Stroud Care Property Limited

Stinchcombe Manor

Inspection report

Echo Lane
Stinchcombe
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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
Stinchcombe Manor is a residential care home providing care for up to 19 older people living with dementia and/or mental health needs. The provider reduced their number of beds from 36 to 19, from 27 October 2021. At the time of our inspection 9 people were living at the service. Some people living at Stinchcombe Manor require support when they become anxious and distressed.

Stinchcombe Manor is a large adapted home with a number of communal areas people can access, including two lounges, a dining room and garden.

People's experience of using this service and what we found
The provider had made improvements to the service. However, further improvement was needed as not all requirements of the warning notices had been met.

There had been a reduction in incidents and accidents involving people at the service, however, further improvement was needed to ensure people received a safe service. The provider had invested in new systems to assist them in monitoring and improving the service for people. These were in the early stages of implementation and were not always operated effectively, as they were not yet fully established. Hence, we found shortfalls in management of some environmental and equipment related risks which had not been identified by the provider. The provider acted immediately by arranging contractors to carry out assessments of the environmental risk management shortfalls we identified during the inspection.

Where areas for improvement had been identified by the provider, effective and timely action to manage risks and improve the service was not always taken. Accidents and incidents people experienced were reviewed to ensure any new or escalating risks to them were identified and acted upon in a timely way to protect them from further harm. However, managers had not ensured all staff responsible for reviewing people's risks continued to update relevant records to ensure risk management plans remained effective. This meant people were at risk of harm, as staff referring to these documents, including agency staff, may not always have complete and accurate information about the support people needed to keep them safe.

The service had made improvements to their processes and guidance to protect people from the risks of COVID-19. However, the service had yet to implement 'Essential Caregiver' status for people's close friends or relatives, in line with national guidance. The registered manager and provider had notified CQC and other agencies of incidents as required.

We saw staff interacting kindly and patiently with people. Staff demonstrated understanding of people's emotional and physical support needs. Staff told us they felt more supported and said the service had improved since our last inspection. A staff member said they had not previously understood some risks to people as important information had not always been communicated. Further to this, they told us there had been, "Real improvement in support and direction" from the registered manager and their deputy.

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

Rating at last inspection
The last rating for this service was Inadequate (published 15 October 2021).

Why we inspected
We carried out an unannounced focused inspection of this service on 26 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their notification of incidents and safeguarding of people from abuse.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also checked whether the two Warning Notices we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. 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 improved from Inadequate to Requires Improvement and the service is therefore out of Special Measures. This is based on the findings at this inspection.

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.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we have identified continued breaches in relation to safe care and treatment and governance. We will continue to monitor the service through the enforcement action (Warning Notices for regulation 12 and regulation 17) already in place.

Please see some of the action we have told the provider to take at the end of this report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Stinchcombe Manor

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 two inspectors.

Service and service type
Stinchcombe Manor 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. This included information from multi-professional safeguarding information sharing meetings. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service, they were able to give us limited feedback about their experience of the care they received. We were unable to use 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. This was because one person using the service was anxious about our presence which, had this continued, could have put people and staff at risk of harm. We spoke with eight members of staff including the registered manager/nominated individual, quality and training manager, two care coordinators, two care workers, the laundry person and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two visiting health care professionals.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and reviewed a selection of management and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one person's relatives. We received feedback from the police and 10 health and social care professionals including the local authority infection prevention and control specialist. We attended a multi-professional safeguarding information sharing meeting on 15 December 2021, where we received ongoing feedback about the service from commissioners, safeguarding and other health and social care professionals.

Requires Improvement

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.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess and manage the risks relating to the health and safety and welfare of people. 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, while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach regulation 12.

