

# Milestones Trust

# Stibbs House

## Inspection report

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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: Stibbs House is a respite care home that provides personal and nursing care to up to 10 people at a time. The service offers short breaks for people with learning disabilities, allowing people and their carers to have a break when needed. At the time of the inspection there were five people using the service.

We undertook an unannounced focused inspection on 6 March 2019. This inspection was undertaken due to whistleblowing concerns we had received. This report only covers our findings in relation to those concerns.

People's experience of using this service:

People were supported for by a consistent staff team who were kind and caring. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence.

The provider and senior staff had completed audits on the home to support quality checks. However, for some areas these checks had not prevented shortfalls in the quality of service provision. This was in respect of safe care and treatment and good governance.

Rating at last inspection: Good (report published March 2017)

Why we inspected: We inspected following concerns raised to us by staff who worked at the service.

Enforcement: We found one breach of The Health and Social Care Act Regulations (2014). Further information is at the end of the report.

Follow up: We will ask the provider to send us a report setting out how they will improve.  
For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Stibbs House

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by whistle blowing information about the service.

The inspection team consisted of one adult social care inspector.

**Service and service type:** Stibbs House is a respite care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service offers short breaks for people with learning disabilities, allowing people and their carers to have a break when needed.

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.

**What we did:** We reviewed information we had received about the service since the last inspection in February 2017. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection four of the five people using the service were out and the remaining person was unable to provide us with detailed information. We spoke with two members of staff, the registered manager and the regional manager. We reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ 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. Regulations may or may not have been met.

Prior to the inspection we received whistleblowing concerns. These concerns stated that essential works had not been undertaken following water leaks at the home and that this had a detrimental effect on people using the service. We checked this during the inspection and found that work was being undertaken to correct the damage. Environmental risk assessments were in place and the work had been organised to minimise disruption to people's stays.

### Preventing and controlling infection

- ☐ People were not protected against the risk of infection.
- ☐ There were not effective systems in place to prevent and control the spread and risk of infection. There had been no regular infection control audits as required by the Department of Health Guidance for Infection Control and Prevention in Care Homes (DOH guidance).
- ☐ The sluice room was unclean. There was lime scale on all the surrounding pipework and taps over the sink. Work surfaces and the floor were cluttered and could not be easily cleaned. One person's personal toiletries had been left in a polythene bag on the sluice and other peoples' toiletries were stored in the sluice room on open shelving.
- ☐ There were not clear workflow systems to separate clean and dirty laundry to reduce the risk of contamination.
- ☐ There were shared toiletries, bath mats and the open storage of clean towels in some of the bathrooms.
- ☐ The kitchen flooring was unable to be cleaned effectively due to wear.
- ☐ All the above issues presented a risk of cross contamination and the spread of infection.
- ☐ During the inspection the sluice room was cleaned and the lime scale removed and painted over. Following the inspection, the registered manager and provider told us they would be undertaking regular infection control audits and had plans to ensure all areas of the home met the DOH guidance.
- ☐ Staff had access to personal protective equipment (PPE) such as aprons and gloves.

### Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected against the risk of abuse.
- ☐ The provider had policies in relation to safeguarding and whistleblowing and staff had received training to enhance their understanding of how to protect people.
- ☐ The registered manager and staff were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

### Assessing risk, safety monitoring and management

- ☐ Risks to people were assessed thoroughly and detailed plans were in place to reduce risks. Risk

assessments were reviewed regularly with people and their relatives to ensure that people were supported to take positive risks to increase their independence.

- ☐ Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing and portable appliance testing.
- ☐ Fire safety systems were serviced and audited regularly and staff received training in fire awareness. People had personal evacuation plans that detailed the support they would require in an emergency.

#### Staffing and recruitment

- ☐ Staffing numbers were assessed and determined in accordance with people's needs. When people's respite stays were booked staffing was organised to ensure that the staff skill set and personalities were matched to people's needs and preferences.
- ☐ The provider followed safe recruitment processes to ensure staff employed were suitable for the role. There was a stable staff team and only one staff member had been recruited since the last inspection.

#### Using medicines safely

- ☐ Medicines were stored and administered safely. When people arrived for their stay their medicines were stock checked and stored securely. People's medicines administration records were updated as required.
- ☐ Some people were prescribed medicines they only needed to take occasionally (PRN). Guidance was in place for staff to ensure those medicines were administered in a consistent way.
- ☐ People received their prescribed medicines from staff who had received training in the safe administration of medicines and were having competencies regularly assessed.

#### Learning lessons when things go wrong

- ☐ Staff recorded incidents or accidents when they occurred and the registered manager undertook investigations to prevent similar occurrences.
- ☐ The provider and management team analysed accidents and incidents and shared learning across the organisation.

# 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- ☐ The quality assurance systems used by the provider had not ensured that their infection control policies and procedures were up to date. There had been no infection control audit of the service since January 2016. Provider reviews of the service since that date had failed to recognise this and consider relevant guidance to ensure people were protected from the risk of infection.
- ☐ The provider had failed to ensure that the service was meeting its own local infection control risk assessment dated 12/06/16 which stated that infection prevention and control risk assessments were to be carried out regularly.
- ☐ Cleaning checks had not been undertaken to the standard required and therefore had not picked up on the shortfalls identified. Daily cleaning of the sluice room had not been undertaken for 14 days in February 2019 and a monthly deep clean had also been missed.
- ☐ Action plans that resulted from quality checks were not always marked as complete when they had been actioned. This made it difficult to check that required work had been completed.
- Managerial oversight of the quality of service was not always in place. The registered manager did not always have the time to check all documentation such as the cleaning checks.

These failures amount to a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The registered manager was committed to providing high quality care for people in an environment where people could feel at home.
- ☐ Care assessments identified people's needs. Staff received information on how best to meet these needs in line with best practice guidance and people's preferences. Regular care reviews ensured people's changing needs were quickly identified.
- ☐ People received care and support that was flexible and responsive to their needs. Staff knew people well and could tell us about their preferences.
- ☐ Staff supported people who were staying for intermediate care to achieve their goals. This meant people could return to their own homes. Relatives had written that staff had made a difference to people's lives and

supported them to go home.

- ☐ The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. We had received important information from the registered manager in a timely way.

Continuous learning and improving care

- ☐ Records showed that staff had opportunities for additional training and received regular supervision and appraisal.
- ☐ The registered manager attended a local manager's network with other care professionals to improve information sharing and knowledge. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team at regular staff meetings

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- ☐ The provider annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home. For example, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.
- ☐ We also saw compliments from professionals such as 'Thanks for being responsive' when respite stays were re-arranged. Another compliment said, 'It is a credit to your team [person's name] is happy to stay and feels safe.'
- ☐ People were encouraged and supported to be involved in the local community and regularly accessed day centres, shops and cafes.
- ☐ Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they had input into the running of the home.



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 17 HSCA RA Regulations 2014 Good governance  The quality assurance systems used by the provider had failed to prevent shortfalls in the quality of service.