

Stanwell Rest Home Limited

Stanwell Rest Home

Inspection report

72-76 Shirley Avenue
Southampton
Hampshire
SO15 5NJ

Tel: 02380775942

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Stanwell Rest Home is a care home for people living with dementia, a mental health need or other needs. The service supports up to 38 people across a main building and in eight purpose built apartments. At the time of the inspection there were 32 people receiving care.

People's experience of using this service:

We identified a number of areas for improvement to ensure people living at Stanwell Rest Home were protected from the risk of harm.

Risk assessments and medicines procedures were not always robust enough to ensure people's risks were minimised. We recommended the provider implement best practice guidance for the safe management of medicines.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support this practice, specifically relating to their medicines.

The building was not fully adapted to suit people's needs relating to their dementia. We recommended that the provider fully implement national guidance relating to dementia friendly premises to improve people's independence.

Governance procedures were not robust enough to identify the issues we had identified on our inspection and records were not always detailed. The registered manager had an open approach to feedback and was motivated to improve following a challenging period of staffing changes.

There were sufficient numbers of staff, and staff had a caring and empathetic attitude towards the people they supported. There was a strong culture of promoting independence in the home and staff knew people well.

We received mixed feedback from visiting professionals, however feedback relating to staff support of people living with mental health conditions and dementia was very positive.

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

Rating at last inspection:

The service was previously rated Good (report published 11 November 2016).

Why we inspected:

The inspection was prompted in part due to concerns received about how responsive the service was to

people's changing needs, staffing levels and the suitability of the premises. A decision was made for us to inspect and examine those risks.

Enforcement:

We identified that the service was in breach of two regulations. For actions we told provider to take, please see the end of the full report.

Follow up:

We will continue to monitor information we receive about the service. We will re-inspect the service in line with our planned schedule for services rated 'requires improvement'.

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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Stanwell Rest 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. 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type:

Stanwell Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stanwell Rest home accommodates up to 38 people. The main accommodation is made up of four detached properties which have been adapted into one building. There are bedrooms on the ground and upper floors with shared bathrooms. There are a number of shared communal spaces and a large kitchen. The home also has a purpose build block of eight studio apartments across a courtyard garden from the other accommodation.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at information we had about the service. We looked at notifications we received from the service – the law requires providers to notify us of certain events that happen during the running of a service. We checked the provider's website.

During the inspection

We spoke with six people who used the service, two people's relatives, the registered manager, the deputy manager, and four members of staff. We spoke with two healthcare professionals who had contact with the service to gain their views.

Some people using the service were not able to express their views fully. We made observations in communal spaces of the home of how staff interacted with people. We reviewed the home's facilities and people's rooms, with their permission.

We looked at three people's care records, activity plans and meal plans. We looked at staff records, including training records. We looked at records of accidents, incidents and complaints.

We looked at audits, quality assurance reports and other records, including policies and procedures. We discussed what the key priorities were for 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 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People's risks were assessed; however, support plans were not always detailed enough to ensure staff understood how to mitigate risks and keep people safe.
- For example, one person had seizures and liked to have a bath. Their support plan did not explicitly state that the person must not be left alone in the bath, or what staff should do if they had a seizure in the bath. The registered manager acknowledged that this was not clear in the support plan, and told us that people would not be left in the bath alone, for their safety, and that this is made clear to staff during their training and induction. The support plan was immediately updated.
- Risks related to the building were assessed regularly and were well managed.
- People had personal evacuation plans which identified their needs. These had been updated following any changes, such as a change in their mobility.
- The service had a fire risk assessment carried out by a contractor and all actions in response had been completed within expected time frames.

Using medicines safely

- Medicines were not always managed in line with regulations and best practice guidance.
- The key to the medicines cabinet was kept in a key cabinet in the manager's office, which was locked when unattended. However, the key was accessible to all staff which meant there was a lack of accountability should any errors be found or medicines be missing.
- Some people received their medicines crushed into foods or drink and some received them covertly (without being told the medicines were in food or drink). GP advice was sought to ensure the medicine was safe to administer crushed into food and to get guidance on what foods could be used. However, people's capacity had not been assessed related to this decision – further details can be found in the Effective section of this report, below.
- Medicines administration records were completed, though there were recording errors and gaps in documentation that people had received their medicines as prescribed.
- There were systems in place to quickly identify any errors, though actions taken to review recording errors were not clearly documented.

