

St. Cloud Care Limited

Stowford House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stowford House is a care home that was providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The care home accommodates up to 51 people across two separate floors. One floor provides nursing care and the other floor provides care to people living with dementia.

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

There were not always enough staff deployed to ensure people's needs were met. People were at risk of not receiving medicines as prescribed because medicines were not always administered safely. People and staff told us there were not always enough staff to support them in a timely way. The registered manager and provider did not ensure they were meeting all the requirements of their registration as they did not ensure there were enough staff deployed to meet people's needs.

The provider's systems to ensure compliance with the regulations were not always robust. This included assessing, monitoring and mitigating all risks relating to the health, safety and welfare of people in the service. Staff told us they felt listened to, however they did not always feel action was taken to address issues. This included having enough staff to meet peoples' assessed and changing needs.

The registered manager continually looked for ways to improve the service. There were links with the local community and there were plans in place to improve those links. There were systems in place to engage people, relatives and staff. The provider had effective recruitment processes in place which enabled them to make safer recruitment decisions. This included pre-employment checks to ensure potential staff were of good character.

People were supported by staff who understood how to report concerns relating to harm and abuse.

Rating at last inspection: The last rating for this service was Good (published 21 June 2018).

Why we inspected:

We received concerns in relation to the safe management of medicines and staffing levels. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. As well as the concerns raised, CQC was also aware of an incident where concerns had been raised in relation to the conduct of agency staff. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, we considered this information in assessing any ongoing regulatory risks to other people in the service.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were regulation 18 (Staffing) as systems were not robust in demonstrating staffing levels were adequate to meet people's changing needs. Regulation 17 (Good governance) failing to effectively evaluate the safety and wellbeing of service users and use this information to improve practice.

Details of action we have asked the provider to take can be found at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Stowford House Care 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stowford 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.

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 took place on the 10 and 19 June 2019 and the first day was unannounced.

What we did before the inspection

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law.

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.

During the inspection

We spoke with seven people and seven visiting relatives or friends. We spoke with the registered manager, deputy manager, one nurse, five care assistants, and two members of the administration team. We reviewed a range of records. This included four people's care records and medicine administration records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection

We asked for feedback from three external professionals provided by the registered manager. We heard back from two of these.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prior to the inspection, we received an anonymous concern about staffing levels in respect of people's needs. It stated that permanent staff were leaving due to pressure of work which they said they felt was partly due to supporting high levels of agency staff which impacted upon their time.
- Of the people we spoke with, four people who lived in the home, four visiting relatives and four care assistants said there were not enough staff to meet people's needs. A person commented, "No, there's not enough staff but I still feel safe. They don't come straightaway. It all depends, they say 'There's only four of us, if anyone calls in sick it's not our fault.'" A relative said, "Yes, she's safe here but there's not enough staff. It bugs me a bit - agency nurses, they've never seen her before." Staff comments included, "Some people need to be taken to the toilet every two hours with two members of staff to assist. This takes time and not enough staff for the care people need" and "Can be difficult in the afternoon when people start to wander around. Sometimes there are only four [care] staff on till 8 pm." At the time of the inspection, the registered manager stated assessed care staff levels for this time should be five care staff on each floor.
- The assessed number of staffing was guided by a dependency tool used by the service. However, this tool did not consider how many people may need care at any one time, or the layout of the building. The provider was using an old version of the dependency tool, which should have been replaced with a more accurate one from March 2019. The registered manager explained that the provider had developed their own dependency tool which was being trialled alongside the Rob Fawcett tool.
- Completion of the dependency tool was not always accurate. For example, one person was at high risk of falls and had numerous incidents over a five-month period. However, the person's dependency tool stated the person had no mobility needs.
- We reviewed eight weeks rotas and out of these 56 days only 28 days had achieved the assessed staffing levels. Over this period approximately 40% of staffing was agency. The registered manager told us that wherever possible, they used the same agency staff members to promote consistent care. We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate staffing levels were adequate to meet people's changing needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider had effective recruitment processes in place which enabled them to make safer recruitment decisions. This included pre-employment checks to ensure potential staff were of good character.

Using medicines safely

- Prior to the inspection, we received an anonymous concern about untrained care staff administering

medicines to people unobserved.

- Medicines were not always administered safely in line with national good practice guidelines and the provider's policy. We asked the registered manager to investigate whether only trained staff were administering medicines. On investigation the registered manager found that practices were taking place where care staff were administering medicines without the required training.
- People's medicine administration records (MAR's) had been signed that people had received their medicines. However, on some occasions, nurses were delegating the task of administering the medicines to care assistants who were not trained to do so. We saw that the MARs had been signed by a nurse who had not always directly observed medicines had been taken. People told us that some nurses did not observe them taking their medicines. A member of staff said, "The nurses sometimes ask care staff to give medicines as they are so busy. It's not right but they don't have time and that's why they ask."
- The registered manager took immediate action to address this ensuring the practice was stopped. Staff responsible were completing reflective statements about how their practice could have impacted upon individuals.

We found no evidence that people had been harmed. However, a failure to deploy enough staff to provide safe care and treatment was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The system to ensure information about changes to people's needs, was passed between staff, was not always robust. We found an incident had occurred following a handover between staff shifts. Just prior to the inspection, there had been an incident where lunchtime medicines were not given to 12 people, due to delays during the morning medicines round. The handover between a nurse and agency nurse did not ensure that that people received their medicines. The error was not identified until the following day. We saw comments in team meeting minutes dated January 2019 about improvements needed in handover meetings. The medicines omission incident evidenced that robust systems were still not in place to ensure people's needs were effectively passed on to the following shifts.

