

# Larchwood Care Homes (South) Limited

## Stambridge Meadows

### Inspection report

Stambridge Road  
Great Stambridge  
Rochford  
Essex  
SS4 2AR  
  
Tel: 01702258525

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11 November 2020  
12 November 2020

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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

Stambridge Meadows is a residential care home and was providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 49 people in one adapted building.

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

People told us they were safe and liked living at Stambridge Meadows.

Effective arrangements were not in place to mitigate all risks for people using the service or staff employed. Not all appropriate measures were in place or being followed by staff to prevent and control the spread of infection.

This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The leadership, management and governance arrangements provided some assurances to suggest the service was being managed well. Quality assurance and governance arrangements at the service were much better but still required improvement to ensure risks to people were mitigated, records relating to their care and support were accurate and infection, prevention and control measures were safe.

Since our last inspection in January 2020, people were protected by the service's safeguarding arrangements. The deployment of staff was suitable to meet people's care and support needs. Proper arrangements were now in place to ensure people received their medication as they should.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was Inadequate [published 19 May 2020]. 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 9 [Person-centred care], 13 [Safeguarding service users from abuse and improper treatment], 17 [Good governance] and 18 [Staffing].

This service has been in Special Measures since 19 May 2020. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Safe' and 'Well-Led' which contain those requirements.

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 Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stambridge Meadows on our website at [www.cqc.org.uk](http://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 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 well-Led findings below.

**Requires Improvement** ●

# Stambridge Meadows

## 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

One inspector completed the inspection.

#### Service and service type

Stambridge Meadows 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

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 sought feedback from the Local Authority prior to the site visit. A variety of records relating to the management of the service were reviewed. 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 spoke with four people who used the service about their experience of the care provided. We spoke with the registered manager and the service's area manager. We reviewed a range of records, including people's care records and two staff files in relation to their conduct. 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one senior and two members of care staff. We also reviewed further information sent to us by the registered manager.



# 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 Inadequate. At this inspection, this key question has now improved 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.

At our last inspection in January 2020, not all risks to people's safety and wellbeing were assessed and recorded and improvements required to medicines management. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made to medicines management, but good safety practices were not always sustained.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were not always monitored and managed effectively. For example, one person was at risk of choking as staff had failed to take appropriate action whilst the person ate their dessert in bed. Although staff were aware of the risks posed for this person, the risk to their safety was not recorded or considered. This was brought to the registered manager's attention and immediate action was taken by them to mitigate further risk.

### Preventing and controlling infection

- Arrangements to assess current and emerging risks presented by the pandemic for people using the service were generic and not individualised. Only one risk assessment for staff could be located at the time of the inspection. This demonstrated a failure to assess people's vulnerability and susceptibility to the risk of getting COVID 19.
- Preparatory arrangements to have safe prevention and infection control measures in the event of a COVID 19 outbreak at the service were not identified and completed.
- We were not assured the provider was always meeting social distancing rules in communal lounges and this required improvement to keep people safe. We were not assured staff were using Personal Protective Equipment [PPE] effectively and safely.

This was a continued breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- We were assured the provider was admitting people back from hospital safely to the service and prevented visitors from catching and spreading infections. We were assured the provider was accessing testing for people using the service and staff at regular intervals.

At our last inspection staff failed to recognise and respond appropriately to incidents of abuse. This was a

breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I feel safe" and, "I would say so, safe, of course."
- Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies.
- Since our last inspection in January 2020, all of the management team and senior care staff had received a higher level of safeguarding training.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity. The incidence of safeguarding concerns at Stambridge Meadows was low.

At our last inspection the deployment of staff did not meet people's care and support needs. People did not receive person-centred care. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Staffing and recruitment

- People's comments about staffing levels were positive. One person told us, "Staff are always checking to see if I am alright." When asked if staff were prompt to attend to them when they used their call alarm facility, they told us, "Yes."
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way and call alarm facilities were answered promptly. Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

At our last inspection people did not always receive their medicines as prescribed. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this part of the regulation.

Using medicines safely

- People told us they received their prescribed medication as they should and were happy to have this administered by staff.
- We looked at the Medication Administration Record [MAR] for seven out of 24 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- Observation of the medication round showed these were completed with due regard to people's dignity and personal choice. People were asked if they wished to have pain relief medication and the staff member respected this decision.
- Staff involved in the administration of medication received appropriate training and had their competency assessed. Medication audits demonstrated a good level of compliance and there had been no medication errors since our inspection in January 2020.

Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection.



For example, suitable arrangements were now in place to ensure people were safeguarded from abuse, people received their medicines as prescribed and the deployment of staff now met people's care and support needs.

- Auditing arrangements at the service ensured there was better analysis and scrutiny of the service to enable the management team to make the required improvements and to learn when things go wrong.

# 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 Inadequate. At this inspection, this key question has now improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in January 2020, arrangements for auditing and monitoring the quality of the service were not effective to ensure people's safety and wellbeing. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

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

- Quality assurance arrangements had been put in place which monitored the experience of people being supported. This information was used to help the provider and registered manager to drive improvement and monitor staff performance.
- Although new audits had been put in place, they needed to be used more widely or effectively, as they had failed to pick up the concerns identified within the 'Safe' section of this report. This referred specifically to the incident of risk observed during the inspection and issues relating to the service's arrangements for safe infection, prevention and control.
- Improvements were required to ensure accurate records were maintained for people using the service. The lack of up-to-date and accurate information places people at potential risk of receiving inappropriate care. This was a recording issue and did not specifically impact on people using the service.
- Further improvements were still required to evidence how new systems will be sustained and maintained in the longer term.

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

- The registered manager understood the importance of their role and responsibilities; and demonstrated a commitment to providing good care for people using the service, providing support to staff and ensuring compliance with regulatory requirements was improved and achieved.
- The registered manager told us they were supported by the provider and had received regular formal supervision and an appraisal of their overall performance.
- People using the service and staff were complimentary regarding the registered manager and said the service was well managed and led.

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

- Effective arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at the service. Comments recorded were positive and where areas for improvement were highlighted, action plans had been put in place or actions taken.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks to people were identified and mitigated to keep them safe. Improvements were required to ensure the service's infection, prevention and control measures were safe.</p>