

Five Stacks Residential Home Limited

Five Stacks Residential Care Centre

Inspection report

209 Point Clear Road
St Osyth
Clacton On Sea
Essex
CO16 8JD

Tel: 01255820417

Date of inspection visit:
10 April 2019
11 April 2019

Date of publication:
16 May 2019

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

About the service:

Five Stacks Residential Care Centre is an adapted building which provides accommodation and personal care for up to 30 older people including those living with dementia. This service includes a self-contained wing specifically for providing short break care for up to seven adults with learning disabilities (LD). There were 19 people living in the service at the time of our inspection; no one was using the LD respite facilities.

People's experience of using this service:

People and their relatives were complementary about the service and would recommend it to others. One person told us, "I would recommend the home to everyone."

People told us they felt safe living in the service and there were sufficient numbers of staff to support their needs.

Staff supported people to keep safe, and ensure they received their medicines as prescribed.

Care plans showed people, and where applicable their relative, were being consulted over their care, and had were encouraged to retain their independence.

Staff involved healthcare professionals to ensure people's healthcare needs were met and supported.

People were supported by management and staff who were skilled, highly motivated, kind and compassionate.

Staff knew people well and understood people's preferred routines, likes and dislikes and what mattered to them.

People had access to a range of activities to take part in if they wished. Their visitors felt comfortable visiting and praised the welcoming atmosphere of the service.

The provider had systems in place to check on the safety and quality of the service people received and act on the information to drive continuous improvement.

Rating at last inspection:

Requires Improvement. The date the last report was published was 11 April 2018.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to re-inspect this service within the published timeframe

for services rated as Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well Led

Details are in our Well Led findings below.

Good ●

Five Stacks Residential Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors on the first day, and one on the second day.

Service and service type:

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.

Five Stacks Residential Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care to a maximum of 30 people as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:

The inspection was carried out over two days; 10 April 2019 which was unannounced and 11 April 2019 which was announced.

What we did:

Before the inspection we reviewed information we held on the service, since the last inspection in February 2018. We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked the service to complete a Provider Information Return. This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information about the service that we had received from external agencies.

During the inspection we spoke with eight people using the service, three relatives, a visitor and a health care professional. We also spoke with the registered manager, two directors [we have referred to as provider in this report], chef, senior carer and carers.

We spent time observing how staff interacted with people and monitored their welfare. We attended a staff meeting, looked at three people's care records, medicine systems, risk assessments, audits, complaints, environmental and health and safety audits, quality assurance systems, staffing tool and minutes of meetings.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Staff supported people to keep safe. A relative said they had observed their family member being transferred in a hoist and had confidence in their abilities, "I've watched it, they look like they know what they are doing."
- Since last inspection we found improvements had been made in identifying risks and taking action to ensure people's safety.
- Where required, radiators had been covered to prevent the risk of scalding. Fire and health and safety assessments have been carried out by competent professionals, and the service had acted on the recommendations made. This included as part of the fire safety purchasing evacuation mats, and training staff to safety use them.
- Systems were in place to ensure equipment was regularly serviced and tested to ensure it was fit for purpose. This included fire safety systems and equipment used when transferring people.
- The management had instigated 'a daily walkabout' of the premises which enabled them to check on any potential environment risks. Findings were recorded, this included any required actions, and the date they had been dealt with.
- Monthly bedroom safety checks were being carried out, to reduce the risk of any hazards and maintenance issues, such as replacing light bulbs, that could potentially impact on a person's safety.
- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's mobility, fragile skin and choking.
- Staff members said the risk assessments provided them with enough information to support people safely. One staff member said, "They tell me what I need to know... I am constantly risk assessing when I'm going around as people and things change," and take required action; reporting and updating risk assessments.
- Staff were aware of the approaches to use to reduce any anxieties or behaviours that could impact on a person's well-being, and others near them.
- One relative said staff would call them when their family member was anxious, as they knew hearing their voice usually, "Calms them right down."

Using medicines safely

- People were receiving their medicines as prescribed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained and assessed as competent before they administered medicines to ensure their practice was safe.
- Where we saw staff administering medicines in the dining room, it was carried out in a safe, person centred manner.

- A professional told us they felt the service managed people's medicines well. Where people were prescribed as and required (PRN) medicines when they were anxious, were used as a last resort. The professional said, "They are outstanding at de-escalating, rather than using medication. They are good at this, because they know the people, but also understand the side effects of overmedicating people."

