West Country Care Limited

Stainsbridge House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Stainsbridge House is a residential care home that provides accommodation for up to 46 adults, some of whom are living with dementia. At the time of our visit 46 people were using the service. The bedrooms are arranged over three floors. There are communal lounges with dining areas on all floors with a central kitchen and laundry.

The inspection took place on 25 and 26 April 2017 and was unannounced.

There was a registered manager in post at the service. 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.

Feedback we received from people's relatives, staff and health care professionals stated staffing levels were often poor and this led to people not always being supported in line with their needs. This was also confirmed by our observations during the inspection. Staff told us they had raised these concerns with the management team but that steps to deploy agency staff had not been sufficiently or promptly addressed. The registered manager and operations director told us they had a clear staffing policy and staffing was based upon dependency. The service was in the process of recruiting new staff and agency and bank staff were deployed on both days of the inspection.

There was a wide and varied activities program run by an activities coordinator, two activities support workers and two activities volunteers. People looked happy and comfortable during the group activities we observed and also from photographs on display around the home. However, people who remained in their rooms or were unable to participate in group activities did not have the same degree of attention. Staff told us this was due to there not being sufficient numbers of staff to support people. Whilst there were details in people's care records about their likes, dislikes, preferences, interests and hobbies this information did not always provide specific details and staff had difficulty locating this information. Although staff said they knew people well, there was insufficient information documented for staff to refer to.

Medicines were mostly managed safely. However, advice had not been sought from a pharmacist regarding adding medicines to foods when giving them covertly. This requirement was not detailed in the service's policy on medicines. This put people at risk from receiving medicines that may have had their therapeutic effects altered by being administered in this way.

Whilst systems were in place to monitor the quality and safety of the service provided issues around staffing, care planning and enrichment had either not been identified or not sufficiently or promptly acted upon.

Where people had risks which had been identified, there was guidance available in people's care records to guide staff on how to mitigate these risks.

Staff were able to tell us what the different types of abuse were and how to report safeguarding concerns.

People were supported to have access to healthcare professionals in line with their changing needs. The service worked well with these professionals to ensure advice was recorded and followed up as appropriate.

Training records were up to date. Staff told us they were supported with training needs. The registered manager told us they had recently responded to feedback from staff on the type and quality of training offered in order to further enhance and improve their learning experience.

People said they liked the food and told us alternatives were offered when they did not like what was on the menu for that day.

People and their relatives spoke positively about the care they received from staff who treated them with compassion and kindness in their day to day care.

We found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 fully safe.

People were not always kept safe due to insufficient numbers of staff available to fully meet their needs.

Medicines were mostly managed safely. However, safe practice was not followed when medicines were given covertly by mixing them with certain foods or drink.

People told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and what to do if there were safeguarding concerns.

Is the service effective?

Good

The service was effective.

People said they liked the food and there was varied menu on offer. People also had access to specialist diets when required.

People had access to healthcare services and received on-going healthcare support.

Training records were up to date. Staff told us they were supported with training needs.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about staff and the support they received.

People told us they were treated with dignity and respect.

People were offered choices and staff sought permission from people prior to carrying out specific tasks.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always give clear guidance for staff on what was important to people, their likes, dislikes and preferences.

There was a wide and varied activities program although people who remained in their rooms or were less able to participate in the group activities on offer were not given the same degree of support.

People and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously.

Is the service well-led?

Requires Improvement

The service was well led.

Although staff said the management team were approachable and felt comfortable raising concerns and to seek guidance, they told us concerns they raised around staffing were not promptly addressed.

People and their relatives said they were encouraged to provide their opinions and the service provided feedback and actions to these.

Whilst systems were in place to monitor the quality and safety of the service provided issues around staffing, care planning and enrichment had either not been identified or not sufficiently acted upon.

Stainsbridge House

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 checked 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 inspection took place on 25 and 26 April 2017 and was unannounced.

Stainsbridge House is a residential care home which provides accommodation for up to 46 adults, some of whom are living with dementia. At the time of our visit there were 46 people living in the home. Stainsbridge House is set on the edge of the town of Malmesbury in Wiltshire. Bedrooms are en-suite and there is a lift between floors. The gardens are landscaped with several
seating areas.