We found no evidence that people had been harmed. However, a failure to monitor and mitigate risks relating to people's health, safety and welfare was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans we examined contained explanations of the control measures for staff to follow to keep people safe.

Preventing and controlling infection

- Staff reported to us that at times they did not always have access to personal protective equipment, such as gloves, for use when administering personal care. We discussed this with the registered manager who said stocks were kept in the office and each shift leader had a key to access these if necessary.
- All areas of the service were clean with no malodours. An incident that occurred on the day of inspection was dealt with immediately by the housekeeping team.
- Staff understood their responsibilities in relation to infection control.

Learning lessons when things go wrong

- The provider had a system to monitor accidents and incidents. Trends and patterns were identified but these were not always acted upon to reduce falls. Although referrals had been made to external professionals in respect of falls, the service had not assessed whether staffing levels were adequate to prevent falls occurring on such a frequent basis.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to identify and report concerns relating to harm or abuse. Staff were aware of the outside agencies they could contact if they felt concerns had not been dealt with effectively. One staff member told us, "I would raise concerns with the registered manager. If no action happened I would raise it outside."
- The provider had systems in place to ensure people were protected from harm and abuse. Where needed investigations were completed, and outside agencies notified appropriately.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership had not ensured all aspects of the service were always safe with increased risk that people could be harmed.

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

- Systems and processes were in place to ensure compliance with regulations. However, we found evidence that the provider and registered manager had not used these to mitigate the risks to people by ensuring there were adequate staffing levels to meet people's increased needs.
- The registered manager assessed people's dependency to determine the staffing levels required to meet people's needs. Staff told us they had raised concerns with the registered manager regarding pressures on their time affecting their ability to safely meet people's needs. We were not provided with staff records which may have evidenced that concerns had been raised with their line managers. Feedback from people, relatives and staff, evidence of how dependency was assessed and shifts not covered due to short notice absence showed the provider was not meeting the regulation relating to staffing.

We found no evidence that people had been harmed. However, systems to assess, monitor and improve the quality and safety of the service were not effective, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had other systems in place to manage and improve other areas of the service. For example, care plans were audited alongside the health and safety of the environment.

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

- Staff told us they felt they were not meeting people's needs effectively due to staffing levels and high use of agency staff. Management and care staff understood the importance of person-centered care, however, staff said they felt were under pressure to carry out care tasks with no time to spend with people to ensure all their needs were met.
- We had comments that reflected this. One person told us, "They don't come in and chat. That's only for people who can't get out of bed." A relative told us, "Yes, I feel she is safe but is it understaffed. I feel she'd like a chat. She's brought in medicine then they go, same with the dinner. Obviously, some are better than others. On the whole, they're kind."
- A member of staff said, "We don't have time to stay with them for a chat. Only time for tasks needed then leave. They need to be listened to. We are rushing and running everywhere."
- Staff spoke positively about the registered manager. One said, "I do rate [registered manager]. I can go to her about anything and she's there for us. Very approachable. For example, we had treats during carer's

week."

- People and their relatives did not express any concerns about the management of the service.
- Staff had a person-centred approach to their role. A relative told us, "Staff have been amazing. New lease of life now. There is a lot of love in this home with so much care that goes above and beyond."

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 understood their responsibility relating to duty of candour. People and relatives told us the registered manager was approachable and took action if anything was identified. One relative told us, "[Registered manager] emailed me immediately about the missed drugs."

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

- The registered manager had developed a range of opportunities to enable people, relatives and visitors to give feedback about the service. Regular meetings were arranged for people's families to attend and raise any concerns or feedback. We saw that relatives were updated about how the service was trying to recruit more permanent staff. Relatives had requested a monthly update of activities which was agreed to.
- There were regular staff meetings. A member of staff said, "I feel supported by the registered manager. She will do a walk around and we have (daily 10 am) meetings. She has an 'open door' policy."

Continuous learning and improving care

- The registered manager continued to look for ways to improve the service. Since the last inspection a sweet shop area had been put in place. Baskets of fruit were attached to the wall and an ice cream freezer for people to help themselves. A 'beach' corner was in the process of being completed. We saw people using these areas that seemed to be enjoying themselves. The benefits of providing sweets and fruit were helpful to those whose appetites may be affected. Having snacks meant people had opportunities to help themselves to sweets and fruit which assisted weight gain.

Working in partnership with others

- We saw evidence of the service working alongside many health professionals including GP's, district nurses, the Care Home Support Service and others. After the inspection, we received feedback from two external professionals who commented, "I currently visit Stowford House on a monthly basis and always feel welcome. Staff work very well with the care home support service (our mental health nurse and physiotherapist) and are open to new ideas. They refer their clients appropriately and together with the GP request help timely. I was recently very pleased to see improvements to the décor to assist residents with advanced dementia" and "Staff are approachable and friendly. Have noticed more agency staff recently which makes continuity of care difficult. I think they need more basic training around palliative care issues especially communication. The deputy manager has asked me this week for where staff can source training. The [registered manager] and [deputy manager] always very helpful and we often catch up about issues."

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	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected as systems and processes were not operated effectively to ensure compliance with all the appropriate regulations. Regulation 17(1)(2)(a)(b)(c)(e)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use services were not protected as there were insufficient staff deployed to safely deliver people's care. Regulation 18(1)