Learning lessons when things go wrong

- Management action plans put in place following our last inspection demonstrated the service's lessons learnt approach. The management had put measures in place to address our concerns and reduce the risk of it happening again. This included putting more thorough environmental safety checks in place and acting on any shortfalls.
- Accidents and incidents were recorded. Records were monitored by the registered manager who evaluated these for themes and trends. Where applicable, information would be shared with external professionals, and any learning from incidents discussed with staff.

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

- Relatives told us that they felt people were safe. One relative commented that their family member was, "Safe as houses. ...million percent safe," saying they had no worries at all.
- Comments given by relatives in the provider's feedback surveys included, from a person's relative, "Five stacks has been a blessing to all of us, any worries we have about [family member] have been taken away."
- People using the service knew who to speak to if they had a concern and felt comfortable to do so. One person told us, "I would jolly soon go to the manager if I had a concern."
- Staff had received training in safeguarding and knew how to recognise and protect people from the risk of abuse. A staff member said if they became aware of abuse, they wouldn't hesitate to report it, "I would report it as it could be my mum or dad they are doing this to."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and also when to inform the CQC.

Staffing and recruitment

- There were enough staff to meet people's needs. One relative told us, "There is always enough staff in the morning and afternoon, there is always a staff member to help." Another relative commented that staff were, "Always on the go, but always got time for people."
- This was our observation, as staff were very attentive, especially where people were unable to use a call bell or voice their needs. We saw staff pre-empting these needs, asking if they would like a drink, if they were comfortable, or just sitting and chatting to them.
- One staff member told us, "Our clients numbers are low, so we have enough staff, if the numbers go up, then staffing goes up," in line with the new people's needs.
- The provider used a staffing tool to support them in identifying that they had enough staff, and would use additional hours as needed; linked to people's changing needs.
- Staff had been recruited safely to ensure they were suitable to work with people. A staff member said the provider had not allowed them to start employment, until they were in receipt of information to confirm they were of good character and suitable to work with vulnerable people.

Preventing and controlling infection

- People told us their environment was kept clean. One relative said, "I watch the cleaner and they are regular, and the laundry is fabulous."
- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading. This included following good hand hygiene processes and when they should be using disposable gloves and aprons.

- The management were proactive in monitoring to ensure staff were putting their training into practice and addressing any shortfalls. A staff member recalled, "When I first started I forgot to put my apron on, they told me, and I never did it again."

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service, to ensure their needs could be met safely.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people. One person described the care and support they received from staff as, "Excellent." Another commented that, "Every one of them is good."

Staff support: induction, training, skills and experience

- One person said they were, "Very satisfied," with the care and support they received, "Staff know what they are doing." A relative told us staff were, "Competent in what they do, I watch them with my [family member] and everyone else...they really do know what they are doing."
- Staff induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- A staff member said their, "Induction was good, I did four or five induction sessions and shadowed someone until I had completed my induction."
- Staff new to care were supported to complete their Care Certificate. The Care Certificate is a national approach to ensure staff receive thorough training related to a career in care.
- There was a supportive team culture and staff were supported to carry out their role effectively, through ongoing training, supervision and support.
- One staff member commented, "Training and guidance [given] is brilliant...I never feel silly asking questions...they give us the courses we want, they always offer us other courses."

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

- People were complimentary about the meals provided. One person told, "It's lovely," food. A relative said their family member, "Eats well," and always enjoyed their meal.
- At lunchtime we saw people had a choice of home cooked foods and the mealtime experience was a positive one.
- One person in the dining room pointed us to the area marked 'Hydration point' where there was a choice of cold drinks dispensers, "Just go and help yourself."
- Where people were unable to help themselves to drinks, staff were attentive in ensuring they always had a cold drink at hand. This complement the regular offerings of hot drinks and snacks from the tea trolley.
- People's care plans contained information about their nutritional needs, specialist diet, likes and dislikes. Where people were at risk of losing weight, they were being offered high calorie foods and supplements, and had their weight checked regularly.

- Daily walkabout checks by the management, included checking that people had access to / receiving adequate support to drinks to keep them hydrated.
- Dieticians and Speech and Language Therapists (SALT) provided support and their advice was followed. This included for people who had problems swallowing, ensuring they were offered food and drinks of the right texture and consistency to meet their needs
- During lunch, a SALT was sitting with a person carrying out an assessment, following a referral made by staff. The outcome of which was shared with staff and recorded in the person's care plan.