- The number of physical incidents between people had reduced since our last inspection. Records showed incidents had been reported and reviewed and action taken in response to incidents, including timely referrals to health care professionals. However, people's risk assessments had not always been reviewed following a safety incident to ensure the arrangements in place to keep people safe remained appropriate.
- Staff were still to receive appropriate training in how to intervene in physical incidents safely, to prevent harm to others or themselves.
- The registered manager was reviewing and updating people's support plans and risk assessments, while entering these into the provider's new e-records system. However, managers had not ensured all staff responsible for reviewing people's risks continued to update records to ensure people's risk management plans remained effective. For example, one person's risk management plan still needed to be updated with their new Speech and Language Therapy (SLT) choking risk recommendations.
- Staff could describe the new Speech and Language Therapy (SLT) recommendations for this person. The cook had been informed and we saw this person's meals were prepared in line with SLT advice. However, staff had limited knowledge and training in using the International Dysphagia Diet Standardisation Initiative (IDDSI) system. The IDDSI provides standard definitions to describe texture modified foods and thickened liquids used for people at risk of choking to support staff to check the suitability of food options when preparing meals and supporting people to eat.
- People were not always protected from equipment related risks. The provider had disposed of some unsuitable equipment but had not always returned equipment assigned to specific people when it was no longer in use, including slings for hoisting (assisted movement). This created a risk that equipment may not be appropriately maintained or would be used for another person, for whom it may not be suitable.
- Risk related to the environment had not always been managed. Health and safety checks for the gas cooker had not been carried out annually (as required) since November 2018. The provider had not acted to manage legionella risks identified in their legionella risk assessment dated 2018.

Some systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the

service still needed to be fully established. This included health and safety risk management, reviewing people's risk assessments and use of universally recognised risk tools. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They arranged for checks on the gas cooker to be completed and for a new legionella risk assessment to be carried out in January 2022. The registered manager explained why there had been in a delay in providing Positive Behaviour Management (PBM) training and their plan to address the shortfall.

● People's nutritional risks were managed. A universally recognised screening tool (to reliably assess people's risk of weight loss) was used by the registered manager where they believed a person may be at risk. Where people had been identified as at risk, a plan was in place to ensure they received the support they needed to eat and drink. Staff were supported by a dietician to manage one person's nutritional needs; we saw this person was gaining weight.
● The registered manager told us staff contacted community nurses if they noted any redness on people's skin when providing care. We discussed the benefits of a more proactive approach with the registered manager, including use of a universally recognised screening tool for assessing risk of pressure area damage. The registered manager said they would look into implementing this for people who may be at risk. Nobody living at the service had pressure sores at this inspection.
● A new and improved policy was in place for epilepsy management. Nobody living at the service needed support related to epilepsy at the time of the inspection.
● Fire safety Improvements were in progress. People's personal emergency evacuation plans had been updated in November 2021 and risk assessments were in place for three fire doors which may not always close as expected. A new fire risk assessment had been completed on 17 November 2021. Quarterly fire drills were due to be reinstated in February 2022.

Preventing and controlling infection
● We were not assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager had not implemented 'essential caregiver' requirements at the service in line with current guidance. During the service's recent COVID-19 outbreak, people were supported to speak with relatives by phone or video call and other than at end of life, all visits from relatives were stopped. This meant people could not benefit from the comfort and companionship the physical presence of someone they have a personal relationship with may provide at this difficult time.

We have signposted the provider to resources to develop their approach.

● We were assured the provider had worked with local authority infection prevention control specialists to make improvements in relation to prevention and management of COVID-19 outbreaks at the service.
● The provider had acted to promote safety through the layout and hygiene practices of the premises. However, we saw this was difficult to maintain due to the needs of the service user group and the nature of the building.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely
● Records showed people had received their medicines as prescribed.
●Staff had been trained and assessed as competent to undertake medicines tasks before administering medicines to people.
● There were clear procedures for the receipt, storage, administration and disposal of medicines.
● Some medicines were liable to misuse and were subject to more stringent controls. Improvements had been made and these medicines were stored and recorded in accordance with legal requirements.
● Medicines were stored at the required temperature.
● The service was working with the GP surgery to ensure medicines were always supplied as prescribed.

Learning lessons when things go wrong
● A record of accidents and incidents was kept and was analysed for patterns or trends.
● Where analysis indicated people were experiencing increasing falls, potential causes had been considered and they had been referred to relevant health care professionals to try to prevent future incidents.

Systems and processes to safeguard people from the risk of abuse
At our last inspection the provider had failed to robustly safeguard people from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● People and their relatives told us they felt their family members were safe living at Stinchcombe Manor. One relative told us, "It gives me immense peace of mind. I feel X is totally safe."
● Staff knew how to identify and report any poor practice and felt confident people received safe care.
● Records showed incidents of physical aggression between people in the home had reduced since our last inspection. Staff told us one person was more relaxed since fewer people were living at the service. Staff were aware of people's triggers and told us how they managed these.
● Managers had identified a more proactive approach was needed to avoid some incidents between people. We saw incidents were followed up with staff, as needed, to ensure they supported people as expected.
● We saw incidents had been reported to the adults safeguarding team as required to ensure other professionals were involved in maintaining people's safety.

