

Amber Care (East Anglia) Ltd

Stewton House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection on 11 May 2015. Breaches of two legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

At the last inspection on 11 May 2015 we found that the provider was not meeting the standards of care we expect in relation to ensuring there were sufficient staff on duty to meet people's needs. Care could not be delivered to people as they wished and they told us their needs were not always met. Also people's medicines were out of stock and staff did not follow safe practices when administering medicines.

We undertook this focused inspection on 27 January 2016 to check that they had followed their plan and to confirm they now met the legal requirements. During this inspection we found the provider had made improvements in the area we had identified.

This report only covers our findings in relations to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Stewton House on our website at www.cqc.org.uk.

Stewton House provides care for up to 48 older people who require nursing and personal care. At the time of the inspection there were 45 people living at the home.

At the time of the inspection there was not 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. The area manager was temporarily looking after the day to day running of the home, whilst inducting a new manager.

On the day of our inspection we found staff interacted well with people and people were cared for safely. People

Summary of findings

told us their needs were being met. Staff told us they had sufficient time to meet people's needs and to help them take part in social activities. The provider had systems in place to ensure they knew the needs of people living at the home and could adjust the staffing levels when required.

We saw there were sufficient supplies of medicines available so people could receive their prescribed medicines as directed by medical practitioners. Systems were now in place to ensure the stocks of medicines remained constant. We observed staff administering medicines safely.

Summary of findings

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 that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Sufficient staff were on duty to meet people's needs.

A system was in place to ensure the needs of people were taken into consideration when calculating staffing levels.

There were sufficient stocks of medicines in place. Staff were administering medicines using safe practices.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Stewton House

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 27 January 2016. This inspection was completed to check that improvements had been made to meet two legal requirements with regard to sufficient staff being available to meet people's needs. Also that there were sufficient stocks of medicines in place and staff administered medicines safely.

After our comprehensive inspection on 11 May 2015 the provider sent us a plan of how they were going to address the breaches in the two regulations. The team inspected

the service against one of the five key questions we ask about services; is the service safe. This is because the service was not meeting two legal requirements in relation to that section.

The inspection was conducted by one inspector.

During our inspection we observed care. We spoke with nine people who use the service, a relative, two trained nurses, three care workers, a manager and the area manager. We looked at staff rotas, a report of how staffing needs had been calculated, staff training records, audit reports and the provider's medicines policy.

Is the service safe?

Our findings

At our previous inspection on 11 May 2015 we identified that people were not adequately protected because there were insufficient staff to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Also that there were insufficient stocks of medicines so people could not receive their prescribed medicines and staff did not administer medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At our focused inspection on 27 January 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulations 18 and 12 described above.

People told us their needs were being met. They said staff allowed them time to maintain their independence and were patient with them. One person said, “Yes, if I want anything I press the button and they generally come on time.” Another person said, “All my care needs are being looked after. I am satisfied with the care.” However, a relative and one person using the service told us there was sometimes a shortage of staff at weekends. Also when several staff were required to move a family member a relative had noticed they had to wait for the action to take place. They had reported this to the senior staff, but had not had a reply. They allowed us to inform the area manager, who contacted the relative in order to seek further feedback from them about their experience.

People told us they could speak with staff and explain what they wanted them to do. One person said, “I’m very well looked after. I tell them how I want my pyjamas on and how I want a bath and they do it.” Another person said, “I’m sometimes a bit slow when I have a bath and apologise to the nurses, but they say I don’t need to. I go at my pace, which they respect.”

There were mixed views from staff about whether there were sufficient staffing levels through a twenty-four hour period. Staff told us the staffing levels each day had improved, but that deployment of staff in the mornings was not always good. One staff member said, “Mornings are the worse sometimes as people want to get up and there are

meals to organise.” Another staff member said, “It’s brilliant here still. We work as a team and rally round when there is short term sickness.” Staff told us they had brought staffing levels up at staff meetings, which we saw had been mentioned in the last set of staff meeting minutes. These said they could voice their opinions to the manager and area manager. They told us they were approachable. One staff member said, “We now have systems in place to report staff issues.”

Every staff member told us how much they liked working at the home and enjoyed their work. We looked at the staff rota for last month and the current month. Staff told us the details were correct. The staff on duty that day was reflected in the records. Staff told us that extra working hours were available to take people to appointments. This had been identified on the rota. Agency staff were still being used to cover any short term absenteeism of staff, but this had been reduced as new staff were recruited. We looked at how the area manager was calculating the staffing levels, which were balanced to people’s dependency needs. The area manager and manager recognised that staffing levels would be adjusted as new staff were recruited and staff took on new or expanded roles. They stated that the dependency of people would still be reassessed at least monthly and as new admissions came into the home.

People told us they received their medicines on time each day and staff explained to them what they were taking if they had forgotten. One person said, “I know exactly what I take. So if they make a mistake I would know, not that they have mind you.” Another person told us how staff had been chasing the pharmacy for a certain cream they used as there was a nationwide shortage. They said they had never run out, but were relieved when staff said they continually chased for supplies. Staff confirmed this was an ongoing problem and were asking the person’s GP for an alternative, which we saw in the care plan notes. Only two people would like further explanation about their medicines, but they were happy to speak with staff and did not want their names passed to the manager.

People told us how staff escorted them to hospital when they required a review of their treatments including medicines. One person said, “I wouldn’t remember so staff come with me.” Another person said, “I’ve recently been to the hospital, but no change in my tablets thank goodness.”

Is the service safe?

Since our last inspection the provider had liaised with all local GP practices and pharmacies to improve the supply of medicines to the home. A new pharmacy supplier had recently visited the home and spoken with staff about their needs for safe storage, receipt and disposal of medicines. We saw that new storage facilities were currently being put in place during the inspection and new stock control records were in place. Safe systems were in place with the current supplier for the receipt and disposal of medicines.

Staff administering medicines had been enrolled on a refresher course which was due the following week. In the meantime, each person had received observational supervision to test their competence in administering medicines safely. We saw the individual records of staff to support the area manager's statement.

We observed two members of staff administering medicines. They ensured they knew each person they were giving medicines to and waited until they had taken or refused their medicines. The medication administration

record sheets (MARS) were completed correctly. We also looked at 10 MARS and each one had been completely correctly. Where medicines had been stopped or courses completed staff had recorded the reasons why and also documented this in each person's care records.

The staff followed a local authority and NHS commissioner's policy for the administration of medicines in care homes and nursing homes, which staff had access to. The sections pertinent to this provider were reviewed yearly and last completed in June 2015. We were given a copy to keep on our files. Monthly audits had taken place and we saw the ones for October 2015 and January 2016. These had much improved from our last visit. Where actions were required these were signed off when completed and by whom.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.