

Meridian Healthcare Limited Stamford Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Stamford Court 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. Stamford Court is registered to provide nursing and personal care for up to 40 people. At the time of our inspection there were 27 people living at the home.

The service had a registered manager. 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. Although the registered manager was new to her post, we found she provided good leadership and was committed to maintaining and improving standards. There was managerial oversight of the home through the provider's quality team.

This was an unannounced inspection which took place on 1 and 2 October 2018. We last inspected the home in July 2017, when we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely, assessments of risk were not always completed or updated accurately, recruitment checks of agency staff were not sufficiently robust, the provider was not acting in accordance with the Mental Capacity Act 2005 (MCA), records monitoring care and treatment provided were not accurate or complete and the provider had failed to assess, monitor and improve the quality of the service provided. The provider sent us an action plan following the inspection, which explained how they would make the necessary improvements. This inspection was to review the action plan and check if the improvements had been made. At this inspection, we found improvements had been made and the service was no longer in breach of the regulations.

The home was clean, well-maintained and attractively decorated and furnished. There were effective infection control and prevention measures in place. Checks and servicing of equipment, such as for the gas, electricity, passenger lift and hoists were up-to-date.

Systems were in place to help safeguard people from abuse. Staff had a good understanding of safeguarding matters, how to identify signs of abuse and what action to take to protect people in their care. Risk assessments had been completed to show how people should be supported with everyday risks.

Medicines were managed safely. Medicines records we viewed were accurate and up to date.

Checks had been carried out to ensure staff, including agency staff, were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond promptly to people's needs.

Staff had completed training in a variety of topics. This provided them with the knowledge and skills to

support people safely. All staff received regular supervision. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before helping and supporting them.

Staff worked closely with health care professionals to ensure people were supported to maintain good health. People were supported to eat a well-balanced diet and were offered a choice of home-cooked meals. The service provided a range of social events and activities for people living at the home.

We observed staff interacting with people who used the service in a kind and caring way. People's privacy and dignity were respected.

The service had a formal process for handling complaints and concerns. Records we checked showed complaints had been dealt with appropriately. People and relatives were encouraged to give feedback about the service.

People's care plans contained detailed information about how they wished staff to support them. However, we found a few of the care monitoring charts we reviewed were incomplete.

The registered manager worked collaboratively with the local authority, clinical commissioning group and other professionals involved in people's care. In March 2018 an embargo on newly commissioned placements was imposed on Stamford Court by the commissioners of the service. The provider developed an action plan and worked closely with the commissioners to provide them with assurances that the actions were being implemented. The embargo was lifted in June 2018 when both the commissioners and the provider felt the improvements were sustainable.

The new registered manager was committed to maintaining and improving the standard of care provision at the home. Staff told us they felt supported by the manager. Audits and quality checks were undertaken on a regular basis and any discrepancies addressed with appropriate actions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

The management of medicines was carried out safely.

There were sufficient staff to respond to people's needs. □

Is the service effective?

Good ●

The service was effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff were provided with regular supervision.

The service worked within the principles of the Mental Capacity Act (2005).

People were helped to access health care services when they needed them. People were supported to eat and drink well and maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People were helped and encouraged to be as independent as they could.

People's dignity and privacy was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records were detailed and person-centred. However, some

of the care monitoring charts we reviewed had not been completed accurately.

People were encouraged to take part in activities of their choice.

Is the service well-led?

Good ●

The service was well-led.

There were audits in place to monitor the quality of care and service provision at the home.

People told us the registered manager was approachable and the staff team were welcoming and friendly.

The staff team felt supported by the registered manager.

Stamford Court

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 was planned to check 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 was an unannounced inspection which took place on 1 and 2 October 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR 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 this information to plan the inspection. Prior to the inspection we contacted the local authority and Healthwatch Tameside to ask if they had any concerns about the service, which they did not.

During our inspection we spoke with the registered manager, the area quality director, the area director, three care assistants, the cook, one visiting healthcare professional, five people who lived at the home and five relatives. We looked around the home and checked on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We also looked in some of the bedrooms, after we had received permission to enter them. We spent time observing the lunchtime meal in the upstairs dining room and the administration of medicines.

As part of the inspection we reviewed the care records of four people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, weight records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Is the service safe?

Our findings

At our last inspection in July 2017 we found that medicines were not always managed safely and the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. Medicines were only administered by RGNs and nursing assistants. Nursing assistants are care staff who have completed additional training to ensure they are competent to administer medicines. All medicines were stored inside a locked treatment room. The temperature of the treatment room and medicine fridges were checked daily to ensure that medicines were stored at the correct temperature. Controlled drugs (which are subject to tighter controls because of the risk of misuse) were stored and administered correctly. We found medicines that were no longer in use and were waiting to be returned to the pharmacy, were not stored in a tamper-proof container, which is recommended in guidance produced by the National Institute for Health and Care Excellence (NICE) on managing medicines in care homes. The registered manager told us they would arrange for a container to be supplied.

