

# Bupa Care Homes (ANS) Limited

# Stamford Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Stamford Care Home is a residential care home providing personal and nursing care for up to 90 older people some of whom were living with dementia. At the time of the inspection the service was supporting 82 people.

Stamford Care Home is a purpose-built care home spread across three floors with communal areas on each floor and access to a garden from the ground floor. All upper floors are accessed by lifts and stairs.

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

We observed people to be cared for by staff who were caring and compassionate. Relatives spoke positively of the caring and friendly staff team.

Medicines were not always safely managed. We found gaps and errors in recording and medicines administration.

People and relatives praised the service for keeping their loved ones safe during the COVID-19 pandemic, however, some relatives felt communication and updates could be improved.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

People had a care plan which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in a varied programme of activities.

The provider and registered manager monitored the quality of the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided. The management team engaged well with health and care professionals.

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

The last rating for this service was good (published 3 May 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

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 Stamford Care Home 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 responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

**Good** ●

# Stamford 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.

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

This inspection was carried out by three inspectors, a specialist nurse advisor in dementia care and three Experts 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. One Expert by Experience met and spoke with people living at the home and visiting relatives and two Experts by Experience contacted people's relatives and friends by telephone to request their feedback following the inspection site visit.

#### Service and service type

Stamford Care 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 since the last inspection. We looked at formal

notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

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 this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and five relatives about their experience of the care provided. We spoke with 15 staff including the regional support manager, registered manager, deputy manager, nurses, care staff, activities co-ordinator and maintenance person. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included seven people's care records and 26 people's medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and health and safety were also reviewed.

After the inspection

We spoke with 15 relatives of people living at the home by telephone. We further reviewed quality assurance and training records. We continued to seek clarification from the provider to validate evidence found.

# 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.

### Using medicines safely

- We found some concerns with medicines management. Medicines Administration Records (MAR's) were not always completed appropriately or signed for when the medicine was given. For one person who had been prescribed eye drops, there were unexplained gaps on the MAR and staff were unable to explain the reasons for this.
- For a second person, their MAR had been signed for an administration of a controlled drug (CD), however the medicine had not been given.
- We found instances where stocks counted did not correspond with records. We were not assured that the systems in place to monitor stock balances were being followed by the staff team involved in medicines administration.
- Where people received medicines as and when required (PRN), protocols and guidance was not always in place to provide guidance for staff on when and how these medicines should be administered. PRN medicines can be administered to help with pain relief or anxiety.
- We showed the management team the concerns we found with medicines and they advised that immediate action would be taken to address the concerns as a priority, including raising the errors as incidents within their internal incident reporting system. Evidence of which was provided after the inspection.
- The registered manager told us that they had identified some similar concerns previously though their auditing and were working with staff to make improvements in medicines management. We saw records of previous supervisions and meetings with the staff team around ensuring medicines stock balances were checked daily and they advised that this would be monitored carefully going forward.
- Staff had received training in medicines administration and had their competencies to administer medicines assessed.
- Medicines were stored securely in designated clinical rooms which were clean and well maintained. Daily temperature checked were carried out of medicines storage rooms.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and secure living at Stamford Care Home. Feedback included, "Everything makes me feel safe" and "Very [safe]." Relatives told us, "I know she's in safe hands. I can ring anytime to find out how she is", "I am grateful they are there for my [relative], they are keeping him safe" and "Yes dad is safe in the home. He always has his Zimmer frame to mobilise throughout the unit and the staff always makes sure he has his bed rail up during the night to stop him from falling out of bed."
- Staff were trained in safeguarding and confident in reporting safeguarding concerns. One staff member

told us, "Any form of abuse has to be stopped, I would intervene and report to manager straight away."

- The registered manager knew the actions to take to report unsafe practice and they had confidence staff were providing safe care. Feedback from a professional stated, "I have conducted safeguarding enquiries with management whom have been responsive in regard to actioning any recommendations/ implementing risk mitigation measures accordingly."
- The management team shared learning from any accidents, incidents and complaints with the wider staff team. Through regular audits, the provider's regional management team also monitored accidents and incidents which assisted with identifying trends and patterns.

