Amber Care Limited

Stonebow House Residential Home

Inspection report

Worcester Road
Peopleton
Pershore
Worcestershire
WR10 2DY

Tel: 01905840245
Website: www.amber-care.com

Date of inspection visit:
18 April 2018
20 April 2018

Date of publication:
03 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 20 April 2018.

Stonebow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. A maximum of 30 older people can live at the home. There were 30 people living at home on the day of the inspection, a number of whom were living with dementia. Nursing care was not provided.
There was no registered manager in post. The provider was recruiting a new manager. 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.

At the last inspection in March 2017, the service was rated Good. At this inspection we found the service required improvement overall.

Staff were available to provide advice or guidance that reduced people's risks. Care records did not reflect guidance needed to support people.

People received their medicines as prescribed and at the correct time. However, we found systems and processes needed to be improved to ensure creams were applied as prescribed. Staff had not always followed safe practices and left medicines unattended during the medicine round.

Staff had been provided with training that reflected the needs of people who lived at the home. The training information showed that staffs knowledge was being updated. People told us and we saw their privacy and dignity were respected and staff were kind to them.

People had not always have accurate records of their care kept. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People had not always been supported to maintain their hobbies and interests or live in an environment that supported their needs. The provider had not reviewed any concerns raised as no records had been kept. Information was available for the provider to improve the service.

Regular checks had been completed to monitor the quality of the care that people received and look at whether improvements may be needed. The current management team were approachable and visible within the home which people and staff liked.

People told us they felt safe and free from the potential risk of abuse. Staff told us about how they supported

people's safety. People told us there were enough staff to support them. Staff told us they had time to meet the needs of people living at the home.

People told us they liked the staff and felt they knew how to look after them and were included in day to day decisions about their care and support. People were supported to eat and drink enough to keep them healthy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's risks need to be clearly recorded and regularly reviewed. People received their medicines; however improvements were needed in managing people's medicines. People were safe and looked after by staff and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff training was updated. The Mental Capacity Act (2005) code of practice was followed to ensure people were supported to make their own decisions.

People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals needed to be recorded and used when required to effectively meet people's health needs.

Is the service caring?

Good

The service was caring.

People were treated in a way that made them feel included and valued at all times.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

We saw people were able to make some everyday choices and people had engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns.

Is the service well-led?

Requires Improvement

The service was not well-led.

People had not been involved in developing or providing feedback on the quality of care provided. Improvements were needed to ensure effective procedures were in place to identify areas of concern.

The provider had employed a new manager to improve the quality monitoring and people's care experiences.

Stonebow House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Inspection site visit activity started on 18 April 2018 and ended on 20 April 2018 and was unannounced. The inspection team consisted of one inspector, one nurse specialist advisor and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning care for some people living in the home.

During the inspection, we spoke with 12 people who lived at the home and three visiting friends and relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care staff, the administration staff and the providers. We reviewed the risk assessments, plans of care for four people and their medicine records. We also looked at provider audits for reviewing people's care, the home environment and maintenance checks, Deprivation of Liberty authorisations, two complaints, an overview of the last two months incident and accident audits, the home improvement plan, two staff recruitment files, staff meeting minutes and 'residents' meeting minutes.

Requires Improvement

Is the service safe?

Our findings

At the time of our last comprehensive inspection in March 2017 we rated this question as Good. Following this inspection the rating has changed to Requires Improvement as people's medicines and risks were not always managed safely.

We saw how people were supported to take their medicines. Staff on duty who administered medicines told us how they ensured people received their medicines at the required times of the day.

Staff practice on the day demonstrated improvements were needed to better support safe medicine administration. For example, we saw medicines were left unattended in the communal areas for short periods of time during the afternoon medicine round. Staff told us some people were independently mobile, living with levels of dementia. There was a risk they could have inadvertently taken these medicines. In addition staff told us prescription creams were applied and the medicine recording sheets were signed by the senior member of staff. Therefore the member of staff signing to confirm that the creams had been administered had not witnessed this. The staff members we spoke with told us they could therefore not be assured creams had been applied as prescribed and they had relied on the feedback from other staff. This practice did not ensure people consistently received their medicines in a way which best met and safely supported their individual needs.
We discussed this with the provider who told us that further medicine training was in the process of being arranged to improve practice. On the second day of the inspection we saw that the practice of leaving medicines unattended had stopped and staff told us they now ensured medicines were not left unattended.

Other risks associated with people's medicines had not been managed well. For example, we saw that one person had left their medicines in their room, unattended with the door open, potentially placing other people in the home at risk. A written risk assessment had not been undertaken in relation to this. The provider told us that these risks will be reviewed and documented to ensure safe practice and protect people from further risk of harm.