One inspector and one expert by experience carried out this inspection. Experts by experience are people who have had a personal experience of care, either because they use or have used services themselves or because they care or have cared for someone using this type of service.
The areas of expertise for the expert by experience during this inspection was care homes, care of older people, mental health and dementia care.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with seven people who use the service and three visiting relatives about their views on the quality of care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We

reviewed a range of records which included twelve care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents.

We looked around the premises and observed care practices.

We spoke with the registered manager, operations director and other staff including five care staff, activities coordinator, housekeeper and head chef.

Requires Improvement

Is the service safe?

Our findings

There were insufficient numbers of staff to keep people safe. Staff told us the staffing levels did not always meet the needs of people despite raising concerns to the management team.

One staff member told us as a direct result of this, people were at high risk of dehydration as there were not enough staff to ensure they received sufficient support to maintain a good fluid intake. This staff member also stated there was a high incidence of urinary tract infections (UTIs). There are a number contributory factors that may lead to the incidence of a UTI including uncontrolled diabetes, poor catheter care, insufficient emptying of the bladder and poor fluid intake. At the time of the inspection, five people were being treated or had just completed treatment for a UTI. One staff member told us agency staff were only usually deployed to cover shortages during night shifts and said "agency are here today only because of the inspection".

We received information prior to the inspection that one person had sustained an injury when they had not received support in line with their risk assessment and care records. In addition, an incident form for another person stated they had fallen two days prior to the inspection. It stated a staff member had not been present at the time as they had needed to fetch items from the laundry on another floor. In response to a question on the form asking whether this incident was preventable this was answered stated 'yes' with the statement confirming the reason for this being 'short staffed, no one on the floor to watch residents'.

On the second day of the inspection, one person fell on the top floor in a communal area of the home. The care records for this person stated they were at 'high risk of falls'. It was noted following their fall they had their footwear on the wrong feet. Staff had failed to notice this.

These shortfalls were a breach of Regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 because there were not sufficient numbers of staff available at all times to meet people's needs.

The registered manager and operations director told us they had recently started to look into these concerns and were in the process of re-evaluating the staffing ratio according to people's needs. They told us they had also advertised for more staff to cover the shortage of staff in line with their current staffing ratio. At the time of the inspection, the registered manager told us they were waiting for clearance for two new staff members to commence employment following their recent interviews and had also started to deploy agency staff to bridge the gap whilst recruitment of new staff was underway.

Medicines were mostly managed safely. However, when we looked at the medicine administration records it stated some people were receiving their medicines covertly. The method of doing this was to add these to hot drinks or foods in order to disguise these medicines however, confirmation on the safety for administering medicines in this way had not been sought from a pharmacist. Some medicines can become ineffective when mixed with certain foods or drink and therefore this was not safe practice.

During the inspection we observed part of a medicines administration round. Medicines were kept secure and locked when not attended. We saw a medicines administration record (MAR) had been fully completed. This gave details of the medicines people had been supported to take, records of medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.

Staff were able to tell us how to recognise signs of potential abuse and what action to take if they had any concerns. We saw training records which confirmed staff received training in safeguarding. People told us they felt safe. Comments from people included "I feel very safe here in the home; I know they look after us" and "Oh yes, it's safe, if I had any worries, I'd speak to a member of staff or the boss".

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

All areas of the home were clean. Hand washing and drying facilities were available throughout the home and sinks were clean. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.

Good

Is the service effective?

Our findings

We looked at how the provider was meeting the requirement of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The 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).

Staff we spoke with demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. All necessary DoLS applications had been submitted by the registered manager and the service continued to consider how to care for people in the least restrictive way whilst awaiting completion of these assessments by the local council. Staff gave examples of how people's best interests were taken into account if they lacked capacity to make a decision. We saw capacity assessments had been completed where necessary.

The registered manager kept a log of when staff training, supervisions and appraisal were due. All staff had received mandatory training which included safeguarding, the mental capacity act, infection control, dementia, manual handling and health and safety.

Staff told us they were confident that the training they received gave them the necessary skills and knowledge and that further training was offered to enable them to support people in line with their specific needs. One staff member told us "If there's something I need (training) I just need to speak to X (registered manager) or X (company director)". Training methods included face to face, online and DVD training. Staff told us for some topics such as training on the MCA, they would prefer more face to face training to enable them to discuss certain situations and scenarios which they felt would further enhance their understanding. The registered manager told us they were aware of this feedback and were looking further into improving this. In addition, the operations director and registered manager had sourced and booked a virtual dementia training day to help staff learn the experiences of people with dementia. One aspect of this was for staff to wear special glasses which reflected how someone with dementia may see things.