We watched a staff member administer medicines safely. They stayed with each person to ensure their medicine was taken and signed the medicines administration records (MARs) to confirm they had taken them. MARs contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. The MARs we checked had been completed correctly which indicated people had received their medicines as prescribed. The appropriate information was in place for people who received medicines 'when required', such as pain relief. Some people required insulin injections for the management of diabetes. Records we checked showed that their blood sugar level was monitored before the insulin was given. Insulin injections are given into different parts of the body, including the arm, thigh and abdomen. It is important that the injection site is rotated so that the insulin is absorbed properly. We saw that staff were recording the different sites used each time they gave insulin, which is good practice.

Regular audits of all aspects of medicines management were carried out. This helped to ensure the administration of medicines was safe.

Some people using the service were unable to walk or mobilise independently and needed to be moved using a mobile hoist. On several occasions during our inspection, we saw staff using this equipment to lift people out of their chairs. The procedure was always carried out correctly and safely using two staff, who offered reassurance to the person being moved and maintained their dignity. We also saw people being moved in wheelchairs. Again, care was taken to move people safely, with their feet raised on foot plates to prevent them from being knocked or trapped.

We looked at three staff personnel files and found appropriate recruitment procedures in place. Employment checks were made before staff started work at the service. These included references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. At our last inspection in July 2017 we found that the service had not always ensured that recruitment checks had been carried out on agency staff

by their employer. The service was and continues to use agency staff, particularly agency nurses. At this inspection we found that improvements had been made in this area. New documentation had been introduced which recorded details about each agency nurse, their photograph, the training they had completed and their induction to the service. This ensured the service was aware that the agency staff were suitable to work with vulnerable people.

We looked at staffing levels within the home. As well as the registered manager, the service employed a clinical lead, registered nurses, nursing assistants, care assistants, a maintenance person, housekeepers, a cook and an activities coordinator. There was always a registered nurse on duty. We were told by the registered manager that recruitment of registered nurses was difficult and that currently they had to employ an agency nurse to cover the night shifts. Staff we spoke with had mixed views about current staffing levels. Two members of staff felt staffing levels were sufficient while the other member of staff told us they felt they needed more staff during the day. During our inspection we found there were sufficient staff to respond to people's needs promptly.

We found safeguarding procedures in place to protect vulnerable people from the risk of abuse. The service had a safeguarding policy and whistle blowing procedure and information about 'whistleblowing' was displayed in the home's entrance hall. Staff we spoke with knew what constituted abuse and told us they would immediately report any concerns they had about poor practice to a senior member of staff. People living at the home and relatives did not have any safeguarding concerns. One person told us, "I've never seen anything unpleasant; if I had I would be the first to complain." Other comments included, "I feel very safe here, I'm very happy" and "He's very safe here, I have no concerns about that at all."

Effective procedures were in place to monitor safeguarding concerns and accidents and incidents that occurred at the service. This included recording the incident, what action had been taken and any further action required to prevent a future occurrence.

We looked round the home to check on the maintenance and cleanliness of the environment. All areas of the home were clean, well-decorated and maintained to a high standard. Servicing of equipment was up to date and records we looked at showed that weekly and monthly checks of the environment and equipment, such as the nurse call system, window restrictors and radiator covers had been carried out. These regular checks helped to keep the environment safe.

Regular checks of the fire safety equipment ensured people were protected from the risk of fire. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person should be evacuated from the building in the event of an emergency. The service had an up to date emergency contingency plan.

There were systems in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and posters showing hand washing guidance were displayed. Personal protective equipment, such as disposable aprons and gloves was used by staff, for example, while carrying out personal care and serving food. The home had recently had an infection control inspection by their local NHS foundation trust. It had scored 98% overall. The home had been given a five-star food hygiene rating in March 2018. This is the highest rating.

Risk to people's health and safety had been assessed, such as risks from falling and risks associated with the use of bed rails. At our last inspection in July 2017 we found that risk assessments had not always been updated when the level of risk changed. This was a breach of Regulation 12 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been

made in this area and the service was no longer in breach of this regulation.

Is the service effective?

Our findings

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 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). Records showed DoLS applications had been submitted to the local authority, when needed. The service kept a log of all DoLS expiry dates so that reapplications could be submitted to the local authority in a timely way.