We recommend that the provider ensures audits of medication and medicines storage is reviewed in line with national guidance.

- People had protocols for 'As needed (PRN)' medicines which outlined whether they could tell staff when they needed their medicine, or if staff would offer the medicine based on signs the person showed.

Systems and processes to safeguard people from the risk of abuse

- Procedures and training in place protected people from the risk of harm from abuse or neglect.
- Staff knew signs of potential abuse and felt confident to report any concerns they had, and that these would be taken seriously.
- We saw evidence that concerns had been reported and investigated appropriately and that actions had been taken in response to findings of investigations.

Staffing and recruitment

- There were sufficient numbers of staff deployed to keep people safe and meet their needs.
- The registered manager told us they had had challenges in recruiting staff but were continuing to recruit to fill vacancies. Staff worked flexibly, and the service chose not to use agency staff as they felt this compromised on continuity of care.
- One person told us, "I think there is enough staff. They do rush about sometimes but that is to answer the bell."
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records.
- Checks included obtaining references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Recruitment processes looked to ensure prospective staff reflected the values of the service and had a caring approach.

Preventing and controlling infection

- The home was visibly clean during our inspection, though there was an occasional smell of urine in one part of the home. On discussion with the manager this was identified as one person's carpet which the provider planned to replace with hard flooring to improve hygiene.
- Personal protective equipment was available to staff and was used when delivering care or preparing food.
- Staff promoted people's personal hygiene. Staff were responsive to incidents or spillages and people were supported to change into clean clothes regularly.
- We observed good hand hygiene by staff. The kitchen was clean and well organised.

Learning lessons when things go wrong

- Incidents were reported and acted upon.
- Staff told us they felt comfortable reporting incidents and felt these were taken as an opportunity for learning.
- Actions were identified in response to incidents and implemented to reduce the likelihood of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This means that the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the Mental Capacity Act in that any deprivations had been properly authorised.

- Largely, staff understood consent and capacity and promoted choice and control in people's every-day decisions about their life.
- One person was given medication crushed into food. Staff we spoke to were unclear whether this was to be given covertly (without the person knowing) or with their consent.
- We observed a staff member giving the medicine without informing them that the medication was in their drink. We asked the member of staff about the person and they told us that they "wouldn't take" their medicines if they knew they were in their food. The person's records did not contain a decision specific capacity assessment relating to their medicines. The registered manager confirmed the medicines should not be given covertly.
- Another person received their medicines covertly. Medicines relating to their mental health were given covertly according to the Mental Health Act, however other medicines relating to their physical health cannot be given covertly under the Mental Health Act. This was not clear in their records and their capacity to consent to their other medicines had not been assessed.

Medicines were administered without obtaining proper consent or assessing the person's capacity to consent. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to ensure people's needs could be met when they moved into the

service to prevent failed placements or re-admission to hospital.

- People were supported should they be admitted to hospital.
- There was positive feedback from professionals relating to supporting people's mental health needs in the home, where they had successfully worked with them to support people with a high level of need.
- The service had worked with people's GPs and mental health services to ensure all people had a specific diagnosis for their dementia to enable more specific support plans to be written.
- There was some less positive feedback from other professionals who told us that communication from the service was often delayed or unclear. The registered manager acknowledged this could be improved. Following the inspection, we spoke with professionals involved who told us they were working with the service to improve relationships and communication.

Adapting service, design, decoration to meet people's needs

- The premises were safe and provided enough space for people. There were quiet and more lively living areas so that people could choose where they wanted to be. The home had purpose-built apartments which enabled people living there to have more independence for as long as possible.
- There were some areas of the home which were worn or needed replacement, for example carpets in the small activities room were stained and one person's carpet had an odour of urine.
- 20 people living in the home had a diagnosis of dementia. Some adaptations had been made in line with dementia friendly guidelines, such as contrasting colour toilet seats and grab rails, and some pictorial signs. Not all doors were labelled or signposted, so bedrooms, living spaces and toilets were not easily distinguished. We did not see that this had a significant adverse impact on people, though some people asked staff where the toilet was throughout the inspection.
- There was a slope in one corridor which was not obviously marked on the floor and could increase people's risk of falling in this area.

