

1st Care Limited

# Stubby Leas Nursing Home

## Inspection report

Fisherwick Road  
Whittington  
Lichfield  
Staffordshire  
WS13 8PT

Tel: 01827383496

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Stubby Leas is a nursing home providing personal and nursing care and treatment of disease and disorder for up to 48 people in one adapted building. The service provides support to older people, younger adults and people living with dementia. At the time of our inspection there were 40 people using the service.

### People's experience of using this service and what we found

People were kept safe from abuse as staff understood the signs to look for and any incidents were reported for investigation. Risks to people's safety were managed by risk assessment and care plans being put in place. Staff understood how to support people to minimise risks to their safety. People received support when they needed it by enough suitably skilled staff. Staff were recruited safely.

People had their medicines as prescribed and there were systems in place to ensure medicines were always available and stored safely. People were protected from the risk of cross infection as staff understood the procedures in place for infection prevention control. Where incidents happened, people had their care plans reviewed and changed to prevent this from happening again and lessons were learned and shared with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home provided person centred care and people felt staff understood their needs and preferences. Relatives confirmed staff ensured people received the care they needed. People and relatives felt involved in the home and people's care. Staff told us they felt supported and we saw they worked well as a team to support people.

There were systems in place to check on the quality of the care people received. These systems were driving improvements and there was a learning culture in the home. Staff had regular training and there was a partnership approach with other agencies to developing care plans for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 29 January 2020).

### Why we inspected

We received concerns in relation to staffing and risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all are home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stubby Leas Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Stubby Leas Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and an expert by experience made calls to relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stubby Leas is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stubby Leas is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people about their experience of care and 4 relatives. We observed people receiving care. We also spoke with 7 staff which included the registered manager, senior care staff, care staff and nurses. Following the inspection, we spoke with 15 relatives by telephone to gain their views on the service. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. At the last inspection an incident of witnessed abuse had not been reported. At this inspection improvements had been made and all incidents were being reported by staff.
- Staff had received training in Safeguarding procedures and understood how to recognise abuse, describing how they would report any concerns.
- There were systems in place to ensure any incidents were reported to the appropriate body and the registered manager monitored and reviewed all incidents for learning.
- People told us they felt safe living at the service. Relatives confirmed they felt people were safe. One relative told us, "[Person's name] seems very happy and content and calls it home. [Person's name] does feel very safe there."

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to manage those risks.
- Risk assessments were completed for people and reviewed on a monthly basis or sooner if needs changed.
- Where people had risks relating to distress and anxiety these had been assessed and guidance was in place for staff about how to support the person to maintain their safety. Staff could describe how this helped people remain calm and were observed following people's care plans.
- Other risks including around nutrition, skin integrity, falls and manual handling had been assessed and plans put in place which were reviewed if things changed.

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 MCA 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 Mental Capacity Act (MCA). 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 MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- People were supported by enough suitably skilled staff. One person told us, "Plenty of staff here to help you and they are as good as gold with us all." A relative told us, "The nursing staff are around all the time. They are on the ball, great, no problems at all."
- The home was supported by agency staff due to vacancies at the time of the inspection. One staff member told us, "There is some agency staff in place we only use one agency and it's the same ones so they are familiar with people, the registered manager also checks with us as staff on what we feel the agency workers needs training and this works well."
- We saw where people needed support on a one to one basis this was in place. People did not have to wait for their support and staff were always available to help people.
- The registered manager told us staff numbers were determined using a dependency tool and they were using agency staff on a block booking to ensure consistency.
- Staff were recruited safely. The provider had systems in place to ensure staff appointed were safe to work with people.

### Using medicines safely

- People received their medicines as prescribed. People and relatives told us medicines were administered as they should be and always on time.
- Medicines were stored safely. Checks were completed on room and refrigerator temperatures and lockable storage was in place.
- Staff sought consent to administer people's medicines and we saw they followed the policy and guidance in place to do this safely.
- Guidance was in place for staff on how to administer medicines, and records showed this was followed.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider had a visiting policy in place which allowed visits to be booked at any time. Visitors were advised to wear a mask and asked to visit their loved ones in their bedrooms as part of the homes risk



assessment for preventing the spread of infection.

- Some relatives felt this was too restrictive, whilst others were happy with the arrangements.
- We spoke to the registered manager about this and they confirmed arrangements had been discussed with relatives and this would be revisited to see if any changes were needed.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. When incidents happened people's risk assessments and care plans were reviewed and updated.
- When accidents happened, the registered manager told us they ensured families were informed. Relatives confirmed any accidents which happened they were immediately informed of the situation, and they felt the staff very transparent and honest.
- Analysis was carried out to look for trends and there was a learning approach adopted. For example, an overview of care needs form had been introduced for staff to access as guidance following an incident.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the home was nice and they received person centred care. One person told us, "We can do whatever we want during the day, I love sitting in my bedroom, it's a lovely big room with a great view across the fields." A relative told us, "They let me take my dog in to see [person's name] as they love to see my dog it's definitely their home."
- Relatives felt people had a better quality of life since moving into the service. One relative said, "[Person's name] life has improved greatly since they have been here. It is the best thing we could have done for [person's name],
- Staff understood people's individual needs and how to support people. One relative told us, "[Person's name] can be challenging but they are meeting their needs, they have dementia which is progressing. They are so patient; I cannot praise them highly enough." Another relative told us, "There are lots of activities in the home it brilliant. A lovely garden and he gets taken outside."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and notified people when things went wrong. One relative told us, "[Person's name] has had a couple of falls but they always notify me."

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

- The registered manager had systems in place to monitor the quality of the service. For example, there were regular checks medicines administration, care plans and staff recording of people's care delivery. Where issues were identified clear actions were taken.
- There were plans in place for emergencies which may occur. The registered manager told us about their contingency plans which included making use of a local village hall in the event of an evacuation being required.
- The registered manager ensured the building was maintained. We saw some areas of the building required decorating; this had been identified and there was a plan in place to get this completed.

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

- People and their relatives felt involved in the service. One relative told us, "They have lots of activities and

include families at meetings which gets a good attendance. They have a Facebook page of residents doing activities etc which is nice to see. They are getting a relatives committee going with I am going to be involved in."

- Staff were engaged in the service and told us they operated as a team to support people to enjoy their life. One staff member said, "We want them to feel like this is their home, remove the institutional nature, we promote choice and activities and outings."
- Staff felt supported by the registered manager. One staff member told us, "The management team are good, we always have support. The registered manager is very supportive and helpful, they are a nurse and always help."

#### Continuous learning and improving care

- The registered manager had developed a learning culture. We saw they had provided staff with a learning hub to provide information about different aspects of people's care.
- Staff told us they had access to a range of training and the registered manager also encouraged reflective learning when things went wrong.
- Staff told us they were kept informed about people's needs. One staff member said, "We have daily meetings to discuss what is happening and monitor people's clinical needs."

#### Working in partnership with others

- The registered manager told us they worked in partnership with a range of other organisations. For example, where needed there were regular multidisciplinary meetings to discuss and plan people's care.
- We saw people had support from a range of different professionals to develop care plans. This included mental health specialists, community nurses and doctors and specialist teams such as the speech and language therapy teams.
- Staff were aware of the guidance provided by health care professionals and this was followed as part of people's care plans.