

Meridian Healthcare Limited

Stamford Court

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 12 and 13 July 2017. The inspection was undertaken by two adult social care inspectors and a pharmacist inspector. We had previously inspected this service in May 2016. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to failures in ensuring people's privacy and dignity were respected and care records were not sufficiently detailed or person centred. This resulted in us making two requirement actions. Following the inspection in May 2016 the provider wrote to us to tell us the action they intended to take to ensure the regulations were met.

At this inspection we found that improvements had been made and the requirement actions had been met. However, we found five further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because medicines were not managed safely, assessments of risk were not always completed or updated accurately, recruitment checks of agency staff were not sufficiently robust, the provider was not acting in accordance with the Mental Capacity Act 2005 (MCA), records monitoring care and treatment provided were not accurate or complete and the provider had failed to assess monitor and improve the quality of the service provided.

You can see what action we have told the provider to take at the back of the full version of the report.

Stamford Court is a large two storey building set in its own grounds on the outskirts of Stalybridge. It provides nursing and personal care to a maximum of 40 older people some of whom are living with dementia. At the time of our inspection there were 39 people living at the service.

Medicines were not managed safely. Staff were not provided with sufficient information about medicines that were to be given 'when required'. Keys for the medicines storage room were not kept by the person responsible for the medicines, records indicated that medicines were not being stored at the correct temperature to ensure they remained effective and no action had been taken to rectify the problem and records indicated that one person had not received their medicines as prescribed.

We found that risks to people's health and wellbeing had been identified but records were not always accurate or updated when people's needs changed.

Peoples care needs were assessed before they started to live at the service. Care records showed that all activities of daily living had been planned for. However we found the monitoring records were not completed in sufficient detail to accurately reflect the care and support provided.

Where people were deemed not to have capacity, evidence of capacity assessment were not present in their records and required conditions of The Deprivation of Liberty Safeguards (DoLS) were not always actioned.

There were systems of weekly, monthly and annual quality assurance checks and audits carried out by the service and the provider. We found that checks and audits carried out by staff within the home were not sufficiently robust as they had not identified the issues raised during this inspection. Whilst the provider's audits had identified the improvements needed they had not ensured the required actions had been completed in a timely manner.

People told us they felt safe at Stamford Court. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

Recruitment procedures were in place which ensured staff employed by the service had been safely recruited. However the service needed to improve the systems for accessing checks for staff who were working at the home but employed by another agency.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control. Staff had access to and wore person protective equipment when undertaking person care tasks.

Accidents and incidents were appropriately recorded. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately. People had their health needs met and had access to a range of health care professionals.

The home was clean and accommodation was of a good standard. Recent improvements had been made to the decoration, furnishings and fittings of the home. People's rooms were personalised with their own photographs and belongings.

There were sufficient staff to meet people's needs. Staff received the training, support and supervision they needed to carry out their roles effectively.

People told us the staff were nice and caring. A visitor told us, "All the staff are very courteous." We saw staff interactions were polite and friendly. We found staff to be responsive, polite and caring. Visitors told us they were made to feel welcome.

The service had recently employed an well-being coordinator. There was a range of social events and activities available and people were positive about the plans the new activity coordinator had to improve the range of activities.

The service had a registered manager who had worked at the service from September 2016 and had been registered with CQC in January 2017. 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.

People were complimentary about the changes the registered manager was making and told us the service had improved. All the staff we spoke with were positive about the registered manager and working at Stamford Court. We found the registered manager to be enthusiastic and committed to improving the quality of the service provided.

We saw there was a system for gathering people's views about the service. There was a system in place to record complaints and the service's responses to them. People told us they didn't have any complaints but were confident that they would be listened to and action would be taken to resolve any problems they had.

The service had notified CQC of any DoLS authorisations, accidents, serious incidents and safeguarding allegations as they are required to do.

The CQC rating and report from the last inspection was on the provider web site and displayed in the entrance hall.

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.

Medicines were not managed effectively.

Risk to people's wellbeing were assessed but records were not always accurate or updated when people's needs changed.