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 maintain good health and had access to a range of health care professionals including specialist nurses, GP, dementia care team, chiropodist and dieticians.
- Staff knew people well and ensured that any changes in a person's condition were noted and acted upon. Information about the changes to a person's condition were discussed during the staff handover periods.
- Referrals to health care professionals were made in a timely manner and recommendations they made were followed by staff.
- Relatives told us staff were quick to respond to any health emergencies and keep them updated. One relative said how staff, as soon as they noted a serious decline in their family member's welfare, they acted, "They called an ambulance...they called me to let me know what was happening."

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

- One person described their bedroom as, "Very comfortable."
- People's rooms were personalised, accessible, comfortable and decorated with personal items.
- The provider's staff survey feedback included, "Decoration is too plain." This reflected our findings in some areas. The registered manager spoke about the service's on-going maintenance and refurbishment programme. They were going to use learning from a dementia course to support them in checking the décor supported the needs of people living with dementia.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met; and found they were.
- Staff had a good understanding of the MCA and understood the importance of gaining consent before providing support. A staff member said, "I would always ask [the person] for their consent." A professional told us staff were, "Good at assessing capacity for people in the home."
- People were encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible. Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind, compassionate and caring staff. One person said, "I like them all, they do a good job."
- Comments given by relatives in the provider's feedback surveys included, "Everyone at Five Stacks treat our [family member] with kindness and care and respect and love. Thank you."
- One relative commented, "It's lovely, it is such a good caring home... the carers really care about my [family member] and it's a personal relationship between each carer and [family member] and they treat me like family, nothing too much trouble." Another told us, "All of them [staff] are lovely, show a lot of love, they are not just here because it's a job and got to turn up for wage," but because they wanted to care for people.
- Staff told us they would be happy to recommend the service to family members. One staff member said, "I would because when I first started working here, I said to my [parent] I would put you in there because it's so nice."
- A professional told us, "I would be well chuffed if my relative came here because I see how they treat residents, it's so lovely, it feels like a family... person centred."
- A relative of a person living with dementia told us how staff always treated their family member with respect, "They will have a laugh and a sing a long and then sometimes my [family member] sings with them." They added that their family member was not left isolated..
- Staff interacted equally with people in a kind and compassionate way, adapting their approach and conversation to reflect people's individual needs. Such as having detailed conversations with people about what was happening in the world, to just sitting, smiling and providing reassurance through holding their hand.
- As staff approached a person living with dementia, we saw the person's face light up, as they smiled and gave the staff member a kiss on the cheek. A relative told us that was the normal reaction from the person, which further demonstrated they felt comfortable with staff.

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

- People and or their families were involved with the compilation of people's care plans. Information about how people wanted to be supported were included in their care plans.
- Staff knew people well. They understood people's preferred routines likes and dislikes and what mattered to them.
- Throughout the inspection we saw people making their own choices. This included when they wanted to get up, eat, and choosing which activities they wanted to join in with.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care plans provided information about what each person could do, and staff encouraged people to be as independent as possible.
- A staff member told us, "We always try to promote independence." Such as taking time and encouraging a person to walk with their mobility aid, rather than use the quicker option. They said, "It can be quicker to take [person] in the chair, but I won't."
- People were supported to maintain relationships with those important to them.
- People's right to privacy and confidentiality was respected.
- A staff member provided examples of how they ensure people's privacy, dignity and independence, this included; "If I am undressing someone, I will cover them. Always offer for them to do it themselves." They were also aware, where a person might need privacy, but could not be left for their safety, "I will turn away, so they have some private time."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The information was kept under regular review and updated as required.
- A professional described the care plans they had seen as, "Very person centred...very much about the person."
- Staff had worked with people and their families to try and find out as much about the person as they could. This included the person's likes and dislikes, how they want to spend their day, and any preferred personal hygiene routines.
- A relative told us staff, "Asked a lot of questions when [family member] first came here and listened...I said [family member] had always wanted a bath or a shower every single day." This was being provided, the relative added that their family member was, "Always very smart and proud," of their appearance.
- The residents information board provided details of the range of organised daily activities.
- Staff encouraged people to socialise and join in with activities that supported their interests and wellbeing. During the inspection a local choir were performing, which the majority of people attended, and were clearly enjoying. A person living with dementia smiled and sang along with the choir.
- During the inspection, staff were hanging written details of people's wishes on a tree. Staff were hoping to accommodate as many of these wishes as possible and ask people if they would like to feedback on their experience.

