Equality Care Limited

Staverton House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Staverton House is a purpose built two storey care home service, registered to provide personal care and accommodation for up to 20 older people living with dementia. The service is part of Equality Care Limited; a provider of other care home services in Wiltshire. At the time of our inspection 20 people were living at the home.

The inspection was unannounced and took place on the 30 September and 1 October 2015.

The service had a registered manager who was responsible for the day to day running of the home and had been in post for approximately 18 months. 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 service did not follow the requirements set out in the Mental Capacity Act 2005 (MCA) when people lacked the capacity to give consent to receiving care at Staverton House.

Summary of findings

The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. CQC is required by law to monitor the application of the MCA and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require care home providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so. All necessary applications for people living at Staverton House had been submitted.

Sufficient numbers of staff were not consistently deployed fully to meet people's needs.

Reporting and recording of incidents and accidents took place. There was an effective system for auditing incidents and accidents that was used to improve the quality and safety of the service.

Medicines were safely managed and people were helped to access health services when necessary. We found the service did not have individual protocols in place to guide staff on how diabetes should be effectively monitored and we have made a recommendation about this.

People said they felt safe living at the home. Staff were aware of their safeguarding responsibilities and showed positive attitude to this, and also to whistleblowing.

The premises were safe, clean, homely and well maintained however; we found dirty chairs were stored in the downstairs bathroom.

One relative commented on the happy atmosphere in the home and how staff were often smiling and singing.

Relatives we spoke with expressed a very high level of satisfaction with the service provided at Staverton House. One relative said, They show a very high level of commitment to the care they provide," another described the home as, "Wonderful." People were also complimentary about the food provided at the home.

There were effective management systems in place that provided staff with clear lines of responsibility and accountability. The service had systems to keep staff up to date with best practice and to drive improvement and promote safety.

There was a complaints procedure in place; the service investigated complaints and responded in a timely way. The service routinely sought and acted on feedback and comments from people and those who were important to them.

Staff acted in a caring manner; we observed they treated people with respect, and asked before carrying out care. People who use the service were helped to make choices and decisions about how their care was provided. One person said that staff were respectful. Another said, "the staff are good, they are helpful and kind."

Each person who uses the service had their own personalised care plan which promoted their individual choices and preferences. People were assisted to go out into the community to enjoy leisure time and also to attend health appointments.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not consistently safe.

Sufficient staff were not consistently deployed fully to meet people's needs.

Risk assessments were in place and used by the staff.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse.

Medicines were managed so that people received them safely.

The service maintained a clean, safe environment.

The service operated a safe system for recruitment.

Is the service effective?

Requires improvement 

The service was not consistently effective.

The service did not follow the requirements of the MCA when people lacked the capacity to give consent to care and accommodation.

Necessary applications for the authorisation lawfully to deprive people of their liberty had been made.

Staff received training, personal development meetings and supervision to support them to carry out their work effectively.

The premises had been adapted to people's needs.

The service had effective systems in place for keeping up to date with best practice, and promoting improvement and development.

Is the service caring?

Good 

The service was caring.

Staff members had built caring relationships with people; their approach was warm and calm and put people's needs first.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

People were encouraged to express their views and preferences.

Is the service responsive?

Good 

The service was responsive.

The service routinely sought and acted on feedback and comments from people and those who were important to them.

The service acted on complaints and comments.

Summary of findings

People and their families participated in decision making about the care provided. Person centred care plans were individualised and reflected people's preferences.

People were supported to have activities and interests and access to the community.

The service had effective systems in place to share information with other services.

Is the service well-led?

Good

The service was well-led.

The registered manager and deputy manager had an 'open door policy' to encourage people, those important to them and staff to raise any issues or concerns.

There was an open and inclusive culture in the home: staff, people who use the service and those important to them expressed confidence to raise any concerns.

The service had effective quality assurance and information gathering systems in place so that learning and improvements could take place.

The service had made community links.

Policies and procedures were in the process of being updated to reflect the new regulations that came into force in April this year.

Staverton House

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 is 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.

One inspector and one expert by experience carried out this inspection which took place on 30 September and 1 October 2015. The first day of the inspection was unannounced. An expert by experience is a person who has personal experience of either using, or caring for someone who uses this type care of service.