The recruitment of the provider's staff was safe but access to records for checks on the suitability of agency staff needed to be improved.

There were sufficient staff to provide the support people needed. Staff were aware of safeguarding procedures and how to raise concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found the provider was not meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received training, supervision and support to allow them to do their jobs effectively and safely.

People told us they liked the food, it was home cooked and they were always offered choices.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were nice and caring.

We saw staff interactions that were polite and friendly. We found staff to be responsive and caring.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

Good ●

Is the service responsive?

The service was not always responsive.□

Care records guided staff on the care people needed but monitoring records of the care provided were not always accurate or complete.

The service had a new well-being coordinator. There were sufficient activities available for people if they wished to join in.

There was a suitable complaints procedure for people to voice their concerns. People were confident any concerns they had would be dealt with quickly

Requires Improvement ●

Is the service well-led?

The service was not always well-led.□

The systems of quality assurance and governance checks and audits were not sufficiently robust.

People were complimentary about the changes the registered manager was making and told us the service had improved. Staff were positive about the registered manager and the changes that had been made to the service.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Requires Improvement ●

Stamford Court

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.

This was an unannounced comprehensive inspection which took place on the 12 and 13 July 2017. The inspection was undertaken by two adult social care inspectors and a pharmacist inspector.

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, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We also asked the local authority, local clinical commissioning group and Healthwatch Tameside for their views on the service. Some concerns were raised about the quality of care planning, daily record keeping, accuracy of risk assessments and administration of medicines. Prior to our inspection we had also received anonymous concerns about record keeping, medicines management and the quality of care provided at the service. We used all this information to help us plan the inspection.

As some of the people living at Stamford Court Nursing Home were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with seven people who used the service, four visitors, the registered manager, the area director, the regional director, four care workers, an agency nurse, a nursing assistant, a laundry assistant, the chef and the activity coordinator.

We carried out observations in public areas of the service. We looked at five peoples care records, a range of records relating to how the service was managed including medication records, staff personnel files, staff

training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe at Stamford Court. One person told us, "I'm happy enough, they've looked after me well so far."

Our pharmacist inspector looked at the way medicines were stored, recorded and used in the home. We found that medicines were not managed safely.

We watched a nurse and a nursing assistant give people their medicines on different floors of the home. Both staff administered medicines in a safe and friendly way. We looked at the medication administration records (MARs) belonging to twelve of the thirty seven people living in the home. Staff had completed the administration records to show people had taken their medicine as prescribed or to give the reason if a dose was missed. Records also showed that creams were applied in the way prescribed, indicating that people's skin was cared for properly.

Some people were prescribed one or more medicines to be taken only 'when required'. Extra guidelines on how the medicine should be used (protocols) were filed with people's MARs. We saw that some protocols were incomplete in that they didn't say why the medicine had been prescribed. Other protocols had not been signed (as checked) by a nurse working in the home. This meant there was a risk of 'when required' medicines not being used effectively or safely, despite protocols being in place and that people may not get their medicines as prescribed.

Other people were prescribed eye drops. With one exception, the eye drops we saw were not fully labelled with directions for use. This meant there was a risk that staff might administer the drops into the wrong eye or the wrong number of times a day. We discussed with the registered manager the need to raise this with the prescribing GP and dispensing pharmacist.

One person was prescribed a medicine in the form of a patch to be stuck on their skin. Their records stated that on two occasions the new patch had been put in the same place as the previous patch. This could make the person's skin sore.

Medicines were not always kept safely. We saw that carers were given the bunch of keys containing the medicines keys when they needed access to another storage room. This meant that unauthorised staff could have access to the medicines stores. We looked at the minimum and maximum temperature records for the medicine refrigerator from May 2017 to the day of the inspection. According to these records, medicines in the fridge were not being kept at the right temperature and so there was a risk they were unsafe to use. Staff had not taken any action and the problem had not been identified by the monthly medicine audits. During our inspection we checked the temperature of the medicines fridge and found it to be within safe limits. We discussed this with the registered manager who said they thought the issues could be that staff had been incorrectly recording the temperatures. They told us they would review these temperature checks as part of their medicines audits.

