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Stuart 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?	Requires Improvement

Overall summary

This inspection was carried out on 9 July 2015 and was unannounced.

Stuart House provides accommodation and personal care for up to 38 older people. There were 30 people living at the home at the time of our inspection. There was a registered manager in post. 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 and associated Regulations about how the service is run.

When we last inspected the service on 18 November 2013 we found them to be meeting the required standards. At this inspection we found that they were not meeting all of the fundamental standards and were in breach of regulations 12 of the Health and Social Care Act (Regulated Activities) 2014

Summary of findings

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At this inspection we found that the home worked in accordance with current legislation but there were some areas that required improvement.

People received care that met their needs and they were positive about the staff that supported them. However, we found that care plans, which included people's risk assessments, were not always up to date or robustly assessed.

Staff knew people well and were attentive to the needs. There were effective relationships between people and the staff who supported them.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals. However, medicines were not managed safely and further training for staff was needed in some subjects.

People, their relatives and staff were positive about the management team. However, systems to monitor the quality of the service and address issues needed improvement.

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?
The service was not always safe.

People were supported to ensure their needs were met safely, however, individual risks were not always assessed robustly.

People's medicines were not managed safely.

Staff knew how to recognise and report allegations of abuse.

Staff who worked at the service had undergone a robust recruitment process.

Requires Improvement

Is the service effective?
The service was not always effective.

People were not always supported appropriately in regards to their ability to make decisions.

Staff received regular supervision however training relevant to their roles needed updating.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Requires Improvement

Is the service caring?
The service was caring.

People were very positive about staff.

Staff were attentive to people's needs.

Privacy was promoted throughout the home.

Good

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns.

People received care that met their individual needs.

There was provision of activities that people enjoyed.

Good

Is the service well-led?
The service was not always well led.

There were limited systems in place to monitor, identify and manage the quality of the service

People who lived at the service, their relatives and staff were positive about the management team.

Requires Improvement

Stuart 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 9 July 2015 and was carried out by one inspector. The visit was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, we asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service which includes the service does well and improvements they plan to make.

During the inspection we spoke with eight people who lived at the service, two relatives, four members of staff, the registered manager and the provider. We received feedback from health and social care professionals. We viewed three people's support plans and three staff files. We observed staff practice in the communal areas.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Stuart House. One person told us, "Yes I feel safe, they [staff] always come if you need them." Everyone told us they would be happy to speak with staff or the manager if they were worried about anything at all.

People did not have effective risk assessments for all aspects of their care. The manager was in the process of updating people's records. We found that although people's safety was being maintained, there were no assessment tools in use for identifying risk in relation to areas including pressure ulcers, nutrition and falls. The manager was identifying possible risk factors through their own knowledge and experience to ensure people's safety was promoted. However, they acknowledged that this was an area that required improvement.

There was no formal analysis of accidents, falls and incidents to identify trends. The manager told us they monitored people's falls and if they had any reoccurrences, then they were referred to health care professionals. However, we noted that there was no oversight of accident forms to ensure staff had taken all the appropriate action following an incident and they were not logged to enable the manager to see themes in times of falls of the environment. For example, we noted that one person was seen to have falls during the evening and on one occasion was recorded as being unresponsive, cold and pale but there had been no medical involvement.

People's medicines were not always managed safely. We viewed the medicine administration (MAR) charts and found that there were gaps and unexplained entries, quantities of medicines were not always recorded and handwritten entries were not countersigned. One handwritten entry which was not countersigned had no date of birth, reference to the month it was to be dispensed, no quantity of medicines recorded or how it was to be administered. We found that the required doses of people's anti-coagulant medicines were not recorded and there was no reference to when the people were due a blood test to ensure this was not missed. Eye drops in use were out of date and the quantities of three boxed medicines did not tally with the amount recorded. This meant that people may not have received their medicines in accordance with the prescriber's instructions. Audits that had been completed were ineffective as they had not identified these shortfalls.

This meant that due to the falls management, gaps in people's risk assessments and the way in which medicines were managed there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Staff were able to tell us what form abuse may take and the possible signs of abuse. They told us they would report concerns to the manager. Two staff were aware of external agencies, however, one staff member told us they would need to check who they should report concerns to. Staff were overdue for an update to the safeguarding people from abuse training. The provider told us they were currently arranging this.

People told us that there were enough staff around to meet their needs. One person said, "They are always there if you need them."