The provision of accessible information:

- The service identified people's information and communication needs by assessing and recording the level of support a person required in their care plan. Staff demonstrated they had read and understood this information by providing examples of the range of support they gave, linked to the person's identified needs.
- Information in the service was produced in different formats including easy read, picture format and large font.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, which was prominently displayed in the home. People told us that they would speak to a person in charge if they had any concerns.
- Staff were aware of the complaints procedure and said that they if they received a concern that they couldn't resolve they would pass it to someone more senior.
- A relative said they knew how to make a formal complaint if they needed to, however, they hadn't needed to, as any minor concerns are dealt with straight away.
- Another relative said they had never needed to. Where they had made, "One small observation," concerning an unpleasant odour, they drew it to management's attention, "It's not been like that ever

since."

- The provider used feedback from complaints and concerns to drive improvements. This included taking action to effectively reduce the concerns raised about 'lost socks'. Each person had been allocated a different coloured thread, which staff then sewed into their socks as a marker. A relative told us thought that was a brilliant idea when they saw staff sewing the discreet markers in.

End of life care and support

- People had the opportunity to discuss their end-of-life wishes and these were recorded these their care plans.
- A professional told us, "The home has good information on end of life for people."
- A bereaved relative wrote to the service, "The last few months of my [family member's life] were very difficult but [family member] was shown love, kindness and respect from all members of staff. I personally am forever grateful for their help and support, and for all the care and love shown," to their family member.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People, their relatives, staff and professionals were all complimentary about the quality of service provided. One relative told us, "We could not wish for [family member] to be in a better place... [management] always here if you have a problem."
- Since our last inspection the provider had acted on the findings, making the required improvements which were instrumental in achieving a 'Good' rating.
- The provider's quality assurance systems were now more robust and embedded in culture. The systems and checks they had in place supported them to independently ensure the safety of people, monitor the quality of people's experiences, and use the feedback to drive continual improvements.
- Unannounced 'spot checks' were carried out by the provider to ensure staff were following safe procedures and providing quality care records showed it was carried out at different times during the day and night. A report was written, and the feedback given to the registered manager for action, where required.
- A professional told us, "I have seen a lot of improvements in the quality of the paperwork...I think it is well led, the managers are always accommodating and the staff seem happy, seems to be the same staff, not a high turnover."
- Comments given by professionals in the provider's feedback surveys included, "This is a very well-run home."
- People told us that the provider and management were very approachable and had a good visible presence; so they knew what was going on. One person pointed to the office door, "Door over there is always open to all of us." Another said, "Nice can talk to them."
- Staff felt valued by the provider and enjoyed their work, which had a positive impact on the friendly atmosphere and team work. A staff member told us, "I'm very proud to work here...I absolutely love it here, even if someone offered a job for somewhere else for double the money I would turn it down."
- Staff proudly wore their name badges which were changed each year, as they also included how many years the staff member had been working at the service.
- One staff member told us, "The owner's heart is in the right place...any issues they are happy to resolve,"

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

- There was a clear organisational structure. At the time of our inspection advertisements were out to recruit a new deputy manager. Until appointed, the providers had given the registered manager extra

management support.

- Staff were aware of their roles, which was set out in their job descriptions.
- Management and staff were motivated and shared the same values of putting the person first. One staff member told us the management and staff, "Care and every person it is about them and their care."
- Staff praised the registered manager. A staff member told us, "We know if there is a problem they are always there."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care reviews, provider 'spot checks', a suggestion box, and regular meetings enabled people and their relatives to be updated on what was happening in the service, express their views and influence change.
- Surveys were used as another forum enable people, relatives, visitors, professionals and staff to share their views of the service. Analysis of the feedback was displayed and actions taken where comments made had identified improvements could be made. This included taking action to advise of events and meetings more predominantly in the service, to ensure everyone was aware.
- Staff told us management were keen for them to share their views / make suggestions. One staff member said, "I feel I could suggest and make any changes in the home."
- The provider spoke about their latest initiative 'Share to ensure excellent care', where all staff were asked to give feedback about the same person. Which they were using to further enhance people's lives and wellbeing. This included identifying that the person missed gardening. This was discussed at the staff meeting, and action was being taken to support the person to do take up their interest again.

Working in partnership with others

- Management and staff were aware of external community and voluntary organisations and supported, where applicable, people to connect to improve their health and wellbeing. This included the local church, which visited and provided services, and also a local luncheon club which people attended.
- The provider had adopted the NHS backed initiative, the 'red bag system' to provide a better care experience for people by improving communication between care homes and hospitals. The highly visible bag accompanied the person and contained personalised information to support the health professionals involved in their care and treatment.
- People were supported to link up and meet other people using services in the local area through social events. At the time of the inspection they were producing a cake for the 'Easter bake off'; which the registered manager later informed us they had won.