Medicines that are controlled drugs (subject to tighter controls because of the risk of misuse) were stored in the way required by law. We looked at the controlled drugs record book and stock balances of the sample of three controlled drugs we checked were correct. We then compared the records of administration of one person's patch with their MAR. We found discrepancies in the dates of application and the strength of patch applied between the two records. We brought this to the manager's attention and asked them to urgently investigate and inform us of the outcome. Following our inspection the registered manager confirmed they had referred the matter to the local authority safeguarding team. The registered manager sent us the outcome of their investigation which indicated that there had been a delay in the service receiving the prescribed medicines from the pharmacy therefore they had continued with the previous prescription. Information was seen to show the matter had been reviewed by the person's GP who said this had not resulted in any harm to the person.

The concerns identified meant that the home was in breach of regulation 12 (2) (g), the proper and safe management of medicines, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at five people's care records to check that areas of risk had been assessed and planned for. We found that assessments had been completed in areas such as poor nutrition, risk of falls, pressure sores and choking. We found that some assessments were not accurately scored reflecting the level of risk to people's health and well-being. For example, we found the falls assessment for one person had not been updated to reflect the change in support now provided for this person as they were no longer fully cared for in bed. The malnutrition universal screening tool (MUST) for another person had not been recalculated following unplanned weight loss and a change in the body mass index (BMI) rating. In addition the water-low pressure ulcer risk assessment for this person did not accurately reflect the nutritional risk or their health needs. Bed rails were also used to minimise the risks to this person whilst in bed. No risk assessment had been completed to ensure these were safe to use. The Medicines and Healthcare products Regulatory Agency issued guidance on the management and safe use of bed rails in Dec 2013 the service was not following these guidelines.

People were potentially at risk of not receiving the care and support they needed as assessments were not accurately completed to reflect their needs.

Due to the risk of choking people were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing. Food and fluid charts had been put in place to record the use of thickeners. Whilst staff we spoke with were aware of people's needs, records seen did not clearly identify which thickener the person had been prescribed and the directions for use. This information is important particularly due to the number of agency staff currently used to support people. It is also important that staff accurately record the use of thickener to ensure people are given their medicines consistently and as prescribed. The registered manager told us they would provide the appropriately detailed charts for the care staff to record when they had given the prescribed thickeners.

We looked in detail at the care plan for one person who was cared for in bed. This person was dependent on staff to assist them with all aspects of their care. However the plan in relation to mobility, safe environment, activities and continence care were not completed. This meant there was no information to clearly guide staff in the safe delivery of this person's care. Without such information people may be at risk of not receiving the care and support they need.

These issues were a breach of Regulation 12(1) (2) (a) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked to see if there was a safe system of recruitment in place. We looked at three personnel files for staff employed by the provider. We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment.

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. There was a system for regularly checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC). The systems for the recruitment of the providers own staff were sufficiently robust.

We also looked to see if the required checks were made for staff who were used by the service but employed by external agencies. The provider is required to ensure that the same checks that are needed for their own staff have been completed by the agency prior to the staff member working at the service. We found that the records held by the service for two agency staff did not contain any of the required information and two others did not contain all the required information. These four records did not contain a photograph of the person. The photograph is needed to ensure staff working at the home can check the person arriving at the home is who they say they are. Information checked for the agency nurse on duty during the inspection did not evidence they had a current and valid registration with the NMC. We discussed this lack of evidence of checks with the registered manager, the area director and regional director. The regional director told us that this information is held centrally by the company. However the registered manager and area director were not aware of this and had not ensured the information was in place. The registered manager must satisfy themselves that suitable checks and photographic identification is available to them prior to agency staff starting to work at the service. We discussed with the area director that systems of accessing these checks needed to be improved. Whilst we were on inspection the area director told us that a meeting had been arranged with all registered managers from the company in the area to make sure they were aware of the company procedures.

During our inspection the area director contacted the agency and arranged for photographs and the required information to be sent through to the service along with evidence that the required checks had been completed prior to the agency staff arriving at the service. They confirmed that the required checks had been made by the agency.