Before the inspection we reviewed the information we held about the service, liaised with the commissioning and safeguarding teams at the Local Authority and read previous inspection reports. We read the Provider Information Return (PIR). 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.

Some people living in the home were able to tell us what they thought of the service. We observed the care provided to help us understand their experiences. We spoke with the registered manager, deputy manager, quality assurance manager, plus care, housekeeping, kitchen, training and maintenance staff. We spoke with seven people who use the service and seven relatives. We also spoke with a health professional who visited the home on a weekly basis.

We reviewed six care plans and their associated risk assessments and records. We analysed three staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, and menus. We also read the records made when one shift of staff 'handed over' to the following shift plus: cleaning schedules, surveys, policies and procedures, medication records, generic risk assessments, activities recording, and staff rotas.

We also reviewed the complaints and incident and accident records. In addition we reviewed the daily records made by staff, and also records such as minutes of staff and residents' meetings. We looked around the premises and observed care practices throughout the day.

Requires improvement

Is the service safe?

Our findings

Sufficient numbers of staff were not consistently deployed therefore people did not receive all the checks and assistance they needed, and risks were not managed as effectively as possible.

On the morning of 30 September 2015, we saw that four people who were in their bedrooms had a mid-morning hot drink placed on a table close to them. However, the help they needed to drink was not provided, and they were unable to request assistance. We checked and found there were no care staff available on this floor at this point.

One person's early morning drink was also on the table evidently untouched since breakfast. Subsequently we observed this person was not provided with necessary assistance to eat and drink at lunch time. The staff handover sheet dated 30 September 2015 stated this person needed to be prompted to eat each mealtime but from our observations this did not happen.

We checked this person's care records and noted they had not drunk or eaten sufficiently the previous supper time and there were many references to lack of food and fluid intake throughout their care record. We saw there was a history of this person becoming dehydrated at Staverton House and needing to be hospitalised.

On the same morning another person was provided with two mugs of hot drinks which they consumed without help. They were also provided with a large jug of squash which they also independently consumed in full before lunch. A second jug of squash was then provided.

Care staff were not aware that the person had consumed a large quantity of fluid in a short space of time. Consequently the person's need for help to manage their continence were not anticipated. On the afternoon of 1 October 2015, we saw this person, who was at risk of falling having had 23 recorded falls to August this year, attempting to use the toilet. They asked us to help them as they struggled to open the WC door whilst manoeuvring a walking frame. We looked for a member of staff to assist but there were no care staff working on the first floor at the time. This meant the risks to this person's dignity and safety were not effectively managed.

Due to safety risks, one person's care plan documentation required staff members to be aware of their whereabouts at all times. Also the documentation stipulated that in order for risks to be managed, "a member of staff to remain upstairs at all times" and "a member of staff to be visual in communal area downstairs at all times."

Staff were unable to meet these requirements to reduce the risks for this individual. The person was found outside of the home by a member of the public in April 2015 and in September 2015 they exited the secure garden. This person had also been involved in several safeguarding incidents with other people since May 2015 which staff had not been able to prevent.

We asked the registered manager about how staffing levels were calculated according to people's needs given that approximately 35% of people needed two carers for personal care, some people required very close monitoring and approximately 80% were unable to reliably recognise their own needs or to summon help using a call bell. A document to show how staff numbers were calculated and deployed in order to meet people's needs at all times was not available.

The registered manager said that it was sometimes not possible to maintain a staff presence on the first floor during the busy morning period and through into lunch time even though the service ran on its full complement of staff for approximately 97% of the time. Consequently a request for an extra staff member had recently been made to the provider to support carers during these busy periods.

This was in breach of Regulation 18 (1) and Regulation 12 (1) (2) (b) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

The registered manager said that at the start of each day time shift, carers would be allocated people for whom they would have primary responsibility for the duration of the shift. We asked how often staff were required to check on people.

The registered manager said that they expected staff to provide checks as and when needed. However, they said monitoring would be made more systematic and coordinated in future and staff would be asked to use the home's new call bell system which would allow them to record each time they enter a person's room to provide checks and to give necessary care.

