

Ms Carol Echlin

Stewart House Care Home

Inspection report

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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 carried out this inspection over two days on 10 March 2016. The inspection was unannounced. At our last inspection of the service on 07 November 2013, we found the provider had satisfied the legal requirements in all of the areas we looked at.

Stewart House is registered to provide accommodation for up to 3 people who require personal care. On the day of the inspection, there were 2 people living at the home. Stewart house provides a respite service for older people.

A registered manager was employed by the service. 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. The registered manager was available throughout the inspection.

People told us they were safe. People were supported by a registered manager who could explain what constitutes abuse and what to do in the event of suspecting abuse. The registered manager had completed safeguarding training and understood their responsibilities.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. The registered manager was aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

As a sole carer we saw that the registered manager was appropriately experienced and qualified to deliver care, treatment and support to people. As the home was providing respite care to two people, one carer, (the manager) was sufficient.

The registered manager understood the Mental Capacity Act (MCA) and how to apply its principles. However at the time of our inspection there was no one accessing the service that had been assessed as lacking capacity. The MCA protects the rights of people who may not be able to make particular decisions themselves.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw the service had received no complaints since our last inspection. The service had systems to assess the quality of the service provided. The service was continually looking to improve.

People told us the service was responsive and well managed. The service sought people's views and opinions and acted upon them.

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 told us they were safe

People received their medicines as prescribed.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe.

People were supported by a registered manager who could explain what constitutes abuse and what to do in the event of suspecting abuse.

Is the service effective?

Good ●

The service was effective.

People we spoke with told us the registered manager was knowledgeable about their needs and supported them in line with their support plans.

People had sufficient to eat and drink.

People had regular access to other healthcare professionals.

Is the service caring?

Good ●

The service was caring. People told us they were cared for.

People were treated in a caring and kind way.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were re assessed prior to them entering the service and this information was used to develop care plans.

The registered manager was responsive to people's changing needs.

People received personalised care. The registered manager was knowledgeable about the people they supported.

Is the service well-led?

Good ●

The service was well led. People spoke highly of the registered manager.

The visions and values of the home were embedded within its culture.

There were effective systems and audits in place to monitor the quality of the service. Learning from these audits had taken place.

Stewart House Care Home

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 checked 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 10 March 2016 and was unannounced. This inspection was carried out by one inspector.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. In addition we contacted the local authority commissioner of the service to obtain their views on how people were cared for. We also sought the views of one healthcare professional.

In order to gain people's views about the quality of the care and support being provided, we spoke with two people who were living at Stewart House.

In addition we spoke with one registered manager. We looked around the home and observed the way the registered manager interacted with people. We looked at 2 people's care records, and at a range of records about how the home was managed.

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "I'm absolutely 100% safe here", "There's no need to feel afraid here", "I feel really safe here"

The registered manager had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. The registered manager told us if they had any concerns then they would report them to "The local authority safeguarding team or you (Care Quality Commission)". During our inspection we saw evidence of how the registered manager had acted on concerns and taken the appropriate actions to ?lease with social services and the local safeguarding team.

People's care plans contained risk assessments which included; manual handling, infection control and health and safety. Where risks were identified plans were in place to identify how risks would be managed. For example one person, was at risk of falls as a result the registered manger had worked with the person in making decisive steps when they were walking. This was followed up with ensuring that the person had the correct footwear that fitted them properly. We spoke with the registered manager told us "It's about encouraging positive steps and actions that people make".

There were personal evacuation plans in place for each person. The plans also included copies of floor plans for the house and external environmental hazards such as the storage of flammable materials that the registered manager could hand to the emergency service. This ensured people were protected during untoward events and emergencies.

The registered manager was the sole carer for people at Stewart House. As the sole carer we saw that the registered manager was appropriately experienced and qualified to deliver care, treatment and support to people. As the home provided respite care to a maximum of two people, one carer, (the manager) was sufficient. During the day we observed that the registered manager was not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and the registered manager responded promptly to people who needed support and call bells were answered promptly. People in their rooms had call bells to hand. One person told us "It's nice and comfortable here, if I ring my call bell [registered manager] comes straight away"

People were responsible for administering their own medicines. Medicines were stored securely in and in line with manufacturer's guidelines.

Is the service effective?

Our findings

People we spoke with told us the registered manager was knowledgeable about their needs and supported them in line with their support plans. Comments included "I love it here", "This is the best thing that's ever happened to me" and "I am very lucky to be here", "It's very nice here, you couldn't ask for anything more".

People were supported by a registered manager who had the skills and knowledge to carry out their roles and responsibilities. The registered manager told us and records confirmed that they kept up to date with training. The training included safeguarding, food hygiene, moving and handling and first aid. Records demonstrated that the registered manager had also completed a nationally recognised management course.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Records showed that had been trained in the Mental Capacity Act (MCA). The registered manager had a good understanding of the principles of the MCA. Comments included: "It's there to make sure people make safe decisions", "its time specific" and "Decisions have to be made in the persons best interest". However at the time of our inspection there was no one accessing the service that had been assessed as lacking capacity or being deprived of their liberty..