We saw the service had a detailed staff handbook and policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These should help ensure staff know what is expected of them in their roles.

We asked the registered manager how staffing levels in the home were determined. They told us staffing levels were based on peoples support needs. Care records we looked at contained an individual dependency assessment, this indicated the person's support needs, including if they needed two staff to provide any of their care. We found that this information was updated at least monthly or when a person's needs changed. The registered manager told us that information for each person was used to guide the service with an overall assessment of peoples support needs and staffing levels. The registered manager showed us a dependency assessment that had been completed and indicated that staffing levels reflected peoples support needs. Duty rotas we looked at showed that staffing was provided at the level indicated by the dependency assessment.

Staff we spoke with gave us mixed views on staffing levels. Some staff felt staffing levels were not sufficient due to the level of need of people who used the service and the use of agency staff who did not know people well. Other staff told us there were sufficient staff to meet people's needs. One staff member said, "We are never short staffed. The mornings can be a rush sometimes, but it's ok." Staff told us that that shifts were never short staffed because if there were any issues agency staff were always sought.

People who used the service said, "Staffing levels are okay, I've not had any problems", "They sometimes forget to put that [call bell] next to me. I just collar someone and they come straight away" and "Sometimes it seems along time between people [staff] coming to see me." One person who used the service told us that staffing levels had improved recently. They said, "I think they have more time now. If I press my buzzer they come straight way" Another person told us, "There's enough staff on days but they could do with an extra on nights."

Following our inspection the registered manager sent us an updated dependency assessment, which again indicated that staffing levels were reflecting peoples identified needs. During our inspection we observed that staff responded quickly to requests for assistance when call bells were sounded and there were sufficient staff to meet people's needs.

We looked at what systems were in place to help staff respond quickly should an emergency arise. Records showed that up to date individual personal emergency evacuation plans (PEEPs) had been completed for each person living at the home along with a quick guide into the needs of those people living at the home. This information was easily accessible and helps to assist the emergency services in the event of an emergency arising, such as fire.

The provider had a contingency plan, which provided information and relevant contact details for agencies should there be a loss of mains, supplies or failures within the building. Further information about the staff team and people living at the home was not up to date. We raised this with the registered manager who said this would be amended to reflect information in the PEEP's file.

We saw the provider had received a letter from the Greater Manchester Fire and Rescue Service (GMFRS) dated May 2017, which stated the need for a new fire risk assessment and that a compartmentation survey needed to be carried out. This helps to ensure that any potential hazards are assessed and planned for to minimise the risks to people. The registered manager told us that both assessments had been completed and that information was to be provided to GMFRS. The registered manager showed us the compartmentation survey. The new fire risk had been completed just before our inspection; a copy of the report had not been produced by the company at the time of our inspection. The registered manager said they would forward a copy to CQC when it was completed.

We saw that internal checks were carried out with regards to fire safety. These were completed by maintenance staff who had been contracted to carry out the checks across a number of locations. These checks included the fire alarm, fire equipment and emergency lighting. We were told that four staff had received additional training and were identified as the 'fire co-ordinators' within the home. We were shown records with regards to fire drills undertaken by staff to help ensure they were aware of the evacuation procedure. We were told that as part of the training programme for staff there was an expectation that drills were completed twice a year and this was monitored by the registered manager.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions and were seen. These included the 5 year electric check, gas safety (boilers), small electrical appliances, nurse call system, emergency lighting and fire alarm and

passenger lift. We noted on the gas safety certificate for the kitchen equipment and legionella assessment that, although safe, remedial work had been identified. We were shown records that indicated this had been actioned by the maintenance team employed by the provider and work was planned.

During the inspection we spent some time looking at hygiene standards throughout the home. We looked in several bedrooms and all communal areas and found these to be clean and tidy with no malodours. We saw communal toilets and bathrooms were clean and contained appropriate hand hygiene guidance, paper towels and liquid soap. A visitor we spoke with said, "It's always clean and tidy."

We looked at the systems in place for laundry. The laundry was well organised. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

Records showed that sufficient number of domestic staff were available throughout the week. We saw staff had access to personal protective equipment (PPE) such as, disposable gloves and were seen wearing them when carrying out personal care tasks. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. Yellow 'tiger' bags were also used for the management of clinical waste. Policies and procedures were in place to guide staff and records showed that staff had completed training in health and safety and infection control procedures. This helps staff to understand what they need to do to minimise the risk of cross infection to people.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Training records we looked at and staff we spoke with confirmed they had received training in safeguarding. Staff knew about the safeguarding procedures, what they would do if they suspected abuse and who they would report it to. One staff member we spoke with told us, "I feel residents are safe." All the staff we spoke with felt confident that the registered manager would act on any concerns they raised.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers. We found that the registered manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

Is the service effective?

Our findings

People told us the service met their needs. One person who used the service said, "They [staff] do pass on essential information [about appointments]"

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw information to show that 19 applications to deprive people of their liberty had been made to the relevant supervisory body (local authority), along with three renewals. At the time of our inspection six applications had been authorised.

We saw conditions had been applied to two authorisations subject to renewal and three current authorisations. We reviewed people's care records to check these had been complied with. Conditions included assessments of capacity and best interest meetings to establish if the use of reclining chairs were suitable for the person, the use of covert medication and agreements in relation to the frequency of nightly checks. We found that where covert medication was being received by people, this had been agreed in partnership with the persons GP however care plans had not been updated to accurately reflect this practice. Action in relation to other conditions had not been acted upon.

On one of the care records we looked at we saw a bed rails assessment had been completed. The assessment asks the person completing the form if they have 'obtained consent and if necessary do a capacity assessment'. Information stated the person did not have capacity to consent however no assessment had been completed. On two other files we saw a consent form used to agree the taking of photographs. We found these had not been signed by the person concerned but by a relative. There was no capacity assessment to evidence the person was unable to give consent or that the relative had the legal authorisation to do so on their behalf.

Where people are unable to consent to their care and treatment the principles of the MCA should be followed so the decisions are made in the persons 'best interest'. This helps to ensure people's rights are protected. This was a breach of Regulation 11(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that policies and procedures were in place to guide staff on the MCA and DoLS procedures. Records showed that staff had completed training in MCA and DoLS. Four staff spoken with confirmed they had

completed e-learning in these topics. However from our discussions two staff were not able to demonstrate their understanding of the MCA principles or DoLS procedures. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked at the arrangements in place to help ensure staff received the induction, training and supervision they required to be able to deliver effective care. We were told that all new staff completed a formal induction programme which included reading policies and procedures as well as completing required training. We saw that the company had its own induction "Working together as one" which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included an introduction to the home, information about the individual staff member's role and policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete work books to demonstrate their knowledge and understanding. Staff we spoke with told us they had found their induction useful and said it had helped them understand their role. One staff member told us, "I feel comfortable and confident in my role."

Staff confirmed and records we saw showed that since the new registered manager had started to work at the service staff completion of mandatory training had improved. We saw this training included; safeguarding, emergency procedures, fire drills, food safety, health and safety, infection control, manual handling, equality and diversity, promoting healthy skin and dementia care.

Nursing assistants had also completed additional training relevant to their role including diabetes, catheter care, bloods, pressure care and Percutaneous endoscopic gastrostomy (PEG) stomach tube feeding.

Staff told us they felt supported and records we saw showed that supervision sessions and team meetings were held regularly. Staff told us they also classed the shift handover as a 'meeting' as this kept them informed about people and events within the home. Staff said, "Communication between staff is good, we're kept informed" and "Handover helps if you've been off for a while."

People were provided with a good standard of accommodation. Bedrooms and communal areas were situated on both the ground and first floor and were seen to be nicely decorated and well maintained. All bedrooms were single occupancy with en-suite facilities. People had personalised their rooms with pictures and belongings from home. On each floor there was a dining lounge and also a separate smaller lounge area that people could use to meet privately with their visitors.

On the ground floor there was an outside patio area with potted plants and plenty of seating. We were told that relatives of a person who used the service had helped to develop and maintain this area. It was private and relaxing with views into the local park and gave people a space they could enjoy in good weather.