Staff said that they had received training in infection control and records confirmed this. They said cleaning

Requires improvement

Is the service safe?

responsibilities were clearly set out in the cleaning schedules that were followed, and that the premises and equipment were suitable and well maintained. To promote infection control, one member of the house keeping team specialised in deep cleaning of items including moving and handling equipment and door handles.

However we found that large easy chairs and dining chairs soiled with food, urine or blood, were routinely stored in the downstairs bathroom whilst waiting to be deep cleaned. These chairs may have caused risks to infection control. They may also have impeded safe moving and handling in the bathroom, and affected people's enjoyment of having a bath in a suitable environment.

People, their relatives and staff said they felt confident to report any concerns or risks and that these would be acted upon. The service had contingency plans and a fire emergency plan and risk assessment in place. These included personal evacuation plans. Records showed regular testing of fire prevention and fire fighting equipment took place. Fire drills and staff training also took place.

The service had arrangements in place that protected people from abuse and avoidable harm. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Staff were aware of the safeguarding and whistle blowing policies and procedures in place. Records showed the registered and deputy managers and had made safeguarding alerts to good effect.

People's health was promoted by the proper and safe management of medicines . There had been approximately seven medication errors in the past 12 months. Records show that the service took appropriate action in response to these errors. This included instituting a weekly medicines audit by the registered manager. We observed that medicines were given in a non-rushed and calm way.

People were protected by a safe recruitment system which meant that the service had obtained information to make judgements about the character, qualifications, skills and experience of its staff. The recruitment processes provided proof of identity and qualifications. We noted that in the files we viewed that the reasons for any gaps in an employee's employment history were not obtained and we have made a recommendation about this.

The service had an accident and incident reporting system in place. Our checks of daily records, cross referenced with incident and accident recording, indicated that reporting and recording of incidents and accidents took place. There was an effective system for auditing incidents and accidents that was used to improve the quality and safety of the service. It was clear from the audits that action was taken in response to accidents and incidents. For example one person had climbed up onto garden furniture in an attempt to get over the fence. The garden risk assessment had been amended in the light of this incident.

Staff members told us they followed the guidance set out in personal care plans and risk assessments. Staff kept daily care records and communicated any changes in people's needs, or concerns about care provision to each other. This was done for example, using daily 'handover' meetings where information was shared and recorded between staff. This meant that people's well-being and safety were promoted because staff members were quickly aware of any issues or changes in relation to providing care.

We recommend that the service seek advice on its recruitment process in relation to obtaining a full employment history, together with a satisfactory written explanation of any gaps in employment.

Requires improvement

Is the service effective?

Our findings

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 on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found there was awareness among staff of the MCA and the concept of capacity. There was also very good awareness of the principles of the MCA. However, we found there was lack of sufficient understanding of, and confidence in, how to put the MCA into practice. The register manager and deputy manager said they would seek further training in this area for all staff.

When people lacked capacity to decide on their care, necessary best interest decision records were not in place to underpin the care plans for these people. Some assessments of capacity and decisions had been carried out and recorded by staff which were not within their remit. For example, medical decisions about cardio pulmonary resuscitation.

There was a lack of understanding of restraint as defined by the MCA. We were informed that restraint was not used at Staverton House. However we found that restraint did take place, such as: door security to stop people from leaving the home unescorted and medication to alter behaviour. Because the service did not reliably recognise when restraint was happening, it was unable reliably to use the provisions of the MCA to ensure and record that any restraint of a person who lacked mental capacity, was done in their best interests.

This was a breach of Regulation 11 (3) of the Health and Social care act 2008 (Regulated Activities) Regulations 2014.

Staverton House provided up to date training to staff members. We asked how the service ensured that staff training was understood and embedded in practice. The registered manager and deputy manager said they observed staff and gave feedback and also carried out spot checks. The deputy manager said they were able to give direct feedback and guidance to staff on a regular basis as they worked several shifts alongside care staff every week.

Supervision and staff meetings were used to embed learning and identify refresher training needs of staff. The service had a dedicated trainer on site who gave a training session on understanding dementia during the inspection. The training manager said they were able to tailor training to staff members' individual needs, for example a training session was recently provided to staff who had asked for more training on the duty of candour.