At our inspection in July 2017 we found that the service was not always working within the principles of the MCA and was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because documentation around consent had not always been recorded accurately. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. Where people could give their consent, they had signed the appropriate consent form, such as for consent to sharing information and consent to having their photograph taken. Where people were deemed to lack capacity and were unable to give their consent, mental capacity assessments had been carried out and 'best interest' meetings held. For example, we saw that a best interest meeting had been held to consider the decision around the use of bedrails for a person who was unable to make the decision themselves.

During our inspection we observed staff ask people for their consent before providing support. For example, during lunch we saw staff asked people if they would like to wear clothes protectors, rather than putting them on without their permission.

We found the service provided suitable training and supervision for staff. Training was closely monitored by the area quality director who reviewed and reported on staff training compliance every month. We saw staff compliance for completion of all mandatory training was currently at 86.8%. All staff completed training in a range of subjects, including first aid, moving and handling, health and safety, infection prevention and control and safeguarding. Training was provided by a combination of on-line and face-to-face courses. Staff we spoke with felt they had received sufficient training to carry out their roles. All staff received regular supervision. Supervision is important as it provides staff with an opportunity to discuss their progress and learning needs. New staff received a thorough induction to the service and completed the 'Care Certificate', which is a national qualification for all people new to health and social care work.

We looked at how people were supported to maintain good nutrition and hydration. People we spoke with were happy with the quality of the food. Comments made included, "She's well-fed, the food's very good" and "He likes the meals and he gets plenty to eat." Information about people's dietary preferences were given to the cook and reviewed regularly. From talking to him, we found he was knowledgeable about people's tastes and which people required special diets, such as pureed or fortified meals. He told us when

people requested food that was not on the daily menu he was able to provide this. People were given a choice of food at each meal. The main meal of the day was at lunchtime, with a lighter meal, such as soup, sandwiches and dessert at tea time. Snacks and drinks were provided between meals.

We observed lunchtime in both dining rooms, where there was a calm and relaxed atmosphere. The tables were set with tablecloths, napkins, cutlery, condiments, sachets of sauce and drinking glasses. The menu of the day was displayed outside the dining rooms. There were sufficient staff available to help people who required assistance. The registered manager told us they had recently started staggering meal times, so that those people who needed assistance were given their meal first. This had helped ensure people received their food on time.

Each person living at the home had a nutrition care plan which provided information about how they should be supported with food and drink. Some people who were unable to swallow received their nutrition through a PEG (percutaneous endoscopic gastrostomy) tube, which goes into the stomach through their abdomen. These people's nutrition care plan contained information about how much feed and fluid they should receive through the tube. There was also information about how staff should look after the tube to prevent it from becoming blocked and how to keep the entry site clean and free from infection. People were weighed regularly and referred for specialist help if it was identified they had lost weight.

People were supported by staff and external healthcare professionals to maintain their health and wellbeing. Care records showed advice was sought from healthcare professionals such as GPs, district nurses and speech and language therapists

We looked at the suitability of the premises. The corridors were wide and communal rooms spacious. This meant there was ample space for the use of wheelchairs and hoists. There was a large dining room/lounge on each floor and each of these had a small kitchen area where drinks could be made. In addition, each floor had a separate 'quiet' lounge. The furniture and carpets throughout were of good quality. There was an attractive patio area which overlooked the park, with garden furniture and plants. This was easily accessed from the downstairs lounge and provided a pleasant environment for people to enjoy the fresh air. All bedrooms had en-suite toilets and sinks. People were encouraged to bring in their own belongings/furniture to personalise their rooms and make them feel at home. Specialist equipment, such as rise and fall beds, pressure relieving mattresses, raised toilet seats and hand rails were in place. These helped maintain people's safety and comfort, while promoting their independence.

Is the service caring?

Our findings

We received many positive comments about Stamford Court. These included, "It's an excellent home; I've not got a bad word to say about it. The care that (relative) is shown is fantastic. The staff are great. I ring to check how he is in the morning and then they make sure he's ready if we're planning to go out"; "The staff are great and genuinely care"; "They're looking after him very well" and "They're very good to me."

Throughout our inspection we observed staff interacting with people in a polite, caring and friendly manner. Staff called people by their first names or preferred names and during our conversations with staff we found they spoke about individual people with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. Staff spoke slowly and clearly to people to ensure that they could understand and were patient in waiting for an answer.

People living at the home were treated with dignity and respect by staff. People's privacy was respected. During the inspection we observed staff knocking on people's doors before entering and staff we spoke with gave examples of how they promoted dignity and privacy when caring for people's personal care needs. One care assistant told us, "I talk to and tell them what I am doing (while giving personal care)" and another said, "I treat them like my gran or grandad."