We saw additional bathing and shower facilities were available on each floor. We were told that two of the bathrooms were currently not in use as these were to be refurbished providing better facilities for people. The registered manager confirmed the planned completion for this work was October 2017. This would ensure that sufficient numbers of assisted baths and showers were available to meet the personal care needs of people.

Suitable aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats, bed rails and call bell leads.

We looked to see if people were provided with a choice of suitable and nutritious food.

We found the kitchen was clean and tidy. It had received a 5 star rating from the national food hygiene rating scheme in September 2016. We looked at the supplies of food and saw there was a good selection of fresh, frozen, dried and tinned foods available. People we spoke with were positive about the food. One person who used the service said of the food, "Its ok. I eat most things. I had meals on wheel before and this is better." Another person said, "The food is very good... They give you a choice and I pick what I want."

Records we looked at showed that people had access to a range of health care professionals including; GP, district nurses, speech and language therapist, community matron, dietician, dentist and chiroprapist.

The registered manager told us the service had signed up to an electronic system 'Digital Health' which allowed them to make immediate contact with health care professionals at the local hospital. This allowed the service to relay people's symptoms via a hand held electron tablet. During our inspection we saw this also allowed the health care professional to see the patient and their presenting symptoms. We were told this reduced the number of times the service needed to call out a doctor and also allowed for speedy diagnosis. During our inspection we saw that the health care professional at the local hospital immediately arranged for paramedics to attend the service and arranged for a hospital admission.

Is the service caring?

Our findings

People who used the service told us the staff were caring. They said, "The girls are great, no complaints", "They [staff] are kind, they care and its safe" and "They come when I need them, I might have to wait a bit but no problems" and "Most staff are friendly."

Visitors we spoke with said, "They [staff] seem very nice", "The carers are very nice", "Most of the carers go above and beyond the call of duty", "[Staff member's name] is brilliant." Other visitors told us, "All the staff are very courteous", "They spend a lot of time asking what people want and explaining things" and "There is always a juice beside the bed, a drink of some sort."

Staff told us they had time to get to know people. Staff said, "It's different than other places I've worked. You get to know them [people who used the service] You build up a relationship", "The interaction with residents is great. Just to see them smile" and "It's a settled environment, nice home."

Throughout the inspection we observed good staff interactions. People appeared to enjoy a good rapport with staff. Staff had a good understanding of people's individual needs. We saw staff interactions were polite and friendly. We found staff to be responsive and caring.

The company ran a 'Kindness in Care' award. People who used the service, their visitors and other staff could nominate staff for these awards. We saw that some staff at the service had won awards. A Comment made by relative said; "[staff name] has been a star with my [person who used the service]. She is so kind and always gives 100%.'

Those people able to move around the home independently did so freely. There were pictures on people's bedrooms door to aid them in recognising their bedroom and encourage their independence. People told us that staff encouraged there independence. One person told us "They [staff] do everything I can't do."

Visitors we spoke with told us they were made to feel welcome. During our inspection we saw visitors coming and going. One staff member said they had; "Good relationship with families." During our inspection we observed that visitors were welcomed and that staff interacted well with them.

We visited one person in their room. They were unable to communicate their wishes verbally however were able to express themselves in other ways. We saw a communication book had been compiled for them by the hospital team. This included pictures, words and numbers and explore areas of personal care, day, time, weather, family, and interests. This enabled the person to be involved and express their wishes.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. All care records in the office were stored securely to maintain people's confidentiality. We saw that daily monitoring records were left in folders on a dining table and, whilst we did not see any unauthorised person access them, they were not kept confidential. We discussed this with the registered manager who said they would ensure they

were stored confidentially in future.

Is the service responsive?

Our findings

People we spoke with told us they were involved in planning their care and support. One person said, "When I first came here, I had more contact from Stamford than any other home I have lived at."

During our last inspection we found the service was not always responsive. People's dignity and privacy were not always protected. This was because the use of 'spot' beds and the regular change of people who used the service intruded on the lifestyle of those who lived permanently at the home. This was a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. A requirement notice was made. During this inspection we found improvements had been made and the requirement action had been met. The registered manager told us that 'spot' beds were no longer used and that the only people who came to the home temporarily were those who were being provided with regular respite care.