Staff said they had sufficient training and development in order to carry out their work safely and competently. This included a comprehensive induction programme which ensured that new staff shadowed experienced staff and did not work independently until they had been assessed as being competent to do so.

A member of care staff had completed the Care Certificate; training which helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate, high-quality care.

The staff said they were happy with their current supervision and appraisal arrangements and that they had very good day to day access to, and support from their managers.

Mealtimes were social occasions; on the days of the inspection many people sat at tables in the dining room to have a home cooked breakfast, lunch and evening meal together. The atmosphere was happy and lively with music playing and people chatting with staff. Staff helped people in the dining room to make their food choices by explaining and showing them the various options and then assisted them to eat and drink in a calm and unrushed way. Some people chose to have their meals in their own room or in the upstairs sitting room; we observed that these people were provided with their meals in a timely manner but not all received the help they needed to eat and drink.

All of the care plans provided information on people's communication needs and guided staff on how effective communication may be achieved. We observed staff speak to people with respect, warmth and good humour. Staff explained how they communicated differently with different people in order to meet their needs. For example

Requires improvement

Is the service effective?

with some people they used closed questions so that the person could simply answer yes or no. Sometimes they used objects of reference so that people could point to their choice.

Each person had their own spacious en-suite room that was personalised with their belongings. The home had a lift to all floors and level access so that people could use all areas including the garden. There was good signage to help people navigate their way around the home. Bathrooms and toilets had been decorated with use of colour contrast to help people see and use the facilities more easily. The secure garden was easily accessed with level paths that formed a loop around which people could walk.

Staff members were aware of the need to help people have access to health services. People told us they were provided with necessary help to make appointments and we saw evidence of this in their care records. People's support plans described the help they needed to manage their health needs.

There was some confusion as to how one person's diabetes should be managed; we found not all staff members were aware of the need for a diabetic diet to be followed. The service did not have individualised protocols in place to guide staff on how this particular medical condition should be monitored and managed to promote people's safety and well-being. We have made a recommendation about this.

We recommend the service seek advice on implementation of a policy and procedure for diabetes and the use of individualised protocols for people who have the condition.

Good

Is the service caring?

Our findings

The registered manager said that equality and diversity were promoted by providing person centred care, asking people about how they wanted their care to be given and offering choices. Records showed this was done through care reviews, surveys and meetings. For example at a recent residents' meeting one person had said they wanted some food from their country of origin and this was provided. However, the manager and deputy manager said they regularly asked people on an informal basis how they were feeling and whether they were happy with the service.

All the people we spoke with were complimentary about the staff. One person said, "staff are kind they do a good job, they are lovely…". Another person said, "they have a bit of fun with you."

People said that their privacy and dignity were promoted and that staff always knocked before entering their rooms and asked before they carried out care. We observed that staff member's approach to people was respectful and warm and that they asked people before they carried out care. Staff also spoke about people with discretion and in a respectful way.

People's care plans described the help people needed to manage their anxieties in a positive way and we saw staff put this guidance into practice. Staff were calm and reassuring in their approach to people; they patiently explained options, offered choices and negotiated. We saw that this process was skilfully repeated with kind patience many times a day with people who felt anxious. Staff worked as a team to acknowledge people's feelings and provide diversions and distractions to help manage their anxieties. We observed that interactions with staff often made people laugh and smile. People appeared comfortable and confident around the staff.

All the relatives and friends we spoke with said they felt welcomed and had built up good relations with the staff. One relative said, "This has been a complete education for me, the staff are fantastic… they keep me totally in the picture we had a meeting last week." Other relatives also said they felt welcomed, included and informed; one said, "I feel part of a big family."

Staff and the management team were aware of the importance of protecting people's confidentiality and said they did not talk about people outside of the service including social media. Records were locked away with only appropriate people having access.

Good

Is the service responsive?

Our findings

Records showed that a collaborative assessment was undertaken for each person who came to live at Staverton House. The assessment information was used in care plans and risk assessments to promote good, safe care. Each person who uses the service had a person centred care plan. Care staff showed a good understanding of person centred care.

Some of people's care plans were written in the first person pronoun even though the person had not written the care plan. This may have made it difficult to distinguish those aspects of care on which people could decide and make choices, from those they could not.

