

St. Cloud Care Limited

# Stowford House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Stowford House Care Home is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection.

Stowford House care Home accommodates up to 51 people in one purpose-built building which covers two floors. One floor specialises in providing care to people living with dementia.

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

People received safe care from sufficient staff who were skilled and knowledgeable about people's needs. Staff understood how to report any concerns relating to harm and abuse. The provider had recruitment processes in place that supported safer recruitment decisions.

Risks to people were assessed and managed. Staff were knowledgeable about how to support people to manage risks. People received their medicines as prescribed from staff who were trained and competent to administer medicines.

The service was well-managed. Everyone was positive about the management of the service and the culture promoted by the registered manager and deputy. There was an open and honest culture that promoted good communication and involvement with people, relatives and staff.

The registered manager had introduced a range of effective systems that ensured the continuous monitoring and improvement of the service. The registered manager worked well with external professionals and promoted community involvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was Requires Improvement (Published 9 August 2019).

At this inspection we found improvements had been made.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 June 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance in the service.

We undertook this focused inspection to check they 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 Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stowford House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Stowford House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was completed by one inspector and a specialist advisor in dementia care. An Expert by Experience spoke with relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stowford 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We advised the registered manager of our visit on 16 September to establish the COVID-19 status of the service.

#### What we did before the 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 reviewed information we had received about the service since the last inspection. We requested and reviewed a range of records prior to the on-site visit, which included records relating to seven people's care and records relating to the management of the service. We spoke with 13 relatives of people living in the service.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager and two nurses. We reviewed a range of records, which included people's medicine records and two staff files. We observed care practice and infection control practice.

#### After the inspection

We spoke with five staff members to obtain their views on the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent staff 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.

- People and relatives told us there were enough staff. One person told us, "There are enough staff. If I press it (call bell) they come quite quickly." One relative said, "Whenever I visit, there is always staff available that you can find quite quickly. So, I think there is enough staff."
- Staff told us there were sufficient staff to ensure people's needs were met. One member of staff said, "Staffing levels are fine. We can meet people's needs. We are managing very well and use little agency staff."
- Throughout the inspection staff responded promptly to people's requests for support. Staff had time to spend talking with people and call bells were answered in a timely manner.
- The registered manager completed a dependency assessment tool that calculated the staffing levels required, based on the dependency of people using the service. Rotas showed that assessed staffing levels had been achieved.

### Using medicines safely

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably competent staff administering people's medicines. 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

- All staff administering medicines had completed training in medicines management. Staff competencies were assessed annually to ensure they were competent to administer medicines.
- People received their medicines as prescribed. We observed staff supporting people to take their medicines. Staff explained what medicines were for and supported people to understand the benefits of the medicine where they were reluctant to take them.
- Medicine administration records (MAR) were fully and accurately completed. However, where people were prescribed medicines to be applied via a patch on the body, records relating to the positioning of patches were not always fully complete. We spoke to the registered manager about this and they took immediate

action to address the issue.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to monitor and mitigate risks relating to people's health, safety and welfare. 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.

- A detailed handover record had been developed that ensured information relating to people's needs was communicated to all staff. Staff told us they were made aware of any changes to people's needs through daily handovers.
- Care plans included risk assessments and where risks were identified there were plans in place to manage the risks.
- Staff knew people well and were knowledgeable how to support people to manage risks related to their care and treatment.

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

- People told us they felt safe. Relatives were confident people were safe. One relative said, "We sleep well at night, [person] is safe."
- Staff had completed safeguarding training and understood their responsibilities to identify and report concerns relating to harm and abuse. One member of staff told us, "I would report to the home manager or I could whistleblow. I am very comfortable to report any worries."
- The provider had effective systems in place to manage safeguarding concerns. Any issues raised were fully investigated and external agencies notified appropriately.

#### Preventing and controlling infection

- 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.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and investigated. Action was taken to encourage learning and minimise the risk of reoccurrence.
- There were systems in place to enable the registered manager to have an overview of all accidents and incidents to look for trends and patterns.



# 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 requires improvement. At this inspection this key question has now improved to 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 staffing levels. 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.

- The provider and registered manager had introduced a new dependency assessment tool, which supported decisions relating to effective staffing levels.
- There were effective systems in place to monitor and improve the service. This included a range of audits that enabled the registered manager and provider to have an overview of the quality of the service.

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

- The registered manager promoted a person-centred culture that ensured people were treated as unique individuals.
- People and relatives were positive about management of the service. People told us they knew the manager and were able to speak with her regularly. One relative told us, "I have a very good relationship with [registered manager] and have every confidence in her. Her people management is very good, and she seems well respected by staff. I have seen lots of positive interactions between [registered manager] and staff. She is straight and honest and has always maintained that if we have any issues, tap on my door. She is very approachable and open."
- Staff were positive about the registered manager and deputy manager. One member of staff told us, "I love [registered manager], I couldn't ask for a better manager. She really listens and is always around a lot. I was worried at first (in relation to COVID-19 pandemic) but [registered manager] is great at keeping us informed and we were well supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities relating to duty of candour.
- Relatives told us there was an open culture. One relative said, "They have been keeping me updated

throughout, and if there are any problems, they are straight on the phone to me. Management are very good at keeping in touch. They are open and upfront. Before lockdown we had regular relative meetings, and they would be transparent about staffing problems or any complaints. [Registered manager] takes it as her responsibility when someone complains, and she tackles it head on. [Deputy manager] is also very approachable."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured learning from all incidents and complaints. This enabled the service to continually improve. Staff meeting minutes showed staff were encouraged to reflect and learn.
- Relatives felt involved and were confident in the communication within the service. One relative told us, "They will ring if there are any problems, communication is good. They now send out a newsletter, so you can see what's been going on for the last month. They do have relative meetings, although I've never attended one, but they send out the minutes. When we first started doing outside visits [registered manager] would come out and ask us how it was, she wanted feedback. I feel her door is always open."

Working in partnership with others

- The registered manager had worked closely with health professionals and commissioners during the pandemic and sought advice when needed.
- There continued to be involvement with the local community. A local school had sent in hearts for each person with a personalised message. The registered manager was working with a local college to try and arrange virtual work experience for pupils.