During our last inspection also found that care records were not sufficiently person centred or detailed to provide staff with the information they needed to support people. This was a breach of Regulation 9 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. A requirement notice was made. During this inspection we found improvements had been made and the requirement action had been met.

We looked at the care records for five people to see how their needs were assessed and planned for. We saw that preadmission and admission assessment was completed. Information identified the care and support needs people had and wanted. Information had been gathered from the person and where appropriate their relatives. Records included information about people's individual wishes and preferences. This information was then used to develop the care and support plans.

Records showed that all activities of daily living had been planned for. Whilst these provided direction for staff in the delivery of care, plans were not as personalised as they could be. We were told the activity worker, who had recently been employed, was to complete individual 'social history' booklets so that further details in relation to the persons like, dislikes, wishes and preferences could be incorporated into the plans.

Additional monitoring records were put in place to evidence the care and support provided. This included positional charts, nightly checks, personal care records and food and fluid charts. However we found the monitoring records were not completed in sufficient detail to accurately reflect the care and support provided. For example; the personal hygiene chart for one person for July had only been completed for one day, hygiene charts reviewed for three other people did not evidence they regularly had a bath or shower or that daily oral care was provided.

We saw that elimination/positional change charts were used throughout the day and night. We found that night staff recorded some of their checks on the daily records as well as completing the night checks book. A review of the records did not correspond in relation the times care was provided. On the second day of

inspection we found the nightly checks book had been completed in advance to reflect the morning round prior to day staff coming on shift. Information showed that the majority of people were awake. However whilst walking around the first floor we could see approximately 15 people were still asleep and in bed. Accurate information is important to demonstrate people have received appropriate care and support to meet their individual needs.

This was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were made aware of changes to peoples support need during staff handover which happened at the start of each shift. We saw that detailed records were kept of these meetings.

We looked to see what activities were offered to people living at Stamford Court.

The service had recently employed an well-being coordinator. We found there had been a number of social events and saw that more were planned for the coming months. These included a barbeque, 'beach' party, sing along, afternoon tea and animals for people to pet, including a donkey, visiting the service. We also saw they had books that contained old photographs and history of the local area. During our inspection we saw some people using these and talking about places they used to visit.

The well-being coordinator visited each person who used the service every morning to see how they were and ask them if they needed anything. The well-being coordinator told us this one to one time was enjoyed very much by people who spent a lot of time in their bedrooms. They also accompanied people to the local park, which is next to the home, and accompanied some people to local pubs. On the first day of our inspection the well-being coordinator had accompanied a person and their visitor to a local country park. We saw that a record was made of any activity people who used the service took part in. This included whether the person had enjoyed the activity.

During our inspection we found the well-being coordinator had lots of ideas for how the activities on offer could be improved. A visitor said the new activity coordinator 'has a lot of enthusiasm' and was 'asking everyone what they want to do.'

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We saw this information was on the wall in the reception area. Therefore easily accessible to people and their visitors.

Records we saw showed that there was a system for recording and responding to formal complaints and compliments. This included a section to record any action taken. A record we saw showed that there had been a complaint about soiled items being left in a person's bedroom. We saw that action taken by the service had included discussing this with staff in team meetings and in individual supervisions. We did find that concerns or informal complaints were not logged. We discussed this with the registered manager who said they would start to record these so that they could ensure correct action had been taken and also to identify lessons to be learned.

People we spoke with told us they knew how to complain. One person who used the service said, "They look after me. I could always complain if they didn't." Another said, "Yes I could complain but I have had anything to complain about."

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were systems of weekly, monthly and annual quality assurance check and audits. We saw that since the new manager had started at the service systems for audits and checks had improved. These included care records and charts, finances, staff record keeping, activities, health and safety, infection control, food provision, falls, safeguarding, cleaning, accident and incidents, training and complaints.

The registered manager or senior staff completed a 'walk round' the service twice each day to check on cleanliness of the home and how support was being provided. We saw that the area director had undertaken two 'spot check' visits in the month before our inspection.