The care plans evidenced that Staverton House sought to provide care in accordance with people's individual preferences. In addition the care plans contained personal profiles and life stories which promoted equality and diversity by helping staff to understand the person's history and their individual cultural and spiritual needs. Staff we spoke with were all able to give examples of how they helped people to make choices. The care plans and risk assessments were reviewed regularly. This showed that the service sought to meet people's changing needs.

The activities coordinator had very recently left the service and the registered manager was in the process of advertising the vacancy. In the meantime we were informed that regular outside provision of activities including: weekly entertainment, music and movement and hand massage sessions were in place. Arrangements had also been made for people to attend church. We observed staff provide activities such as arts and crafts, enabling people to help with household jobs, one to one chats, singing and a quiz.

One family member said that when the activities co-ordinator was in post their relative had gone on day trips to the seaside and a historic house and had helped with the home's summer fair. People were enabled to keep in contact with their friends and family who were complimentary about the way they were included and made to feel welcome at Staverton House.

Residents' and relatives' meetings took place so that people were able to raise concerns and make suggestions. Issues raised by people at the most recent meeting on 27 April 2015 included the menu board needed to be kept up to date, and that some wanted to have hot drinks before going to bed. The registered manager said these requests were met. The minutes reflected a well-attended meeting in which people were consulted about all aspects of living in the home. Relatives were complimentary about the meetings and one person was grateful for a talk on dementia which the service had arranged.

As well as minuted meetings, the service conducted surveys and one to one informal chats in order to gain people's feedback. Family members spoke very positively about the registered manager's open door policy. One person said, "I asked for a meeting and they arranged it the same day we are all working together…"

There was an effective system in place to manage complaints and concerns. Records showed that complaints were investigated and responded to in a timely way.

There were effective arrangements in place for communication between services to promote the health, safety and welfare of the people who use the service. One visiting health professional complimented the staff on their good partnership working.

Good

Is the service well-led?

Our findings

Over the course of the inspection we found the attitude of all staff and the management team was open; they willingly shared information with us in a transparent way, they were able to provide information readily, and their high motivation to provide the best outcomes for people who use the service was evident. During the inspection they worked together as a team and expressed high satisfaction with their various roles. This was consistent with reports from people and relatives about the positive culture in the home.

The manager and deputy manager had clear values about how the service should provide care in a person centred way which was led by people who use the service. The registered manager said, "We want to achieve a homely environment where people feel relaxed and happy." They said care should meet people's needs in a flexible, non-regimented way. We saw evidence from team meeting minutes and from staff comments that these values were promoted in practice.

Staff informed us that they felt valued and confident to raise issues and to report any concerns. A satisfaction survey had recently been sent to relatives and the responses we read were very positive.

Staverton House worked in partnership with families and other key organisations such as the GP surgeries, The Care Home Forum and the local authority. These avenues were used by the service to keep up with new developments and good practice. Other systems used for keeping up with good practice included using information from the National Institute for Clinical Excellence, the Care Quality Commission, The Learning Exchange Network and the Social Care Institute for Excellence websites. The registered manager and the deputy manager had also recently attended training at a local GP surgery on prevention of urinary tract infection.

The service had a system of safety audits in place which we saw were treated as important management tools and were actively used to promote safety and quality. These included regular medicines, health and safety, accidents and incident, weight charts and infection control audits.

In addition, in June this year a quality assurance manager began working at the service. We saw this person carried out fortnightly in depth audits of key aspects of service provision aimed at driving improvements. These audits included consent to care and treatment, safeguarding, respecting and involving people and medicines management. We noted that out of date regulations were being used as benchmarks in this process. We asked the person about this who said that the new regulations were now being used, and for this reason, the recent quality assurance audit on consent and the Mental Capacity Act would be done again.

We noted that these quality audits routinely included consultation with and feedback from relatives and people who use the service. We saw that information was evaluated and action plans for improvement were drawn up and signed off when completed. The registered manager welcomed this close level of scrutiny as an effective tool to achieve improvements and developments in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent All necessary best interest decisions for were not in place when people were unable to consent to the care plans.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Insufficient care staff were deployed which meant care was not consistently provided in a timely way that met person centred care needs and reasonably mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks.