

Amber Care Limited

Stonebow House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stonebow House Residential Home is a residential care home providing personal care to older people.

Stonebow House Residential Home accommodates up to 30 people in one adapted building. People living at the home had access to communal facilities including dining room, library, lounge and gardens areas. There were 22 people living at the home at time of inspection.

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

Improvements had been made to the safety of the home and people's views on the way the home was decorated had increased their well-being. Further improvements were being driven through, to promote good infection control.

Staff knew what action to take if they had any concerns for people's safety and were confident senior staff would take action to protect people. Systems for reporting any safety concerns to the registered manager and provider were working well; learning had been taken from incidents, so risks to people were reduced.

Advice provided by other health and social care professionals was followed, this promoted the safe administration of medicines. There were enough staff to care for people, and staff were supported to provide good care. New and staff returning from a period of absence from work were supported to care for people and staff were encouraged to make suggestions for improving people's care.

People's needs were assessed, and care plans were developed based on preferences to meet their needs. This included people's nutritional needs and health. 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.

People were at ease with the staff caring for them, and relatives were complimentary about the care provided to their family members.

The registered manager and provider checked key areas of the quality and safety of the care provided and used the findings to drive through improvements in the care provided to people. Relatives said communication with staff was good, and they valued the care provided because of the way the home was managed. Staff gave us examples of how people were encouraged to contribute to life at the home and increase their independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 May 2019) and there were multiple

breaches of regulation. 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.

Why we inspected

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

We carried out an unannounced comprehensive inspection of this service on 04 and 05 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions safe, and well-led which contain those requirements.

During this inspection we found improvements had also been made in the Key Questions of effective and caring, so we have re-rated these.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stonebow House Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Stonebow House Residential Home

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

The inspection was carried out by two inspectors.

Service and service type

Stone House Residential Home 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. We sought feedback from the local authority.

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. We used all of this information to plan our inspection.

During the inspection

We spent time meeting people and seeing how they were supported by staff and spoke to three people who lived at the home. We spoke with 11 staff, including the registered manager, two senior carers and four care staff. We also spoke with a maintenance staff member, an activities staff member and an administration and catering staff member. In addition, we spoke with five relatives and a health professional who regularly visits the home.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the safety and management of the service, including maintenance records, staff recruitment and training records, complaints and checks on the quality of the care provided were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included checking the provider's policies and procedures and speaking with the nominated individual and provider representative about the progress on improvements to the premises. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the proper and safe management of risks and this placed people at risk of potential harm. This was a 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.

- The management of risks relating to the premises had now been improved. For example, action had been taken to reduce the risks relating to storage of substances which may be hazardous to health. Action had also been taken to promote people's safety through the purchase of additional equipment, such as hoists and fire evacuation equipment.
- Key areas relating to health and safety were now regularly checked and items which may pose a risk to people were routinely serviced and maintained. This included boiler repairs being undertaken, and water temperature monitoring, with follow up action taken. Where some items of furniture required fixing to the walls to prevent accidents, this had been done. This reduced risks to people living at the home.
- People's individual safety needs had been identified and plans put in place to support them to manage their safety. Relatives were involved in decisions affecting their family member's safety, when people wanted this.
- Staff understood people's safety needs and gave us examples showing how the care they provided to people was varied, as people's needs changed.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home presented as clean, but we found some surfaces in bathrooms had become porous, and the seat of a stair lift was ripped. In addition, one rest room used by people did not have hot water available. The registered manager agreed to address this without delay, to further reduce the risk of the spread of infections.
- There was no evidence of harm to people, but we saw the way staff used PPE could be further improved. The registered manager agreed to ensure staff refreshed their donning and doffing training, to further reduce risks to people and staff.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relatives told us staff listened and took learning from any concerns they raised and suggestions they made. This helped to ensure people's needs continued to be met.
- Staff met regularly to discuss people's changing safety needs, and to consider if any staff practices should be adapted to improve people's care further. Learning had also been taken from a previous concern relating to the administration of people's medicines, so the registered manager and provider could be assured these were safely stored.

Staffing and recruitment

- Relatives told us enough staff were available to support their family members. One relative told us they often visited the home without prior notice in the past, and more recently through garden visits. The relative said, "They [staff] do such a good job, and there are always enough staff." Other relatives told us there had been occasional weekends where staffing levels had been lower, but this had not affected people's safety needs.
- Where staff were unexpectedly absent from work the senior team sought additional staffing. The registered manager kept the staffing levels under review so people's needs would be met as people's support requirements changed.
- We saw on the day of the inspection there were sufficient staff to care for people and to promptly meet their needs.
- Staff were not allowed to work with people until checks had been made to confirm they were suitable to care for them. New staff were provided with an induction programme and worked alongside more experienced staff initially, so they could be confident they knew how to promote people's safety. Arrangements were in place to ensure new staff were further supported by a "buddy", who knew people's risks well

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise the signs of abuse, and who understood what action to take to promote people's safety.
- Relatives and staff were confident if they raised any concerns about people's safety these would be actioned without delay.

Using medicines safely

- People were encouraged to manage administering some of their own medicines where they chose to do this. Where staff supported people by administering their medicines this was done by staff who had been trained to do this safely.
- Staff were supported to develop systems for managing people's medicines with guidance from other health and social care professionals.
- Staff's competency to administer people's medicines was regularly checked. This included guidance to promote the safe administration of "when required" medicines. The registered manager and senior staff undertook regular checks on the administration, storage and disposal of medicines, so they could be assured people received these as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Improvements had been made in relation to the way the home was decorated and maintained in order to meet people's needs. For example, pipes in bathrooms previous exposed had now been concealed. People were now being involved in decisions about how they wanted their bedroom doors to be painted and communal areas to be presented to make them more homely. One staff member explained how this had assisted one person to navigate back to their own room and increased their independence and confidence.
- Plans to further improve the environment, such as structural repairs to the home, recommissioning of a bathroom area were being progressed.
- We saw one toilet area lacked hot water. The registered manager gave us assurances this would be rectified without delay.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs were identified, and plans were put in place to support them.
- Relatives told us staff involved them in initial and on-going assessments. One relative explained staff had spoken with them at length when their family member moved to the home. The relative said, "[Staff] asked sensible questions. I am really impressed with how receptive staff are to suggestions." The relative said this helped their family member to settle quickly and told us, "[Person's name] was so much more cheerful."
- Staff were supported to provide good care to people through induction, on-going training and regular meetings with their line managers. Staff told us they did not have to wait if they needed guidance. One staff member told us, "I do really enjoy [working here] it's the support I get, I can go to anyone and they will point me in the right direction."
- Staff returning to work after a period of absence were also supported to provide good care to people through opportunities to refresh their training and to work alongside more experienced staff. This helped to ensure they would understand if people's needs had changed, so they could respond to this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were involved in decisions about what they wanted to eat and drink.
- Relatives gave us examples of how they had worked with staff to ensure their family member's preferences and needs were met. One relative explained they had a planning meeting with catering staff, and external caterers supporting the home, so their family member's complex nutritional needs would be met. The

relative said, "Staff have put a lot of effort into the feedback I have given regarding [person's name] dietary needs."

- Another relative told us they had recently had some concerns regarding the way their family member was supported to have enough to eat, and how this was recorded. The relative told us this was being resolved by senior staff at the home.
- Staff gave us examples showing how they escalated any concerns for people's health and well-being to other health and social care professionals, where appropriate. For example, to district nurses and people's GPs. This helped to ensure people's health needs were met.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Where people needed support to make some decisions this was done in their best interests and people's relatives and other health and social care professionals were consulted.
- The registered manager was seeking legally authorisation to deprive people of their liberty in the correct way.
- The registered manager was further developing systems to ensure they continued to have an overview of any conditions on Deprivation of Liberty Safeguards which may be authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were at ease with the staff caring for them.
- Relatives told us their family members had developed positive, caring relationships with the staff supporting them. One relative said, "The staff and the seniors are lovely. On a few occasions I thought I might have [person's name] back to live with me, but he was 'no way', he likes the staff." Another relative told us, "The carers are nice to [person's name] and they have been happy there."
- Staff said they valued the relationships they had built with the people they cared for. One staff member said, "There's time to chat to people and I love talking to them and their generation, it is rewarding."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day care. For example, what time they wanted to get up and retire to bed and what they would like to eat and drink. One person had worked with staff to make decisions about self-administering some of their medicines, so the person's independence had been maintained.
- Staff explained how people had been involved in decisions about how the home was decorated and relatives confirmed how much this had meant to their family members well-being.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity was considered in the way staff cared for them, and people's personal information was securely stored.
- Staff gave us examples of how they promoted people's independence. For example, one person had been encouraged to do gentle exercises. This had led to improvements in their hand co-ordination and strength. The person now enjoyed more independence and contributing further to life at the home.

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 this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times. This was a breach of regulation 17 (Good Governance) 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.

- The registered manager and provider now regularly checked key areas of the safety and quality of care. Findings from audits were used to drive through improvements in the support provided to people. For example, improvements to the premises had been made since our last inspection and emerging work to further develop the security of the home had been promptly undertaken, to reduce risks to people living at the home.
- The registered manager had already identified some other premises areas which required further improvement. A plan to address these had been agreed with the provider. This included refurbishment of a bathroom and recently required structural repairs to the home. Action had been taken to mitigate risks in relation to these areas and work was progressing to address this.
- The culture and practice of including people in decisions about their care which had been developed by senior staff encouraged people to contribute to life at the home. This had also helped people to forge meaningful relationships with the people they lived with and the staff supporting them.
- There had been changes to the staff managing Stonebow House Residential Home. Relatives and staff were positive about the changes. One relative said, "You are welcomed in with open arms. The care and attention people get is good. The current [registered] manager and the staff have done sterling work." Another relative told us how supportive staff had been to them, by helping them to progress applications for funding, so their family member would receive the care they required in the future.
- Staff told us the registered manager and senior team were approachable and gave us examples of suggestions they made for improving people's care further, so they would enjoy a good sense of well-being. This included more fun things for people to do, as COVID-19 restrictions eased.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and management team took learning from the results of their audits and feedback. This had led to improvements in the security and storage of people's medicines. In addition, the registered manager took the opportunity to reflect on our feedback during the inspection and implemented changes to their checking processes without delay, so they could be further assured the facilities available at the home met people's needs.
- People were now involved in decisions about staff recruitment. This helped to ensure they influenced how the home was run and promoted their choice in relation to the staff supporting them.
- Relatives were positive about the way they were listened to and their suggestions were acted upon. For example, a relative told us they had informed staff how important nature was to their family member. The relative told us a butterfly garden had been created for their family member to see from their room. The relative told us how much their family member valued this.
- Staff were encouraged to make suggestions for improving the care provided to people through one-to-one meetings with their managers, staff surveys and discussions with the registered manager.
- A health and social care professional who regularly visited the home told us staff were open to suggestions for improving the care provided and followed their advice. The health and social care professionals said, "The staff there are doing the best for the residents. There's a nice atmosphere in the home, and it feels homely. [Staff] never hide any documents or concerns."

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

- The registered manager checked the quality of the care provided and worked with the provider to ensure they were made aware of key events and improvements required at the home.
- Relatives were confident if they raised any concerns these would be addressed by the registered manager and provider. One relative said because of the way the home was managed, "We could not wish for better care." Another relative highlighted the registered manager also worked alongside staff during some weekends. The relative told us they found this level of oversight reassuring.
- Staff were guided to provide good care to people by the registered manager. Staff told us they did not have to wait if they wanted guidance so they could ensure people's needs were met.
- The registered manager understood what key events needed to be notified to The Care Quality Commission. The registered manager understood their responsibility to be open and honest in the event something went wrong with people's care.