Daily meetings were held for the heads of each department. These looked at issues for that day including events that might be happening or any concerns that needed to be addressed. These also highlighted who the resident of the day was. This was one person each day who was focussed on by each department. This included having their bedroom deep cleaned and the catering staff checking they were happy with their meals.

We saw that from these audits reports were produced on safeguarding's, falls, accidents, pressure care, and bed rails use. These were reviewed by the providers' senior managers to look for patterns and lessons that could be learnt by the service and by the company.

The provider also undertook regular quality 'internal inspection' visits. These were organised to review the standards that are reviewed as part of a CQC inspection. We saw that at a recent internal inspection in May 2017 the provider had highlighted some of the issues needing action that were also identified during our inspection; they had also produced an action plan to address some of the issues. Shortfalls identified as needing action included; lack of protocols for 'as required' medicines, not recording storage temperatures of medicines, lack of documentation of capacity assessments and best interest meetings, not updating records to reflect the care and treatment given.

During our inspection we found that the systems of checks and audits undertaken by the service were not sufficiently robust as they had not identified the issues with medicines management and monitoring records and the providers audits had identified other breaches but not ensured the required actions had been completed in a timely manner.

This was a breach of Regulation 17 (1) (2) (a) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider had failed to assess, monitor and improve the quality and safety of the services provided.

People we spoke with told us they were happy with the service and the way the service was run. A visitor we spoke with said, "Everything is super."

The service had a registered manager who had registered with CQC in January 2017. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were complimentary about the changes the new registered manager was making and told us the service had improved. One person who used the service told us the registered manager was "Very nice."

All the staff we spoke with were positive about the registered manager and working at Stamford Court. Staff told us the "[registered manager] is lovely. She is down to earth"; "She's lovely. One of the most approachable managers I have ever worked with." Others said the registered manager was; 'Lovely' and "I think she's so approachable. I haven't had that with many managers before. Her door is always open." Staff said of working at the service, "I love it here", "Staff get on well, it's friendly", 'I love working at the home' and "It's nice, I enjoy my job."

Staff were positive about the changes since the registered manager had started and the improvements they thought had been made to the service provided. Staff told us, "Improvements are being made but they were needed", "Morale is good", "You can report things and she will respond", "She is responsive to any issues and will deal with things straight away" Other staff said, "[Registered manager.] Is helpful and supportive" and "You can ask any questions, she listens and will respond."

During our inspection we spent time talking with the registered manager about the service and their plans for improvements. We found the registered manager to be enthusiastic and committed to improving the quality of the service provided. They told us they had focussed on recruiting to vacancy's so that there was less reliance on agency staff. Improvements had been made to the furnishings and fittings including new beds, arm chairs, flooring and decoration. A well-being coordinator had been employed to improve the quality and range of the activities on offer.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided.

In reception we saw feedback that showed the service was on an independent website that allows people to score care homes out of 10. We saw that based on recent feedback from 18 people the home had been rated as 9.3 and most of the feedback was positive. We saw the service had an electronic touchpad in the reception area that could be used by people who used the service and visitors to give feedback on their experience of being at the service.

We saw that both a residents and relative's survey had been completed in June 2017. The relatives who had responded had given their scores for the overall impression of the care home as 50% excellent and 38% good. Family, relative and friends meetings were held every three months and advertised in the reception area. A review of the minutes showed that following requests the service had purchased two camp beds so that relatives could stay over if they needed to.

One compliments letter we saw stated; "To everyone at Stamford Court. Thank you so much for the help and kindness you gave my [person who used the service] and putting up with my nagging. I miss you so much

and I will always be grateful for the support and care you gave us as a family."

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This should help to ensure people knew what to expect from the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding's, accidents, incidents and DoLS authorisations. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the entrance hall of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent the provider was not acting in accordance with the Mental Capacity Act 2005 (MCA)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Assessments of risk were not always completed or updated accurately
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance. The provider had failed to assess, monitor and improve the quality and safety of the services provided. Records of monitoring of care and treatment provided were not accurate or complete