Call bells were answered promptly and staff were visible throughout the inspection. We noted when people asked for help this was given in a timely fashion. The home had a low turnover of staff and as a result the staff team had been employed for a number of years. Recruitment files included all the appropriate pre-employment documentation which included a criminal records check, proof of identity and written references. This helped to ensure that people employed to support people were fit to do so.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt the staff were appropriately skilled for their roles. One person said, "They [staff] are all very nice and work hard." Relatives also told us they felt staff had the appropriate skills. One relative told us that over the years they could see staff progressing. They said, "You can see how much they [new or younger staff] have developed over the years."

Staff told us that they found the training sufficient for their role and there was opportunity to complete a vocational qualification. We saw that training covered areas which included fire safety, safeguarding people from abuse, moving and handling and medicines. However, we noted that some training was overdue for renewal and other subjects, such as supporting people with dementia and MCA and DOLS, had yet to be arranged. Staff were not all able to clearly explain MCA and DoLS and they had little knowledge in regards to supporting people with dementia. One staff member told us that they had selected a unit from the vocational qualification relating to dementia care specifically to enable them to support people living with dementia and understand their needs.

The manager and provider told us that they were currently arranging training updates and had some dates booked. The provider also told us that they were considering the Care Certificate to ensure staff had the appropriate knowledge and skills for their role.

People told us that staff asked for their consent before supporting them. The manager, and staff, told us that most people who lived at the home had the ability to make their own decisions. However, although staff told us that they always gave people choice and sought consent, we did note that staff were not clear of the formal arrangements relating to MCA and DoLS and were not able to tell us how these pieces of legislation were relevant to their role. We saw that where a person was assessed as not being able to make their own decisions, a best interest meeting was held and the decisions were recorded. The manager told us that they had made two DoLS applications in relation to the use of bedrails. We identified a person during our inspection who had not had a DoLS application made but repeatedly asked to go home. The manager told us that they would start the DoLS process to ensure they were not being unlawfully deprived of their liberty.

Staff told us that they felt well supported by the manager. They told us that the manager was always visible and provided guidance and support. We noted that the manager took an active role as part of the team to ensure they were equipped to complete tasks. For example, providing the appropriate care to people in regards to falls, pressure care and nutrition or hydration.

People received sufficient quantities of food and drink and were supported where needed. One person told us, "The food is very good, and if you don't like it, you can have something else." We observed breakfast and lunchtime and saw that people were served at a time and pace appropriate to them. Everyone had breakfast trays in their room and staff told us this was their preference. The trays were given at different times depending on people's rising time. Lunch looked and smelled appetising, tables were set nicely and there was a positive atmosphere around where people were conversing and laughing. People who were in need of support to eat in their bedrooms received this is a timely and sensitive way. The chef was clear on dietary needs and how to respond to those needs. People's weight was monitored and where there was a concern, the GP was contacted. One person told us that because they didn't each much, "They [staff] give me milkshake drinks so that I get enough [calories]." However, we noted there were no formal assessments in place to monitor people's nutritional needs. The manager told us that they were due to start using a nutritional risk assessment but this had not yet commenced. They told us that these would be in place in the next month.

People had access to health care professionals when needed. We saw the GP attend on the day of our inspection. We noted that the home was well supported by the GP who advised them, with support of district nurses, in relation to needs including end of life care. There were also visiting professionals including a chiropodist, and a hairdresser, who was there during the inspection.

Good

Is the service caring?

Our findings

People were very complimentary about the staff. Everyone told us they were kind and caring. One person said, “It’s absolutely first rate, they treat us like human beings.” Another person told us, “I came for a break and I stayed.” Relatives were also very positive about staff. One relative told us, “They [staff] are all really nice.” Another relative told us the staff were, “Marvellous, caring and loving, that sums them up.”

Staff knew people well and were attentive. For example, one person who had fallen earlier in the day was supported to walk by a staff member with an arm around them, speaking calmly to help restore their confidence. We observed that all staff throughout the day checked on this person and we heard staff discussing if they were ok, speaking fondly of them.

Staff were kind and friendly in all interactions observed. People were spoken with in a way that promoted dignity and respect. We also noted that people were addressed depending on their preference. For example, by the first name or Mr or Mrs surname. This demonstrated that people were valued and staff respected their preferences.

People and their relatives told us that when they first moved into the home they were involved in planning their care. However, people could not remember being part of any reviews since then. However, they told us if they needed something changing or wanted additional support, they were confident to ask staff directly. Everyone told us that the staff and the deputy manager in particular was always able to accommodate their wishes. One person said, “Any queries, you go to [manager or deputy manager].”

The manager told us that people and their relatives were involved in all end of life care planning. We noted that when a person became frail, people were still asked to be involved in deciding care and treatment and their views were listened to. For example, in relation to a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) order and ‘just in case’ medicines. We noted that a GP attended on the day of inspection to discuss this with the person, a relative and the manager. The manager told us they felt very passionately that this aspect of their life was supported in accordance with the person’s wishes and was a strong advocate on the person’s behalf when needed.

