of the provider. Staff spoke about people confidently and compassionately. They understood the backgrounds of people and the support they required to lead as fulfilling a life as possible. For example, one person chose to spend time in their own room. Staff had supported this person to move to a room in a quieter part of the home to reduce the disturbances they faced. People could move around most of the home freely and access an enclosed garden.

Good

Is the service responsive?

Our findings

At our last inspection in March 2017, we found people's care records were not always current or reflective of their needs. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken effective action and met the requirements of this regulation. Additionally, the registered manager and head of care had further plans to improve the quality of records to ensure they were person centred.

People's care records were current and reflective of people's needs. People's individual records provided guidance which care staff followed to meet their health and wellbeing needs. Care staff kept a record of the support they provided people in relation to their personal care. Care staff felt people's care plans gave them the information they required to meet people's needs.

While people's care records were current, there was not always a clear record of people's interests and life histories, however staff were aware of people's needs and personal histories. The registered manager and head of care were aware of this and were looking at improving people's records and the range of activities people enjoyed. The head of care told us the focus on all staff was to support people to live as fulfilling a life as possible.

People enjoyed engagement and activities with care staff. People told us there were things for them to do living at Stinchcombe Manor. Comments included: "I enjoy living here" and "I don't feel bored at all."

People received support with activities from care staff and the activities co-ordinator. The activities co-ordinator was on annual leave during our inspection and the registered manager had plans to recruit an additional activity co-ordinator to ensure a full range of activities for people living at Stinchcombe Manor. During our inspection, people enjoyed activities such as crochet, reading the paper, enjoying walks in the homes ground and puzzles. Some people liked their own space and spent time in their own rooms. These people were supported to follow their own interests such as arts and crafts and spending time with pets. Three people in the home had formed a firm friendship and liked to spend their days talking to each other.

All members of staff took time to sit with people and engage with them. The registered manager explained they had a box of items on their desk. This was in place for when one person came to sit with them, as the person liked to sort through the box. This gave the person a sense of wellbeing. We observed care staff supporting people to do the things they enjoyed. For example, one member of staff was talking to a person about the news headlines and the start of the football world cup.

People's relatives were informed of any changes in their relative's needs. For example, one relative told us staff always kept them updated and informed of their relative's needs and wellbeing. They said, "They are always let us know if anything changes or if there is anything we need to know." People's care records showed where staff had contacted family members to ensure they were updated on their relative's wellbeing.

Staff were responsive to people's changing needs. One healthcare professional spoke positively about the staff team and their ability to react to people changing needs. Care staff sought their support or the support of healthcare professionals when required. They told us, "They face challenges and assist people who have been kicked out from other homes. They do a good job."

People knew how to make a complaint if they were unhappy with the service being provided. One person said, "I can speak to the boss lady." One relative told us, "I would go to (registered manager)." Information of how to make a complaint and key contacts were available throughout the home. The manager kept a record of complaints and compliments they had received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. For example, one complaint had been made about one person's care and their care records. The registered manager had responded to the complaint and implemented actions to drive improvements and avoid a repeat of the concerns.

At the time of our inspection, no one being supported by the staff at Stinchcombe Manor was living at the final stages of their life. The registered manager and care staff explained they had training and clear focus on assisting people at the end of their life.

Good

Is the service well-led?

Our findings

At our last inspection in March 2017, we found the provider had implemented a range of quality assurance systems; however, they had not been fully embedded and were not always effective in driving improvements. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken effective action and met the requirements of this regulation. At this inspection we found the quality assurance systems had been fully embedded and were being effectively used to monitor the service being delivered.

The registered manager and provider had effective quality assurance systems to monitor the quality of care provided and drive improvements when shortfalls had been identified. These audits covered areas such as the environment, incidents and accidents and infection control. Where shortfalls had been identified, there were clear actions recorded. For example, the registered manager carried out care plan audits which enabled them to ensure people's care records were current and reflective of people's needs. Where shortfalls had been identified, a clear action plan was implemented with a member of staff responsible for the action and with a clear deadline. Where actions had been completed these had been signed off. This had led to improvements in relations to people's care records.

The registered manager carried out audits in relation to infection control and incidents and accidents. These audits identified where actions were required to drive improvements or meet people's needs. For example, recent audits in relation to infection control documented the improvements staff had by having their own personal antibacterial gels, rather than dispensers available in corridors. Incident and accident audits identified where changes were required to protect people from preventable harm. The registered manager used these audits to discuss changes with care staff.

The registered manager had implemented a new audit in relation to people's prescribed medicines. While previous audits had identified shortfalls around recording, they did not always allow the service to respond effectively. This included involving senior care staff who administered medicines being involved in audits to ensure they could identify any errors and reduce the risk to people.

People and their relatives knew who the registered manager and provider were. Throughout the day we saw the registered manager and provider engaging with people and taking the time to ensure they were happy. People were very complimentary of the registered manager and the provider and the support they provide.

Staff told us the registered manager and provider were approachable, supportive and felt comfortable talking to them. One member of staff said, "I can speak to (registered manager), they listen and take onboard our ideas." Another member of staff said, "They're very open and give us good support."

People and their relative's views on the service had been sought and these views were being acted upon. The registered manager carried out resident and relative meetings which discussed changes within the home. The registered manager informed us they were always willing to talk with people and their relatives and listen to their views.

The registered manager ensured care staff had the information they required regarding people and the home. Meetings discussed people's needs and where concerns had been identified, such as through incident and accident audits, and discussed. Communication between staff was discussed and there were clear discussions around the expectations of staff when working at Stinchcombe Manor.

The provider and registered manager acted on guidance from external professionals. For example a legionella risk assessment had been carried out on the service in 2017. This had identified work was required to ensure the safety of people living at Stinchcombe Manor. The provider had taken action, which included replacing the hot water systems within the home to ensure appropriate action was taken. Additionally, the service sought and acted upon the advice of local authority commissioners. The local authority had visited the service in 2017 however had identified no action they wished for the service to act upon.