We recommend that the provider fully implements national guidance on dementia friendly premises to promote people's independence.

- There were some good examples of adaptive equipment being sought to promote people's safety and independence. For example, one person walked with a frame and wanted to carry their own drinks. Staff had sourced a specialised attachment which allowed them to carry a bottle of drink and a snack with them safely.
- People's rooms were decorated in line with their preferences and they brought personal belongings with them. There was a safe outdoor space which was used for activities and gardening.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services that they needed, such as their GP, optician and dentist.
- People were supported to access services and activities to support their mental health and wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed and care plans reflected this.
- Not all standards and guidance were implemented, specifically; guidance for care homes around management of medication and dementia friendly premises guidance.
- Some areas of care had been identified by the registered manager as requiring further improvement, such as the management of people's physical health needs. The registered manager told us they were working to improve the prevention of pressure areas through more identifying people who were at increased risk more quickly and taking appropriate action.

- Assessments reflected best practice guidance, such as falls assessments, assessing people's risk of malnutrition and their risk of developing a pressure ulcer.
- Some areas of care were achieving good outcomes for people, such as supporting people's mental health needs to reduce incidents of behaviour which may challenge.

Staff support: induction, training, skills and experience

- Staff we spoke with were skilled and knowledgeable.
- Staff fed back positively about the training provided to them and felt confident to support people.
- Staff undertook a robust induction process which ensured they understood people's needs, had essential training and supervision before they worked independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People's risks relating to their eating and drinking were assessed. Where people had a risk of choking, this was identified, and they were supported to make choices around managing their risk with their choice of foods.
- Professional guidance and support was sought to help manage people's risks. Where people needed help to eat or drink, staff provided this support in a patient and caring way.
- People were encouraged to drink more to prevent dehydration and had access to drinks through the day. One person told us, "I can pop into the kitchen and make myself a cup of tea."
- People's weight was monitored regularly, and their risk of malnutrition was assessed using an evidence-based tool, which was reviewed regularly. Any changes in people's weight was identified quickly and escalated appropriately to ensure they received effective support.
- People told us they enjoy the food. One person told us they chose ham, eggs and chips for dinner and said, "I like ham, egg and chips."
- One person told us the food was "lovely". Another person said, "It is good food. Pretty much home cooking like your mum would dish up." And "There is a couple of choices, but they know what I like now."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were respectful of people and treated them with kindness and compassion.
- People appeared comfortable with staff and fed back positively about the care they received. One person told us, "They [staff] look after me. They make sure I am okay."
- Staff knew people well and understood their preferences and personal histories. People were supported to build relationships and meet their emotional needs in a safe way with others.
- One person said, "There is a happy atmosphere. We can have a good laugh."
- People's support plans outlined what good days and bad days looked like for them, identified subjects which made them upset or agitated and how staff could support them.

Supporting people to express their views and be involved in making decisions about their care

- People's voices were reflected throughout their care and support plans, which identified their needs, wishes and preferences.
- People's families and loved ones were involved in their care, where appropriate, and assisted staff in understanding people's views.
- Communication was not seen as a barrier to people expressing their views and making choices about their care. People had communication support plans which outlined how they could express themselves.
- People told us they had choices and staff helped them to make decisions.
- One person told us, "Do you like my new clothes [Jumper]. They showed me pictures and I picked the one I wanted."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. Staff were mindful to ensure people had privacy when receiving personal care and knocked on people's doors before entering their rooms.
- There was enough space in the home for people to have privacy and be able to be on their own should they wish.
- Staff were mindful of how people wanted to present themselves and supported them to maintain their own standards of dress, respecting their dignity.
- People were supported to be as independent as possible in all elements of their care, such as promoting their mobility or encouraging people to participate in household activities.
- One person said, "They allow me to do my own thing. When I first came here they had to help me but now I can do things on my own."

- People's information was treated confidentially, and staff spoke sensitively about people.

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 means that 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's care plans reflected their needs and was responsive to any changes.
- People's personal histories were explored to identify their interests, personal preferences and needs. Care was planned around these, being mindful of people's differing abilities and past experiences so that everyone could participate if they wished to and be supported effectively.
- Support plans outlined people's preferences in their day-to-day lives. For example, one person's support plan stated, "I like to get out in the fresh air and walk around the home but mostly I will be in the garden" another said, "I don't often like to join in activities, but it depends on the day."
- Staff were skilled in negotiating and persuading people who were less engaged to work with them to meet their needs.
- Following an incident, further measures had been implemented to highlight changes in people's risks relating to pressure ulcers more quickly to respond appropriately.