Good

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs. One person said, "If you need them, they're [staff] are there." Relatives were also positive about how the staff supported people. One relative told us that their relative needed lots of care and support and the staff were, "Absolutely fantastic." They went on to say that during a period of time where they were cared for in bed, the person was hydrated and did not develop any sore areas. The relative commented that staff always checked they were comfortable.

Staff were able to describe in great detail people's needs, history and how to support them. The manager also knew people well. We observed staff provided appropriate support in relation to personal care, pressure care and communication. For example, regular repositioning for people at risk of developing a pressure ulcer, discreetly supporting people to the toilet and the way that they addressed people. We saw care being provided in accordance with these explanations and the information provided in care plans.

People's care plans were currently being improved upon. The manager told us that they were overdue for being updated and they were currently working through them. We saw that the recently updated plans were person centred and included clear information to provide staff with guidance to enable them to provide care. We did note that some information was outdated and this was an area that required improvement, however, the home did not use agency staff and had a low turnover of staff so the impact of this was reduced because staff had a good knowledge of people's needs.

People told us they felt they were able to speak up if anything needed improving and were confident to raise a complaint. However, everyone told us they had not needed to make a complaint. One person said, "No complaints of any kind here." We were told that meetings gave a forum for raising any concerns and making suggestions and they felt they were taken seriously. We saw notes from a recent meeting displayed. One suggestion was to visit a local venue. Attached to the meeting notes was a poster for the venue to inform people of the event. We also saw there was a monthly newsletter that kept people well informed of upcoming events and birthdays.

The manager told us there had been no recent complaints so we were unable to review how these would be responded to. There was a system in place to log and monitor complaints should they receive one. The manager told us that they currently did not record any small 'grumbles' such as lost laundry but this was something they would start to do.

People told us that they enjoyed the activities provided at the home. They told us they had no suggestions for the activity programme and felt their needs, in relation to hobbies and interests, were being met. Many people were independent and told us they enjoyed going out, spending time with family, reading or watching TV. We saw one person tending to the garden. On the day of the inspection there were armchair exercise taking place, people told us that this was a usual start to the activities and afternoons tended to be games or films. We saw the activities organiser encouraging people to go through to the lounge and explaining what was going on and when they declined, this was respected. People also told us they had one to one time where they chatted with staff members. This helped to ensure that people, whatever their ability, were supported to participate in an activity that interested them and which they enjoyed.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt the home was well led. They told us that they saw the manager and deputy manager regularly. We noted that the manager knew people well and people responded to them with familiarity. One person told us after losing their relative who lived at the home, the manager still encouraged them to visit and made them feel welcome. They told us, "[The manager and the deputy manager] are always there for you."

Staff told us that they felt the home was well led. They were very positive about the manager. One staff member told us, "I've told [manager] when they retire, I going with [them]." Staff said the manager was approachable and met with them at least once daily to discuss any issues, delegate any tasks that needed to be done and share any feedback. Staff told us that this, as well as supervisions, was how they were kept informed of outcomes of incidents, accidents or changes in practice.

There were limited formal systems in place to monitor the quality of the service and this meant there were no action plans developed to address any issues were identified. This meant we were unable to review how any issues had been managed and if there were any trends or reoccurrences of issues. This included the issues we identified at our inspection in relation to medicines management and people's risk assessments. The manager told us that they addressed issues that arose straight away, for example a missing item of laundry and were aware of what needed to be done in all areas of the service but they just did not record it. For example, they told us that all care plans were in need of review and they were working through this. The staff supported this and also told us that the manager was regularly out of the office, addressing any shortfalls and ensuring staff worked in accordance with their standards. Although we found that the manager was addressing issues, this was an area that required improvement.

The manager told us that they attended external meetings to help ensure their knowledge was up to date and they shared this information with the staff team at the daily breakfast meeting and team meetings. This included updates to safeguarding, MCA and DoLS, outcomes of any issues identified through monitoring and feedback from people.

The manager told us that they had connected with a local training provider and were hoping to identify staff members to become champions in certain areas. These included Dementia, dignity and nutrition. They told us they hoped this would help develop the staff team to empower them to enable them to take on specific roles in the home. This would then release some of the manager's time for overseeing the service and develop the staff team further. The manager was very positive about the staff team and told us, "They are all so kind, caring, compassionate and hardworking."

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that people had their individual risks appropriately assessed and reviewed. The provider did not ensure the safe management of medicines.