

# Stroud Care Property Limited

# Stinchcombe Manor

## Inspection report

Echo Lane  
Stinchcombe  
Dursley  
Gloucestershire  
GL11 6BQ

Tel: 01453549162

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07 June 2022  
08 June 2022

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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

Stinchcombe Manor is a residential care home providing care for up to 19 older people living with dementia and/or mental health needs. At the time of our inspection six people were living at the service. Some people living at Stinchcombe Manor require support when they become anxious and distressed.

Stinchcombe Manor is a large adapted home with a number of communal areas people can access, including two lounges, a dining room and garden.

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

The provider had made improvements to the service following our previous inspection. Audits and checks were in place to ensure the quality and risks in the service were monitored. The provider addressed gaps and shortfalls identified through their own monitoring processes. The provider was working at embedding some of the newly introduced monitoring systems.

We observed people to be relaxed and comfortable around staff and staff were caring and kind in their interactions. Staff followed and understood safeguarding procedures.

Risks were assessed to ensure people were kept safe, and staff understood individual risks present within people's lives.

There were enough staff within the service to safely support people. Processes were in place to ensure staff were recruited safely.

Medicines administration and management was safe and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 on 4 February 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations in relation to Safe care and treatment and Good governance.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Stinchcombe Manor

## 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

This inspection was carried out by one inspector.

#### Service and service type

Stinchcombe Manor 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information from multi-professional safeguarding information sharing meetings. 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 took this into account when we inspected the service and made the

judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We observed people and staff interaction to help us understand the experience of people as they were able to only give us limited feedback about their experience of the care they received. We spoke with the registered manager/nominated individual, quality and training manager, maintenance person and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two social care professionals that worked closely with the service.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at a selection of management and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and manage the risks relating to the health and safety and welfare of people. This was a continued breach of regulation 12 (Safe Care and Treatment) 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 12.

- People were involved in discussions about the risks posed to them and had a say about how these could be minimised.
- Where risks had been identified, there was guidance for staff on how to minimise these to reduce the risk of people being injured or harmed. Staff understood risks posed to people and how they could help people to stay safe.
- Staff were trained to support people to manage behaviour that might place them and/or others at risk. People's behaviour support plans guided staff to use the least restrictive methods to support people in these instances to reduce the risk of them or others getting hurt. The provider kept staff's training needs under review to ensure all staff were skilled and confident in supporting people when their behaviour related needs changed.
- Action had been taken to reduce the risks related to legionella and the provider was working to ensure completed safety checks were always recorded.
- Fire safety improvements had been completed. A fire drill had taken place and people's personal evacuation plans had been updated. Regular fire drills were planned to include staff familiarisation with evacuation equipment and use of fire extinguishers.

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

- We observed people to be relaxed and comfortable around staff and staff were caring and kind in their interactions.
- We saw incidents had been reported to the adults safeguarding team as required to ensure other professionals were involved in maintaining people's safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels had been planned based on the level of support people required each day to keep them safe at home and in the community.
- Staff were present and accessible to people and responded promptly to any requests for help and support.
- No new staff had been recruited following our previous inspection. Recruitment procedures ensured pre-employment checks would be completed to ensure staff were suitable to work with vulnerable people. This included checks of criminal records, previous work history, proof of identification and any health conditions.

#### Using medicines safely

- Records showed people had received their medicines as prescribed.
- Staff had been trained and assessed as competent to undertake medicines tasks before administering medicines to people.
- There were clear procedures for the receipt, storage, administration and disposal of medicines.
- Some medicines were liable to misuse and were subject to more stringent controls and these medicines were stored and recorded in accordance with legal requirements.
- Medicines were stored at the required temperature.

#### 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 somewhat 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.

#### Visiting in care homes

- Visiting arrangements were in line with latest guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

#### Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents and the service's electronic system produced reports related to these. The management team were aware, for example, of root causes related to people's fall and the registered manager discussed with us the action that had been taken to refer people to healthcare professionals when they had falls.



# 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 the rating has remained the same. This meant elements of the service was not always consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively operate systems to assess, monitor and improve the service which was a continued breach of Regulation 17 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. However, we found improvements were required to ensure processes were followed robustly and consistently as part of daily practice.

- A new audit system was in use which enhanced the provider's oversight of the service and supported the registered manager to monitor risk and quality concerns in the service. Action was being taken to upskill staff and ensure they were completing audits and reporting issues as required by the provider.
- Checks were completed to ensure staff were following the provider's policies and procedures in relation to for example infection control, medicine management, environmental risks and record keeping. Where shortfalls had been identified plans were in place and being actioned to make the required improvement.
- The provider was working at embedding some of the newly introduced monitoring systems and was closely monitoring the effectiveness of the fire risk assessment through fire drills. A daily visual environmental check was completed whilst the planned environmental improvements were being completed to ensure these would not impact on people whilst work was being undertaken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager continued to work on maintaining effective communications with all stakeholders and to embed a culture of openness and transparency that ensured people received person centred care.
- The provider continued to work with health and social care professionals to review people's care and adjustments had been made where needed.

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

- Providers are required to act in an open and transparent way when people come to harm and to notify CQC of significant events without delay.
- In the event of accidents, incidents or potential safeguarding concerns, the registered manager had

submitted notifications to CQC which was a requirement of registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The management team knew every person living at the service well and were able to answer all of our questions about people's needs.
- There was evidence of the registered manager and staff working with external agencies to help ensure people received the care and support they needed, such as the local authority, GP and other health professionals.

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

- Feedback from people and relatives had been sought and the provider was reviewing the recent survey results to see what was now working well and identify where further improvement was needed.
- Staff are provided with regular feedback opportunities and exit interviews were completed when staff left to identify any improvements that might be needed.