Potential risks associated with people's care and support were not always detailed in their care plans and had not been reviewed and updated regularly. The provider could not be assured that people's individual risks and how to monitor them had been accurately assessed and recorded, for example if a person required pressure relief to reduce the risk of developing pressure sores. . However, staff we spoke with were able to tell us about what help and assistance each person needed to support their safety, such as where a person required an aid for walking. We discussed this with the provider who acknowledged this was an area for improvement and assured us that plans were in place which addressed this.

People we spoke with told us they felt safe in the home and with the staff that provided their care and support. We saw people were assisted by staff who responded in a supportive way. For example, where people became anxious or distressed staff went over and spoke to them about what was worrying them. Staff told us they were also aware of people who may become anxious and how this impacted on other

people. Staff told us about how they distracted one person so others remained safe and free from potential harm.

Staff we spoke with were able to tell us what they understood by keeping people safe and how they would report concerns to the manager or other professionals, such as the local authority if they suspected or saw something of concern.

Staff were not always available at the times people needed them. For people who were able to ask for staff assistance or support, we saw staff responded and provided the required support. However, we saw from our observations that people who were not always able to voice their needs were left for up to one hour in the communal areas without any way to call staff.
All staff we spoke with were clear about their role to provide care that was about people and not just the care task. However, we saw this was not always happening as staff time was spent on other non-caring tasks such as laundry. There were also missed opportunities for staff to sit and spend time with people. We raised this with the provider who had recognised that a change in the deployment of care staff was in progress and additional staffing had been employed to assist with domestic style tasks so staff would be free to spend time with people.

The provider had completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so that the risk of recruiting inappropriate staff was minimised. We reviewed the process for monitoring recruitment processes and saw that there was a system in place to ensure checks were completed on the suitability of staff before they commenced work.

People we spoke with told us the home environment and their rooms were kept clean. The home environment was free from clutter on the day of the inspection. People's rooms and communal areas were kept clean by staff. People's laundry was collected and washed within a separate laundry area. Staff who prepared food were seen to observe good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. The provider's maintenance checks and repairs monitored and maintained an overall clean and comfortable environment. However, we saw that alarm sensor mats were becoming worn and edges lifted. This could increase the risk of trips and falls.

Good

Is the service effective?

Our findings

At the time of our last comprehensive inspection in March 2017 we rated this question as Good. Following this inspection the rating remains Good.

People we spoke with told us staff supported them to meet their individual care needs and our observations throughout the visits overall reflected this. Relatives said that staff were knowledgeable about their loved ones' care needs and the support they needed. This included staff following the advice given by community health professionals and GPs. Staff told us that they had got to know people's care and support needs well.

Staff told us there had been some recent training, such as mental capacity training and that this had helped to improve their knowledge in this area. However, recent training had not been provided in other areas, such as care planning. Staff told us they had the opportunities to discuss their training and development needs during one to one supervisions. We discussed this with the provider who demonstrated that they had further training planned.

People told us they enjoyed their meals and had been able to provide feedback to the chef about the quality of the meals and menu choices. Where people needed assistance at meal times staff were considerate and sat with them during the meal and were not rushed. Where needed people's food and fluid intake had not been consistently recorded to ensure people received enough nutrients and drinks in the day. The provider will need to ensure these records are accurately completed as there were gaps and inconsistencies in the records we saw.

People could freely move around the home and were able to access a garden area which was secure. People spent their time in the communal lounge or their bedrooms. There were several communal areas to choose from including a quiet lounge.

People were supported to access health care professionals when they needed this. Through assessments of people's care, referral requests had been made, for example, to the district nursing team. Staff told us they had the information needed to ensure people were attended their scheduled health appointments and staff were available to support during these times. They told us this ensured that the right information was being shared, so the most appropriate treatment could be planned for people. Staff explained how they had a good network and knowledge of healthcare professionals available to support people.

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 had agreed to their care and support and had signed consent forms where needed. Where people had appointed a person to make decisions on their behalf, these had been involved in any decisions made.

We saw that people were asked for their consent by staff who waited for their response before providing assistance. Staff told us that they got to know people's preference and often referred to people's life history or family members for information to help guide them. All staff we spoke with told us they were aware of a person's right to choose or refuse care.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. People living at the home with restrictions had a DoL authorisation in place. Records showed how people would be supported with appropriate mental capacity assessment and best interest decisions if there were a change to a person's mental health. Staff were aware of people who had a DoLS in place and the reason the restrictions were in place to promote and maintain the person's well-being and safety.

Good

Is the service caring?

Our findings

At the time of our last comprehensive inspection in March 2017 we rated this question as Good. Following this inspection the rating remains Good.

People told us staff were caring and kind and we saw when staff spoke with people they were patient. People knew the staff well and we saw people responded to staff by smiling, talking and holding hands with them. Staff told us it was important people to be able to talk openly about their needs and wishes. One staff member told us, "It's like a family here people we are all friends".

Positive, encouraging and caring observations were seen between people and staff. People were involved in daily decisions about their care and support and were encouraged to express their views. People were confident to approach staff for support or requests and staff were aware of people's everyday choices and were respectful when speaking with them. For example, people were able to request drinks. Staff ensured the person knew they were engaging with them by using eye contact or touch and were patient with people's communication styles.