A relative told us, "They always ask me to leave the room when they are changing him. I like that, it maintains his dignity." The service was committed to promoting equality and diversity and information about this was displayed in the entrance hall.

People who lived at the home were involved in making decisions about how they were supported. For example, at lunchtime people were asked where they would like to sit to eat their meal and if they would like to remain in their wheel chair, or be helped into a dining chair. People were encouraged to remain as independent as possible. We saw staff assisting people to walk with their walking frames, by offering a helping hand, or an arm to lean on at the same time as speaking words of encouragement. One care assistant told us, "We try and promote their independence."

Is the service responsive?

Our findings

We reviewed the care plans of four people who lived at the home and found they were comprehensive and person-centred. People had care plans which described how they should be helped by staff, for example with personal care, mobility, eating and drinking and communicating. In addition, where people had specific conditions or equipment in place, they had care plans to show staff how they should be supported. For example, one person required continuous oxygen and another had a leg wound. Both people had the appropriate care plans in place. Where it was appropriate people's end of life wishes, such as funeral arrangements and spiritual needs had been recorded.

Care plans were reviewed regularly to ensure they were up-to-date. However, we found one person's nutritional care plan did not accurately reflect their current level of need. This person had been assessed by a speech and language therapist (SALT) as being at high risk of choking. Along with information about the texture of diet they needed, the SALT guidance and their care plan stated they required 1:1 supervision when eating. During the first day of our inspection we noticed that this person was eating their lunch unsupervised. The registered manager told us this was because they did not like staff sitting with them and they had capacity to make this choice. However, their care plan had not been updated to reflect this. The registered manager re-wrote this person's care plan and contacted the SALT team to discuss how to manage the person's choking risk in light of their refusal to be supervised.

We looked at the care records of a person who spent most of their time in bed, because of a medical condition. They were at risk of pressure ulcers so lay on an alternating pressure relieving mattress. This type of mattress needs to be set in line with the person's body weight to ensure it provides the correct level of pressure relief. The setting needs to be adjusted so that it is correct for when the person is lying or sitting in bed. We looked at the person's daily positional change chart where the setting was recorded and found it was not accurate and did not reflect the current weight of the person. On some charts it was recorded to be set at 30-60 kg, on other charts at over 40kg and on some charts, there was no record of the setting. We checked the mattress itself to see what weight it had been set at and found it was set at 60kg, although the person's current weight was 43.6kg. This meant there was a risk the person was not receiving the correct pressure relief and could be exposed to skin break down.

We discussed this issue with the registered manager who contacted the mattress manufacturers for guidance on setting the mattress correctly. During our inspection the registered manager put in place documentation to show the correct setting for this mattress and reviewed the settings of all the other alternating pressure mattresses in the home to check that they were correct, which they were.

We looked at one person's hygiene charts, where staff recorded the support they provided, such as washing, shaving, oral care and nail care. We looked at charts for 12 days during September 2018. On ten days out of these twelve nothing had been recorded to show the person had been shaved, or had refused the support. On eight days out of the twelve, no record had been made to show the person had received oral care or had refused this support. This meant it was not possible for us to know that the person had received the correct level of support with their personal care on those days. On the first day of our inspection we noticed this

person looked unshaven and their mouth did not look clean. We reviewed this person's care plan. It stated that at times he refused assistance with personal care. However, this had not been recorded on his personal hygiene record. We looked at another person's personal hygiene records and found two days during August where the records were blank.

During our last inspection in July 2017 we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some care records had not been always been completed accurately. At this inspection we found some improvements had been made and the service was no longer in breach of this regulation.

The provider had taken steps to improve the completion and accuracy of its care documentation, for example through regular care plan audits and the introduction of revised monitoring charts. The service was in the process of introducing separate monitoring charts for recording people's positional changes, food and fluid intake and personal hygiene, which were easier for staff to complete. Previously all this information had been captured on one form. Day one of our inspection was the first day for the introduction of the new forms. Three people had PEG tubes (feeding tubes into their stomach). The correct documentation was in place for staff to record how much feed and water flushes they had given. The provider had also introduced 'chart champions' who were responsible for supporting staff with this documentation.

However, as described above, during our inspection we found some inconsistencies in care documentation. We will review this area again at our next inspection to check that improvements in this area continue to be made and sustained.