#### Assessing risk, safety monitoring and management

- Risk assessments were in place to provide staff with guidance on how to keep people safe from known risks associated with their care in areas such as nutrition, pressure care, the use of bedrails, falls, moving and handling and oral health.
- Staff were knowledgeable around people's risks and we observed throughout the inspection, staff safely and confidently supported people to mobilise, use moving and handling equipment and provide compassionate support to de-escalate situations when people became anxious or distressed.
- However, we found some instances where daily care records associated with pressure care, nutrition and hydration were not always completed appropriately and at the time of care delivery. For example, some fluid charts, when checked by the inspection team in the afternoon of the inspection visit, had no entries for the day up to that point, despite people being supported to have fluids throughout the morning. Fluid charts were not always completed fully or totalled.
- We showed our concerns to the management team who advised that they would ensure that the processes for recording daily care delivery was reviewed and improved to better evidence the care people were receiving.
- Designated staff carried out checks on the environment to help make sure it was safe. These included checks on electrical, gas, water and fire safety and equipment within the home. People had individual evacuation plans in place highlighting the level of support needed for each person.

#### Staffing and recruitment

- Staffing levels met people's needs. During our visit we saw staff supporting people in an unrushed manner and they were able to respond to requests for support.
- People and relatives told us that there were enough staff available to support people. A person told us, "I have to have help walking. It's easy to get help. Maybe at lunch time it might be difficult because they are giving out food but at other times it is quite good. I get all the help I need. A relative told us, "There seems to be the same staff on her floor."
- Staff told us they were able to provide safe care with the staffing levels in the home and had enough time to read care plans and understand people's needs.
- Staff had been recruited safely. Appropriate pre-employment checks had been carried out including reference checks from previous employers and a criminal record check.

#### Preventing and controlling infection

- The home was clean and well maintained. Feedback from people and relatives was that staff consistently maintained good levels of cleanliness. A person told us, "There's one tall lady [manager] who's always checking the toilets are clean. I think that's very good."
- Staff and the management team had worked well throughout the COVID-19 pandemic to ensure the risks of infection were minimised. There were no significant outbreaks at the service throughout the pandemic and any positive cases of COVID-19 within the home were contained and infection did not spread. This is despite the home consistently taking admissions from local hospitals to support local capacity. A



professional provided feedback, "Stamford have been wonderful during the COVID-19 pandemic. They have taken a lot of new residents on discharge from [Named] Hospital to nurse them for short term placements or for longer term. Accepting residents at this time must have been very challenging for Stamford but their support in doing this during the pandemic helped the hospital admit and care for more patients."

- Staff and the management facilitated visits for people living in the home in accordance with the current guidance. One relative told us, "Always health and safety in reception and other areas. I was not allowed in without full PPE. Staff wear PPE and encourage social distancing." A second relative told us, "The protocols around infection control are excellent whereby there were no outbreaks of COVID within the home."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us their needs were met from a responsive staff team. One person told us, "The [staff] are very good. The nurses are all very caring." Relatives told us, "[Person] has been there for five years, and they have always looked after her very well, improved her eating, looked after her hygiene and medical needs" and "It's a lovely house, very clean and all his needs are provided for."
- Care plans provided enough detail to enable staff to care for people in their preferred way whilst ensuring care was delivered safely. We found some instances where care plans did not always provide enough information to staff on how certain medical conditions affected people and how staff should respond if they experienced ill health. We raised this with the management team who advised that the issues identified would be addressed, evidence of which was provided after the inspection.
- Staff were knowledgeable about the people who used the service and had a good understanding of people's preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. One relative told us, "Staff always seem to know what they are doing. There is a large core group who have been there a long time."
- Professionals were positive around the staff team and the responsive nature of staff when reporting concerns or receiving professional advice. A professional fed back, "The [staff] are professional, approachable, kind, caring and compassionate, ensuring the residents receive their medical care and treatments. They always contact [us] with any concerns for residents which they feel we may be able to support with."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.
- Some people did not have English as a first language. The service is in a culturally diverse area of London and we also observed some staff speak different languages to people which for one person provided assurance when they were upset. A relative told us, "Mum doesn't speak English, so they sort out someone to interpret for her. Now there is a member of staff who can speak her language."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had some opportunities to engage in meaningful activities. On the day of the inspection, we observed an animated and engaging staff and activities team engage people in a variety of activities such as a prayer meeting, quizzes, movie day and exercise classes. We observed people to engage well with the activities team.
- Feedback on the provision of activities at the service was positive, in particular around the staff team making provisions to ensure activities continued despite the challenges posed by the COVID-19 pandemic and lack of external entertainment. A professional feedback, "The activities room, café/lounge, sensory room and hairdressers' room are lovely, and I can see so much effort has been put into making these rooms extra special for the residents to enjoy. The activities programme at Stamford was always first class with singers, shows, church mass. This has had to be scaled down during the pandemic, but I see staff engaging with the residents to help them keep active and motivated and enjoy the things they like to do."
- Feedback from relatives included, "Mum loves the music, that makes her happy, she laughs and sings" and "The activity staff get her to laugh, sing and interact. Recently the staff brought the computer to her as the singer who used to visit the home was doing a concert for them on Zoom. Mum loved that." People told us, "There's always something to keep me busy all the time" and "We try a little bit of everything (activities). My nurses take me to bed when I want to go. They're friendly people."
- On the day of the inspection, two people had birthday celebrations. Throughout the day we observed different members of the staff team wish them Happy Birthday. A party was organised with their family in attendance.

