

# Stroud Care Services Limited

# Stinchcombe Manor

## Inspection report

Echo Lane  
Stinchcombe  
Dursley  
Gloucestershire  
GL11 6BQ

Tel: 01453549162

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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

Stinchcombe Manor is a care home that provides accommodation, nursing and personal care for a maximum of 36 people. At the time of our inspection 23 people were using the service.

At our comprehensive inspection of this service on 25 June and 1 July 2016 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with three warning notices and two requirement notices stating they must take action. We shared our concerns with the local authority safeguarding and commissioning teams.

This unannounced inspection was carried out to assess whether the provider had taken action to meet the warning notices we issued.

This report only covers our findings in relation to the warning notices we issued. We have amended the ratings for these areas since the inspection on 25 June and 1 July 2016. The overall rating is now 'Requires Improvement'.

However, the service remains in 'Special Measures' until we carry out a comprehensive review. This will allow us to see if the improvements made have been sustained over time and check if action has been taken in relation to the requirements made at the last inspection. We will then be able to assess and rate each of our five key questions.

The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Stinchcombe Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

There was a registered manager in post. 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 this inspection we found that the provider had taken action to address the issues highlighted in the warning notices.

The systems for the storage and administration of medicines had been altered since our last visit. As a result, people were safe from the risks associated with the management of medicines. Fire extinguishers were accessible and properly secured, fire exits were clear, fire doors were no longer propped open and fire drills were carried out. As a result, people were safe from the risks associated with fire.

The provider had ensured a qualified nurse was available throughout the day and night and had made changes to staffing levels. As a result, people were cared for by sufficient numbers of suitably qualified staff. Despite these improvements we made a recommendation that staffing levels were kept under review by the registered manager and provider to ensure people continue to be kept safe.

Systems to monitor and improve the quality of service people receive had been introduced. These included a system for seeking the views of people and their relatives. The registered manager and provider were monitoring accidents, incidents and complaints and appropriate records were kept. This meant they would be able to identify any themes and trends and make any changes required. Accurate and complete records of the care and treatment people received were now in place. A system was in place to ensure compliance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The improvements reported above must now be sustained. Further actions the provider has told us they will take to address the requirements contained in the report of our visit on 25 June and 1 July must also be fully implemented.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve safety for people who use the service.

People were safe from the risks associated with the management of medicines.

People were safe from the risks associated with fire because the building, equipment and staff were better prepared.

People were cared for by sufficient numbers of suitably qualified staff. We have recommended the provider keeps the staffing levels under review.

These improvements must now be sustained.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve the leadership and management of the service.

A system of quality checks to assess the quality and safety of the service and plan for improvements had begun.

The registered manager and provider were monitoring accidents, incidents and complaints to identify any themes and trends.

Accurate and complete records of the care and treatment people received were now in place.

Records of concerns or complaints, accidents and incidents were now kept including details of action taken as a result.

A system was now in place to monitor and manage any DoLS applications and authorisations, to ensure the principles and requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) would be adhered to.

These improvements must now be sustained.

**Requires Improvement** ●

# Stinchcombe Manor

## 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 focused inspection took place on 16 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 25 June and 1 July 2016 had been made.

We inspected the service against parts of two of the five questions we ask about services: is the service safe and, is the service well-led. This was because the service was not meeting legal requirements in relation to those questions and we issued warning notices following our comprehensive inspection.

Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We also sought feedback from health and social care professionals who had been working with the service.

During the visit to the service we spoke with the registered manager, clinical lead nurse, one agency nurse, one care coordinator and three care workers and one relative of a person using the service. We also spent time observing interactions between people who use the service and staff. We looked at six people's care records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our comprehensive inspection of Stinchcombe Manor in June and July 2016, we found the systems for the storage and administration of medicines were not safe, people were not kept safe from the risks associated with fire and there was not always enough suitably qualified staff to care for people.

As a result of these concerns, we served warning notices on the registered provider. These told the provider to ensure action was taken to address these concerns by 12 August 2016.

At this inspection on 16 August 2016 we found they had taken action to meet the shortfalls in relation to the requirements of Regulation 12 Safe Care and Treatment and, Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, described above.

The system for the storage of medicines had changed. Medicines were now stored in two lockable medicine trolleys that were secured to the wall when they were unattended. One was kept in a locked room on the ground floor and the other in a locked room on the first floor. The temperatures in these rooms was constantly monitored and recorded at regular intervals, to ensure they were kept at the recommended temperature. This was to ensure medicines were stored at the correct temperature.

When we inspected in June and July each person's medicines were stored in a lockable cabinet in their own rooms. This meant it could take the nurses up to three hours to administer medicines in the morning and, nearly as long at lunchtime and in the afternoon/evening. Staff we spoke with said that changing these arrangements had saved considerable time. One nurse said, "The previous system was ridiculous we've saved at least an hour each morning and can make sure people have their medicines on time". A care worker said, "The nurses now have more time to help us care for people".

At our previous inspection we identified that in order to save time nurses had been pre-preparing people's medicines and placing them in dosette boxes. In doing this, there was an increased risk of medicines being prepared wrongly. The clinical lead nurse said that nursing staff had been told this was not acceptable. A nurse we spoke with confirmed this. At this inspection we saw this practice was no longer happening.

During our inspection we observed medicines being administered by a nurse. We saw people received their medicines safely as prescribed.

Fire extinguishers were now safely secured and accessible in the event of them being required. Fire doors were no longer obstructed by other equipment and were not propped open. Fire drills had been scheduled at regular intervals and one was successfully carried out on 12 August 2016. Each person had a plan detailing how they were to be safely evacuated from the building in the event of a fire. People were no longer at risk in the event of fire because the premises, equipment and staff were better prepared for such an event.