Staffing and recruitment
● There were suitable numbers of staff on duty during the inspection. The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
● Safe recruitment procedures were followed which helped protect people from abuse. There were checks on the suitability of staff to work with vulnerable people.

Requires Improvement

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection the provider had failed to effectively operate systems to assess, monitor and improve the service which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach regulation 17.

- Improvements had been made in safeguarding and notifications of incidents to CQC and these regulatory requirements were met at this inspection. Specialist recommendations in managing risks related to COVID-19 had been implemented. Provider checks of medicine practices had brought about required improvements. However, we found continued breaches of regulations 12 and 17 where further improvement was required to ensure a safe service was provided to people.
- The provider had invested in an established care compliance software system to support them in assessing, monitoring and improving the service. The service was at the early stages of implementation and the system was not being yet operated effectively, to ensure all risks to people including from legionella, equipment and incidents would always be identified and acted on. This meant people would have continued to be exposed to the risk of harm.
- The registered manager/NI did not always have effective oversight of all areas of the service when they had delegated quality and safety monitoring and responsibilities to specific staff members. When these staff members left the service, or were absent for extended periods, an effective handover system was not in place to ensure that delegated tasks were completed. This meant some tasks, including managing specific environmental risks, had not been completed to ensure people remained safe and regulatory requirements were met.
- Where review of incidents identified shortfalls in reviewing and updating risk assessments, immediate action was not always taken to ensure staff completed this work. This meant opportunities to reduce risks to people may be missed and where action had been taken to mitigate risk, a complete and contemporaneous record may not have been maintained.

All of the above demonstrates that improvements had been made and therefore the service will move out of special measures. However, some systems to assess, monitor and improve the service still needed to be

operated effectively. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A new system was in place to monitor and review incidents and accidents and this was supported by an improved staff handover system and alerts to the registered manager, generated by the provider's new e-documentation system. This system allowed the registered manager to review care records remotely.
● A system to monitor trends in incidents and accidents was in place, we saw operation of this system have developed and improved since it was introduced in August 2021. The outcome of this was individual staff receiving targeted feedback and lessons learned being shared with the staff team. An example of this was referrals to health care professionals being followed-up when needed and prompting a more proactive approach to managing people's anxiety and behavioural triggers.
● The provider had identified the actions taken to reduce temperatures in the medicines' storage rooms had not been entirely effective. Further to this they had taken further action to effectively mitigate the risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others
● The registered manager continued to work on maintaining effective communications with all stakeholders and to embed a culture of openness and transparency that ensured people received person centred care.
● Following our previous inspection, the provider worked with health and social care professionals to review people's care and adjustments had been made where needed. Professionals commented on the more relaxed atmosphere in the service at recent visits. This included improved interactions with staff and people appeared chattier and less anxious.
● The service had worked openly with CQC and had sought clarification and feedback to assist them in improving the service.

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
At our last inspection the provider had failed to notify the Care Quality Commission of significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● Providers are required to act in an open and transparent way when people come to harm and to notify CQC of significant events without delay. Improvements had been made and the provider had notified CQC of significant events that happened in the service as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
● Professionals gave mixed feedback about the registered manager's responses to their concerns and requests. A professional said, "[Registered manager] acknowledges that there are bridges to be built and relationships to re-establish and is committed to doing this."
● We received mixed feedback from relatives before and during the inspection. The service carried out a satisfaction survey with people's relatives in 2021. All five responses they received were positive. There was one complaint in progress at the time of the inspection.
● One staff member told us the registered manager responded positively to their feedback and working at the service was now, "Definitely a lot better, a lot more organised."

Continuous learning and improving care

● The provider continued to develop a culture of asking questions about and looking for improvements in the care and accommodation provided for people. A staff member told us the registered manager was, "Showing me more now, it feels like we are doing more, she is showing me more about what my job role should be." Exit interviews were conducted with staff to identify any areas for improvement.

● The provider had invested in a care compliance software system which helped ensure their policies remained updated and provided a suite of audit tools to support their compliance with regulatory requirements.

● The service had experienced a COVID-19 outbreak prior to our inspection. We saw they had made significant progress in infection prevention and control (ICP) for COVID-19 since out previous inspection. This included implementing improvements recommended by the ICP specialist, to ensure they were working in-line with national guidance.