New staff received a comprehensive induction which included shadowing more experienced members of staff before working independently. Staff told us they received regular supervisions and annual appraisal where they were able to discuss personal development plans. The registered manager told us they encouraged staff to raise any concerns and worked with them to find solutions.

Details of food allergies and dietary requirements were available to kitchen staff. Staff asked people what they would for their meals from a daily menu with alternatives available if required.

People said they liked the food. Comments from people included "The meals are very good so you don't

really want to eat in between", "The food is very reasonable", "I can ask for seconds" and "There's choice everyday".

All food was prepared and cooked at the service and there was a varied menu. The chef was knowledgeable about people's dietary requirements telling us they followed nutrition support plans for people who had specific dietary needs. They told us people were offered alternative options if they changed their minds or did not like the food offered.

The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies such as speech and language therapy, chiropody, dental and optical services.

Good

Is the service caring?

Our findings

Staff were able to tell us about the importance of respecting people's rights to privacy and dignity. They told us how they ensured people's dignity was maintained for example, by covering them as necessary to prevent them being exposed during personal care and whilst being hoisted and also by ensuring doors and curtains were closed during personal care.

Staff were polite and friendly and treated people with respect throughout the inspection. One person told us staff always took care of their personal items; their clothes and ornaments and comments from people's relatives included "I have nothing but praise for the staff, the care and the way the home is run" and "They're (staff) very good here. I have not a bad word to say about them".

Staff were able to tell us what was important to people and how they liked their support to be provided, for example how they liked staff to support them with their personal care needs. One staff member told us about a person who liked to have their light on in their room at night and how another person sometimes preferred to stay in bed; they told us "It's her way or no way".

Staff also told us how they would support people to be independent by giving them choices. During the inspection, people were offered choices and staff sought permission from people prior to carrying out specific tasks. During our observations we saw staff asking people what they would like, such as when they would like to get up and where they would like to sit when in communal areas.

We saw there were "memory boxes" outside each person's room which personalised people's space and supported people to identify their room easily.

People's relatives told us the service communicated with them well and let them know if there were any changes or concerns to their family member's health. Comments from one person's relative on the service included "Any issues are dealt with straight away, nothing is too much trouble". Feedback from other relatives included "As changes happen, I am informed" and "Staff are very caring and supportive and always listen".

The service liaised with the local hospice who supported them with training and guidance for staff in end of life care. One staff member told us this was beneficial as it gave them the confidence and knowledge to ensure people and their relatives were supported well.

Requires Improvement

Is the service responsive?

Our findings

People who were unable to participate in group activities were not offered the same degree of support as those who were more able. On the first day of the inspection, four people sitting in a communal lounge area received no meaningful interaction from staff for over a period of two hours. One person sat in a chair in the middle of the room. There was no music or TV switched on in this area. This person was unable to independently move from their chair and was unable to ask staff for assistance. They spent their time looking around the room and then rubbing the material on their trousers in their hands. The only interaction from staff was when they provided them with a drink. During this time, another person sat biting their nails, one stared into space and another pulled at their cardigan. None of these people were able to walk independently and required staff to support them. At the front of the room was a box of dolls, materials and other items which were available for people to handle. None of these were offered to the people sitting in this room. We asked staff whether our observations were usual for people sitting in this area. They confirmed this was a daily occurrence.

Information in the daily records for one of these people between 19th and 22nd April stated the only activities they had been involved in during this time was 'spent all day in the lounge' and apart from when they had visits from family, no interaction or activities other than those which were task driven had occurred. Their care records stated they enjoyed singing and listening to music and they were unable to take part in group activities but responded to close contact of others and experiencing physical sensations however, we did not see this type of support offered to this person. For another person their records stated they required 'activities that promoted multi-sensory stimulation'. These actions were not fulfilled and the needs of these people, many of whom had dementia were not being met.