We saw there was an effective system in place to deal with complaints. The service had a 'compliments, concerns and complaints' policy, which gave clear guidance and timescales on how to manage complaints. We reviewed the complaints received during 2018 and found the appropriate action had been taken. None of the people we interviewed knew about the complaints' procedure. However, they all stated that they would not hesitate to bring any concerns to the management's notice. People could provide feedback about the service through a 'have your say' computer screen which was located in the entrance hall. Recent feedback had been written up into a report, which was readily available for people to read. People could also raise any concerns they had about the home at resident/family meetings which were held every few months.

The service had a 'resident of the day'. This was one person each day whose needs were specifically focussed on and reviewed. This included a review of their care plans to which family were invited. The cook also used the opportunity to check the person was happy with the food on offer.

The service ensured there was good communication between staff by having a 'handover' at the beginning of each shift. Handover meetings informed staff about any changes to people's health and well-being. Relatives told us they were kept informed if there were any changes to their loved one's health and that communication between staff and families was good. One relative told us, "They always discuss things with me and they're constantly onto things with the doctor, nurses and chiropodist." Another told us, "Any little queries are sorted by the staff straightaway. It's good that they're so approachable".

The service offered a range of activities. These included visiting entertainers, arts and crafts, armchair exercises, bingo and board games, reminiscence groups and sing-a-long. The service had a mini-bus, which it shared with a neighbouring home. This was used for outings. We received mixed comments about the activities at Stamford Court. One person said, "The carers try their best but they're so busy they can't spend time just conversing with her. She's losing her power of speech due to lack of conversation. She's

bedbound all the time but sometimes they do take her into the lounge". Another person told us, "There's not much to do during the day." During our inspection we observed staff spending time talking to people in their bedrooms, while the activities coordinator was giving people a hand massage. Later we saw her playing board games with people.

Is the service well-led?

Our findings

We looked at the systems in place to monitor the quality of the service. A range of audits were in place within the home. The 'key clinical indicators' audit reviewed clinical areas, such as weight loss, infections, hospital admissions, bed rail use, falls and deaths. The computer system where this information was recorded produced a monthly report. This enabled the management team to analyse and monitor the different clinical areas and take any required action promptly. The registered manager and senior staff also carried out other quality checks, such as audits of care records and medicines audits.

Regular contact with staff and people who used the service was promoted through the daily 'walk around' and the '11am flash meeting'. The registered manager walked around the home each morning, during which they checked the environment and observed care provision. Where problems were identified and action needed to be taken, a further 'walk around' was carried out later in the day to ensure that the problem had been rectified. The daily '11am flash meeting' was attended by key staff from each department and was a forum where they could discuss any clinical care issues and share any concerns they had.

People spoke positively about the home. One person said, "The home was recommended to me by friends and the hospital and I haven't been disappointed. It's been fantastic since day one". Another person told us, "This home was recommended to me by a friend and over the last six to nine months. It's definitely become more welcoming. They'll do anything for you now."

The home had a registered manager who had been in post since July 2018. 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.

Although the registered manager was new to their post they were knowledgeable, enthusiastic and committed to providing a good quality service. They told us they had completed an informative induction to the service and had received regular supervision and support from the provider's management team since taking up the role. Staff told us the registered manager was approachable and supportive and during our inspection we found they responded promptly to requests for information and acted to resolve issues we identified.

The service held regular staff meetings. Minutes from the most recent staff meetings showed topics discussed included promoting dignity, training and a reminder to staff about correct moving and handling. Team meetings are an important way of communicating information about the service, discussing concerns and gathering feedback from staff. All staff had access to the provider's intranet, where there was information about the provider, news from other homes and where best practice could be shared and suggestions made.

The manager talked to us about the importance of valuing the good work of the staff. The home had a 'Kindness in Care' award which enabled staff, relatives and people who used the service to nominate a

member of staff who they felt was particularly deserving. Staff we spoke with were positive about working at Stamford Court and some of the staff had worked there for a considerable time.

A range of policies and procedures were in place to guide staff on their conduct and practice. These covered areas such as complaints, safeguarding, whistleblowing, health and safety and infection control.

Providers are required by law to notify the CQC of certain events in the service, such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that the CQC had received all the required notifications promptly from the service. The rating from our last inspection was displayed in the entrance hall to the home and on the provider's website. This meant people had been informed of our judgement of the service.

The registered manager worked collaboratively with the local authority, clinical commissioning group and other professionals involved in people's care. This included raising safeguarding alerts and liaising with social work teams and healthcare professionals when appropriate. This ensured people's ongoing welfare and safety. In March 2018 an embargo on newly commissioned placements was imposed on Stamford Court by the commissioners of the service. The provider developed an action plan and worked closely with the commissioners to provide them with assurances that the actions were being implemented. The embargo was lifted in June 2018 when both the commissioners and the provider felt the improvements were sustainable.