When we spoke to staff they told us what they did to support people in maintaining their dignity. One staff member told us, "It's about being discreet". Staff told us they ensured they always closed bedroom doors and, where needed people's curtains when providing personal care. People told us staff were polite and always knocked and asked before opening their door. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. They said they respected people's everyday choices in the amount of assistance they may need and this changed day to day.
People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. When staff were speaking with people they respected people's personal conversations or request for personal care. Respect was shown in the way private information was displayed in the office and on the staff area notice boards as information was not displayed openly.

All staff we spoke with told us they enjoyed working there and felt they demonstrated a caring approach to their role. One staff member said, "I love to put a grin on people's faces". They told us they spent time getting to know people and this was part of their role as well as providing care.
People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. People how they were supported to remain independent as possible, for example to go out daily to feed the birds; taking on the role of home postman; help staff to consider the requirements of installing an aquarium and water the outdoor plants in the summer. Staff understood people's levels of independence and how to best encourage their individual skills.

Good

Is the service responsive?

Our findings

At the time of our last comprehensive inspection in March 2017 we rated this question as Good. Following this inspection the rating remains Good.

People's needs had been assessed prior to them moving to the home. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them and were able to provide information about people's likes and dislikes.

People's needs were provided on a personal level and all staff responded to people's wishes at different times of the day. Staff told us they supported people with any changes in their health and that they knew people well and this helped to identify where people may have an infection or a more significant health change.

People's health matters were addressed either by staff at the home or other professionals. Staff told us they recorded and reported any changes in people's care needs to the senior staff, who listened and then followed up any concerns. For example contacting the GP or specialist nurses for appointments or telephone consultations. Staff then responded to any changes suggested or directed when required. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed.

All staff and management told us they regularly spoke with people about their care and support. People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. People we spoke with felt they got to spend their time as they wished, such as enjoying reading their daily newspaper or walking outside. One person told us they went out with their family or went to a family member's home. The provider had employed a staff member to spend time with people chatting, or providing an activity. There were also some group activities, such as singing and dancing which were provided weekly and people told us they were encouraged to join in. Staff told us that people chose how they spent their time, and were happy to spend time socialising with people in the home talking or sharing ideas for people about things to do.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. Staff told us they addressed the needs of each person as an individual. The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

All people we spoke with said they would talk to any of the staff if they had any concerns. There were no records of any previous concerns or complaints. The provider told us they were keen to support relatives and people to speak up if they were unhappy about anything and welcomed the opportunity to learn from complaints and was looking at how best to record that information. Also, where staff appropriate they were keen to let staff know they were doing a good job. The provider's complaints policy was available in the home, and was accessible to people and relatives.

Where Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions had taken place documentation had been completed and were available in the care plans. The two we looked at had been completed when the person had capacity and in discussion with health professionals. End of life care plans had been completed and where appropriate included people's family member's involvement.

Requires Improvement

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in March 2017we rated this question as Good. Following this inspection the rating has changed to Requires Improvement as people's care had not been fully reviewed and recorded.

Since our last comprehensive inspection the registered manager left their employment with the provider in April 2018.The provider was in charge of the day to day running of the home while recruiting a new registered manager.

The provider had spent time supporting the management of the home, however a number of management tasks they had delegated had not been undertaken. For example, people's records of care had not completed accurately or contemporaneously. During the inspection we also found that improvements were also needed in safely managing people's medicines and sensor mats.

The provider's systems identified how they were learning from this in order to consistently provide good care. They told us they were now in the process of reviewing all the care documentation with the involvement of people who lived at the home, their families and members of the staff team. Once the care records were up to date they would be reviewed on a regular basis to ensure they provided accurate and up to date information. In addition the manager told us they were introducing a programme that would include a full review of the person's care records and making the day special for them.

The provider had development plans in place to improve the service. This showed the improvements planned with dates for completion. However, once the action plan is implemented the provider will need to demonstrate that there is an effective on going monitoring system to sustain any improvements made.

Care staff felt the new management arrangements were supportive and would assist in providing a good home for people. They were committed to supporting the provider to improve the service. The staff team told us they worked well together and their opinions and feedback were listened to.

The provider had a clear vision for the home and told us their expectations that the new appointed manager would promote a change of culture at the home and engage and utilise these local partnerships. The provider was aware that other professionals involved had showed that improved partnership working would improve people's experiences, such as charities or local support groups.

Services that provide health and social care to people are required to inform the Care Quality. Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager understood their role and responsibilities and the requirements of the Health and Social Care Act 2008. They knew when notifications needed to be sent and we had received notifications when they were required.

The provider had a willingness to work in partnership with other stakeholders including the local authority

safeguarding and commissioning teams, to support and develop people's care. This included reviews and advice from health and social care professionals; such as GPs, social workers and community nursing teams.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance hall way.