Throughout the inspection, we did not see any staff spending meaningful time with people. Staff told us they had no time to do this as there were not enough of them on duty as most people required two staff to support them which left no other staff available to chat or spend meaningful time with people. Feedback from healthcare professionals confirmed this with one telling us "I have observed some of the clients are left for long periods without stimulation although there is a program of activities, there is not enough one to one support for those who are severely challenged". They also told us there should be activities for dementia sufferers including one to one support sessions but also went on to say this would be difficult in the current situation, given the current numbers of staff available.

These shortfalls were a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 because sufficient numbers of staff were not available to meet the needs of the people using the service at all times.

Whilst there was a lack of one to one activities or stimulation for some people there was a wide and varied activities program which was organised by an activities coordinator. These included outings to historic buildings, parks and museums. The activities coordinator told us people were very pleased to see bird boxes they had made in use at a local nature reserve. They told us people particularly enjoyed recent visits to the home which had included donkeys, birds of prey and a musical entertainer. Also on offer was a 'knit and

natter group' keep fit and seated exercises, regular baking activities, visits to the local football match and various garden games. The erection of a café was in the process of being built with a tranquility/sensory garden and raised vegetable bed alongside. Around the home, there were photographs of past activities and events. People told us they had enjoyed these activities.

The activities coordinator also told us they also had links with the local community where people from another care home were invited and that religious services were held weekly within the home.

Care plans did not always give clear guidance for staff on what was important to people. Whilst staff said they knew people well and care plans gave some details on their likes, dislikes, preferences and interests, specific information was not consistently available and staff had difficulty locating this information. We asked staff to show us where they would tell agency or bank staff this information was kept. We received different answers from each staff member; some stating this information was filed with records developed by the activities coordinator called 'this is me' and others stating this was found in a 'pre-admission' document. This information was not available in all care records we looked at and where it had been recorded; there was often very little detail available. For example, in one person's care plan it stated they sometimes became agitated. It stated in response to this 'discover what helps 'X' relax' and 'give her a choice of activities' however, there was no information on what sort of activities they would like to do or specifically, what helped them to relax. There were agency and bank staff working during the inspection and this meant they may not have access to the information they needed to fully support people.

People and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously. There was a resident's meeting once every three months and relatives meeting yearly with plans to increase these to every six months.

Requires Improvement

Is the service well-led?

Our findings

Staff said the management team were approachable and felt comfortable raising concerns and to seek guidance. However, staff told us they had been concerned about staffing levels and felt when they had initially raised these concerns they had not been promptly addressed. The operations director told us the registered manager had a period of absence at the start of 2017 during which time, there had been staffing issues. The operations director told us these shortfalls were addressed and recruitment and deployment of agency staff was currently on-going. However, despite this, staff told us they were still often unable to meet people's needs with the current staffing ratio.

People and their relatives said they were encouraged to provide their opinions and the service provided feedback and actions to these. One person told us "Most mornings I see her (registered manager) so I can tell her then if anything's not quite right" and one person's relative said "They're (management team) very open and you're free to go and talk anytime, they're very easy to talk to".

Satisfaction surveys were sent to people and their relatives on an annual basis. Four surveys had been received so far from the latest annual request for feedback for 2017 and all four had positive comments about the service. One recently returned survey included the comment 'I congratulate the leadership and management for achieving a positive atmosphere and also for the consistent cheerful encouragement I have seen them giving to all their carers'

The registered manager and the management team completed regular audits to monitor how care was provided and where actions to improve the service had been identified, these were acted upon. For example the registered manager had an overview of accidents and incidents to look for trends and ensure that concerns were identified and investigated. However, whilst systems were in place to monitor the quality and safety of the service provided, issues around staffing, care planning and enrichment had either not been identified or not sufficiently or promptly acted upon.

The maintenance of the home was managed well and included regular servicing and property safety checks to ensure people were safe. This included regular fire alarm testing and gas and electric inspections. Servicing of equipment was also completed and recorded to ensure it was fit for purpose. The service also had appropriate arrangements in place for managing emergencies including contingency plans in the event of a fire or loss of utilities.

The registered manager told us they networked with external services and organisations to keep up to date and share best practice. The service had close links with the local hospice and dementia charities who provided the latest and most up to date information and innovative ideas to help provide the best support to people in line with their needs. They also attended monthly care home meetings and management training to share ideas and look at ways to continually improve the service.

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	Regulation 18 HSCA RA Regulations 2014 Staffing There was not sufficient numbers of staff available to meet the needs of the people using the service. Regulation 18 (1).