Improving care quality in response to complaints or concerns

- Procedures were in place to receive, investigate and respond to complaints. Actions taken in response to complaints were clearly documented with advice taken from appropriate professionals, if needed.
- People and relatives told us they felt able to raise concerns and felt any issues raised would be appropriately dealt with. Relatives told us, "No I have never made a complaint and if I wanted to, I would speak to the manager" and "I have never complained. If I have ever had any concerns, I have expressed it to the staff, and they have responded."

End of life care and support

- There was a section within the care plans where end of life wishes, any advance decisions and arrangements were recorded. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- The service worked with the community nursing team and appropriate health professionals in relation to end of life care when needed. A professional feedback, "The nurses provide palliative care for residents who are approaching end of life. They have often cared for these residents for many years and ensure their comfort and symptom control at the end of their life, supporting the residents and their families."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were regular audits covering things like catering, housekeeping, infection control, medicines and people's care records. Where any issues were identified, these were documented and followed up.
- We identified concerns around medicines management and some record keeping as reported in the Safe section of this report. The management team provided assurances that the issues would be addressed moving forward through additional staff training, supervisions and enhanced auditing.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.
- Any learning identified following incidents or complaints was shared with the staff team through regular team meetings and supervision sessions.
- The provider's regional management team provided regular contact and support at the service and at the time of the inspection had resumed on site visits and audits.
- We found the management team open and responsive during the inspection. The management team worked with us during the inspection to make improvements to the areas of concern highlighted.

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

- People and most relatives told us they were satisfied living at Stamford Care Home, their care needs were met and felt well supported by the staff team. People told us, "It's a great place", "It's good all round" and "They're friendly people... Good food, good choice [of food]."
- Relatives told us, "Overall, he seems very happy there. I am very satisfied with his care" and "The manager is very nice. All the office staff are helpful. Staff seem happy and it's clean."
- We observed the staff team to be dedicated, friendly and approachable during the inspection. Staff engaged well with people. People had a good rapport with staff, and we saw some friendly and jovial interactions.
- Staff told us they enjoyed working at the service and felt valued and respected. The management team praised the dedication of the staff team who they advised worked extremely hard throughout the pandemic and did their best to keep people safe and well cared for.

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 and provider understood their responsibilities under the duty of candour. The

duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- People were observed to be involved with day to day decisions about the care and support they received. For example, people were shown the meals on offer at mealtimes.
- Staff meetings were held regularly and provided an opportunity for staff to share information about the people they supported and discuss any changes or improvement to people's care and support. Staff meetings were also used by the management team to update staff on key issues, and to encourage staff to share ideas.
- Staff told us they felt supported in their roles and by the management team. Feedback from staff included, "[Registered Manager] is very good at what she does", "I find it very good here. I find my unit manager and home manager very supportive" and "It's great working here. I love it."
- We received mixed feedback from relatives around their experiences of contact from the service during periods of visiting restrictions. Some told us they were kept up to date on their loved one's well-being and some told us they felt communication could have been better. We shared this feedback with the management team who advised that they would review this.

Working in partnership with others

- The management team and staff had established positive working relationships with the different stakeholders associated with people's care. We saw positive feedback from a range of professionals who praised the responsiveness, openness and flexibility of the service.
- Local health and care professionals particularly praised the staff and management team for going above and beyond during the COVID-19 pandemic to support the local response. One professional fed back, "The team has been exceptional in supporting our virtual assessments, managing family members' expectations and providing supporting information in a timely fashion whenever required. They are always ready to accept emergency admissions and go beyond the call of duty to make allowances for weekend admissions when the need arises." A second professional fed back, "Stamford have been wonderful during the COVID-19 pandemic."