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.

- Staff understood people's communication needs and information was provided to them in a way they could understand.
- This included printing things in a large font, using simple language or visual aids to support people to understand information.

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 were supported to participate in activities which were meaningful to them.
- There was a dedicated activities co-ordinator in place who was responsible for organising events, outings and daily activities for people. They had attended events with others in similar roles to get more ideas.
- One person told us, "I can go out when I want to. When it is nice outside then I go to the park or there is a nice place in the church to sit."
- There was a schedule with changing themes and a range of activities to appeal to different people. People who did not enjoy group activities had one-to-one time. One week, for example, was themed around gardening, with activities in the garden for those able to get out, gardening indoors for others, discussions around gardening through history and gardening themed quizzes and bingo.

- One person told us about their activities and said, "Staff have arranged for an activities guy [External] to come and see me and arrange things for me. Such as a parachute jump. I like to do my own activities. I play guitar and draw in my room. It is lovely, plenty of space."

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints management policy and procedure in place.
- Complaints had been managed appropriately and were seen as an opportunity to learn and improve.
- The registered manager took an open approach and apologised when things had gone wrong.
- People told us, "They know me so well they know when I wasn't happy about something. I would speak my mind", and, "I see [the registered manager] most days and she will always ask if everything is alright."

End of life care and support

- There was no one in the home receiving end of life care at the time of the inspection.
- People's wishes around the end of their life were discussed with them and were captured where appropriate, such as their wishes for a funeral, their religious beliefs and preferences.
- Where appropriate, people had a form in place to indicate they did not wish to be resuscitated.
- One person had recently been supported to remain in the home, in line with their wishes, and staff worked with other professionals to support them to have a pain free death.

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 now deteriorated to requires improvement. This means that 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. 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

- Records were not always complete or accurate. For example; support plans did not include safe bathing practices for people living with epilepsy; medicines administration records were not always complete, and actions taken to check medicines had been given were not recorded.
- Quality assurance measures were not robust enough to identify all quality or safety issues with care delivered and with people's support plans. The registered manager had identified this was an area which required improvement.

Governance processes were not robust enough to ensure people's risks had been fully considered and minimised. Records were not always complete or accurate, which put people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some senior staff had left the service and a new deputy manager had been recently recruited. There was a clear management structure in place and staff understood their responsibilities.

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 service had a culture of being open and learning from errors.
- The registered manager told us there had been a recent period of challenges with staffing recruitment and retention which they felt had briefly impacted on the quality of care provided, but that measures had been implemented to reduce risks to people and the quality
- Staff fed back positively about the manager and the senior staff and felt confident to raise any concerns and feedback.
- One member of staff said, "I feel well supported by the manager she is fantastic. You can approach her any time you like. She is really good."
- Another member of staff told us, "They are a good team to work with. Manager is really approachable."
- Care provided was person-centred and supported people who had complex needs, there was a sense that staff genuinely cared for the people they supported.

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

characteristics

- People who used services and their families were engaged and involved in planning their care. Their feedback was actively sought by the service and used to implement improvements, for example, some families had fed back that sometimes communication was delayed or disjointed. The registered manager had taken action to improve this with the staff team.
- One person's family member told us, "They always ask me if I am happy or have any ideas on how to improve the home."

Continuous learning and improving care

- There had been a focus on improving staffing recruitment and retention, as this was a priority for the home.
- The registered manager was open to learning and improvement. The service had recently implemented a new medicines management system and had managed this change well.
- Another area the service was aiming to continue to improve was the provision of activities, which the registered manager was supporting the activities co-ordinator to further develop.

Working in partnership with others

- The service worked with other agencies and organisations to ensure people had access to support that met their needs.
- The service had a good relationship with the mental health team and with the local authority. There had been some challenging relationships with other professionals which the service and other agencies were working to improve.

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 11 HSCA RA Regulations 2014 Need for consent People's consent was not always sought and their capacity to consent was not always assessed, specifically in relation to the use of covert medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate or complete. Quality assurance processes were not sufficient to identify quality issues identified in this report.