People had sufficient to eat and drink. People were offered a choice of meals. People told us they enjoyed the food provided by the registered manager. Comments included "The meals are nice", "The foods perfect, she's a lovely cook and gets all the things I like", "We had a lovely spag bol (spaghetti bolognaise) last night". We observed that people had access to snacks in between meal times. One person we spoke with told us "I've got all these lovely snacks here, but I've never had to bother"

People had regular access to other healthcare professionals such as, the G.P, the district nurse, chiropodists, opticians and dentists to ensure their health needs were met. During our inspection we witnessed that people had access to a visiting podiatrist. Where healthcare professionals provided advice about peoples care this was incorporated into people's care plans and risk assessments. For example, we also saw evidence in a person's care records where guidance had been given to support a person with their dentistry needs. During our inspection we observed the registered manager following this guidance. One person we spoke with told us "[Registered manager] has all my health needs in hand"

Is the service caring?

Our findings

People were complimentary about the registered manager and told us they were caring. Comments included "Everything here is good the care, the food, everything", "I want to take the bed with me its lovely", "She's so kind and caring", "She has so much patience", "Most definitely she is caring, she always treats me with dignity and respect"

Throughout our visit we saw people were treated in a caring and kind way. The registered manager was friendly, polite and respectful when providing support to people. The registered manager took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away.

People were treated with dignity and respect. The registered manager took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, the registered manager asked permission for the inspector to enter the persons room, the registered manager then asked the person if it was alright to carry out a task surrounding personal care after they had spoken to me, the person agreed. The registered manager then told the person that they would only "be in the kitchen", they gave them the call bell and said "press it if you need me".

People's dignity and privacy were respected. We saw the registered manager call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. We spoke with one person about this and they told us "She always knocks first".

Information relating to people and their care was held in the office. The office had a locked door ensuring people's information remained confidential.

Is the service responsive?

Our findings

People's needs were re assessed prior to them entering the service and this information was used to develop care plans for their new placement. Care plans contained details of people's likes and dislikes and how they wished support to be delivered. For example one person care records highlighted a change in their food preferences. Another person's needs had changed surrounding their hearing so the home bought them a pair of headphones to watch their favourite television program without disturbing other people in the home. Records confirmed that peoples care was reviewed at the beginning of each new placement.

The registered manager was responsive to people's changing needs. One person had developed a condition whilst staying at the home. We saw evidence of how the registered manager liaised with this persons G.P and highlighted their concerns, as a result an appointment was made and guidance was given. The registered manager told us and records confirmed that they followed this guidance and as a result this persons condition improved. We also saw how the registered manager had supported a person to maintain their voting rights whilst staying at the home.

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. We spoke with the registered manager about peoples preferences and they were able to describe them to us as they were written within peoples care records. People had access to meaningful activities that included listening to their favourite music and watching their favourite television programs.

The registered manager was knowledgeable about the people they supported. It was evident from speaking to the registered manager that they knew people's history's, interests, likes and dislike. All of which were included within peoples care records.

Care records highlighted people's faiths and religious practices. We saw evidence that people were supported to follow their faith in the way that they liked to. For example one person was supported by the registered manager to pray in the evening. Another person's care records highlighted how the registered manager had arranged a visit from a local salvation army officer.

People knew how to make a complaint and a satisfaction survey was completed by people at the end of their placement. The feedback was positive. Comments included 'The service at Stewart house is second to none' and 'Nothing could be done to improve this service'. People's opinions were sought and acted upon. For example one person had commented on a different ingredient being used in a favourite meal of theirs as a result the registered manager took the appropriate steps to ensure that this did not happen again. The home had received no complaints since our last inspection.

Is the service well-led?

Our findings

People spoke positively about the service and the registered manager. Comments included "She's brilliant there's not enough word that can describe her" and "My stay here can't come around quick enough". The registered manager demonstrated genuine warmth, care and friendship towards the people within the home who responded by engaging with the manager. It was clear that people enjoyed staying at the home.

There were effective systems in place to assess the quality of the service. Regular audits that included environmental risk factors, infection control and contingency plans in the case of an emergency were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, following a recent infection control audit the registered manager introduced a deep clean system following each placement. The service was also continually looking to improve. For example the home had a concern surrounding the home had redesigned the garden area so people could access the garden independently and remain safe.

We saw evidence that regular safety checks were carried out and recorded. Smoke alarm batteries and emergency lighting batteries were checked and changed annually. The home also carried out weekly tests of the smoke alarms, fridge, microwave and other kitchen appliances and fridge temperatures were checked daily.

The registered manager told us that the visions and values of the home were "To make sure these people get the respect they deserve, it's my job to make people feel better, and it's the little things that count".

During our inspection we observed the registered manager interacting with people. There was a clear understanding between them, and it was evident from our observations that they all knew each other well and had done for a long time. We saw that the manager was attentive and very caring throughout our visit and it was plain that nothing was too much trouble for the manager where this person's care was concerned.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. One visiting healthcare professional we spoke with told us "I would definitely put my mum and dad in here" and "In a perfect world this is how care should be"