The registered manager had reviewed the staffing levels using a staff dependency tool. This had resulted in

alterations to the rotas. This included staff working until later in the evening to assist people around busier times. Two new appointments had been made since our last inspection. A third care coordinator had been employed and was due to begin work the week after this inspection. The clinical lead said this would mean there was a care coordinator and nurse on each shift. A new cook had also been employed and we saw them talking with one person about different menu options. We were told this would mean care staff would not be required to assist in the kitchen as much and could instead concentrate on providing care and support to people.

Some staff said there was still not enough staff during the afternoons. Comments included, "Ideally, we could use another staff member in the afternoons" and, "It's better than it was, mainly because there's less people here now, but it's still not great". We talked with the registered manager about this. They felt there was a need to involve staff more in the review of staffing levels and, they needed to ensure nurses were using the time saved as a result of changes to medicine administration, to assist care staff. They said they would ensure this was discussed at the next scheduled staff meeting. During our inspection we saw there was sufficient staff to care for people safely and respond to people's needs efficiently.

At our previous inspection we identified three nights when there had not been a qualified nurse on shift, awake, at night. Although, on those nights a nurse was working a sleep in shift at the service. The registered manager said there would always be a qualified nurse working on shift at all times, including during the night. The provider had arrangements with external staffing agencies to provide qualified nursing staff at short notice if required. We were assured a qualified nurse would always be available to people throughout the day and night. At this inspection we saw the staff rotas from the 1 July 2016 up until the 16 August 2016 showed there had been a nurse on duty and, awake, at all times of the day and night.

We recommend that the provider keeps the staffing levels under review using a recognised dependency tool. This was particularly important to ensure safe staffing levels were maintained when people's needs changed and/or the numbers of people using the service altered.

## Is the service well-led?

### Our findings

At our comprehensive inspection of Stinchcombe Manor in June and July 2016, we found the provider had not operated effective systems to monitor and improve the quality of service people received. They did not have effective systems to seek the views of people or their relatives. The provider did not have effective systems to learn from incident and accidents. Records and, accurate and complete records of care and treatment were not maintained. The provider did not have a system in place to analyse and respond to complaints raised. They had not ensured a system was in place to monitor and manage DoLS applications to ensure compliance with the Mental Capacity Act (MCA) 2005.

As a result of these concerns, we served a warning notice on the registered provider. This told the provider to ensure action was taken to address these concerns by 12 August 2016.

At this inspection on 16 August 2016 we found they had taken action to meet the shortfalls in relation to the requirements of Regulation 17 of the Health and Social Care Act 2008 Good Governance (Regulated Activities) Regulations 2014, described above.

The provider had introduced systems to monitor and improve the quality of service people received. This included a variety of measures to seek the views of people and their relatives.

Surveys had been sent to relatives with some having been returned. A comments box had been placed in the foyer of the home. The registered manager said when the time period for the return of the surveys had lapsed they would review responses to identify any action they could take. An 'interaction with relatives' log was now kept. We saw staff had been recording on this and had identified issues requiring action along with compliments. Action taken as a result had been recorded.

Plans were in place for a 'residents meeting' to be held later in the month. People had been involved in choosing names for their rooms. These reflected people's interests and personalities. We saw one who had expressed concerns regarding the quality and variety of vegetarian food offered had been listened to. During our visit the newly appointed chef visited the person with the clinical lead and devised a menu plan with them.

A programme of quality audits had been put in place. These included; audits of care plans, nutrition, mobility equipment, medicines and staff personnel files. These were being completed with the registered manager and clinical lead checking to see if the identified actions had been carried out.

Service contracts had been put in place for specialist equipment. These included; evacuation chairs which had been completed on 9 August 2016, hoisting equipment, weighing scales and other mobility equipment which had been completed on 21 July 2016. The lift had been replaced and a contract agreed to service it along with the stair-lifts and specialist beds when due. We were told an environmental health officer had visited on 25 July 2016. The registered manager said their report had not been received yet. However, they said, a plan had been agreed with the new chef for a 'deep clean' of the kitchen and the replacement of



some equipment and units.

Accurate and complete records of care and treatment were now being maintained. People who were assessed as being at risk of not eating or drinking enough had charts in place to monitor their intake. These were now being completed thoroughly and totalled for each day. People's weights were now being recorded. This meant people's intake and weight could be monitored and any necessary action taken as a result. Staff confirmed they understood the importance of completing these records. The clinical lead explained how they assessed and monitored these.

Records of comments and complaints were now better organised and, it was possible to identify the outcome of each and actions taken in response to the issue raised. The registered manager and provider said they would be monitoring these, in order to identify any themes and trends. We spoke with the registered manager and clinical lead about comments and complaints. They said they understood the importance of responding to these and, monitoring to identify themes and trends. Since our previous inspection one complaint had been received. The action recorded described how staff had dealt with the initial concern giving rise to the complaint and, subsequent action taken to respond to the complainant.

Accidents and incidents were now being recorded fully and monitored for any actions that could prevent reoccurrence to be identified. A number had been recorded since our last inspection. The records detailed how the accident/incident had occurred, the action taken at the time and any learning that could be taken to prevent a reoccurrence.

A system had been put in place to monitor and manage DoLS applications to ensure compliance with the Mental Capacity Act (MCA) 2005.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's support plans now contained assessments of their capacity to make specific decisions. The registered manager had introduced a system to identify if people were facing any restrictions that amounted to a deprivation of liberty. If they were, applications submitted to the appropriate authorities were recorded when submitted and, dates any subsequent authorisations were granted and would lapse also recorded. This meant they could ensure the correct action was taken to ensure people were not deprived of their liberty without the correct authorisation being in place.