

WCN Care Stour Road Care Home Ltd

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Inspection report

14 Stour Road
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Tel: 01202481160

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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

Stour Road Care Home is a residential care home providing personal care to 17 older people, some living with a dementia, at the time of our inspection. The service can support up to 20 people. Accommodation is in one building and over three floors. Shared facilities include specialist bathrooms, lounge and dining areas and an accessible, secure garden.

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

Improvements in the management of infection, prevention and control practice, fire safety checks and the recruitment of staff meant that people were protected from avoidable risks. Staffing levels ensured staff could be responsive to people's care and social needs. Medicines were administered safely by trained staff. Policies and procedures were in place and effective in safeguarding people from abuse or poor care practices. Staff understood people's individual risks and the actions needed to mitigate avoidable harm.

Improvements in governance meant that quality assurance processes were effective at ensuring people received safe care and treatment. Staff spoke positively about their roles and the home, felt listened to, appreciated and involved in the development of the service. Families had opportunities to be engaged and involved in Stour Road through video and telephone calls, emails and newsletters. Relationships with other professional bodies such as local clinical commissioning group ensured the service kept up to date with new guidance and best practices.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safety of premises and equipment, safe recruitment of fit and proper persons and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stour Road Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. 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

Stour Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission. The manager had applied for registration. A registered manager 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the manager, deputy manager, senior care workers, care workers, maintenance person, administrator, housekeeper and the chef. We also spoke with two community nurses who had experience of the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks to people relating to the cleanliness of the building and fire safety. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Procedures in place to reduce the risk of avoidable infections had been reviewed and additional monitoring of cleaning introduced. Records demonstrated cleaning schedules were being followed daily. A care worker told us, "Allocations at handover include residents but also cleaning charts".
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- Fire safety checks had been completed in line with the fire safety schedule and records demonstrated that any identified actions were dealt with appropriately and in a timely manner.
- People had personal emergency evacuation plans in place providing information on how to assist them to evacuate the building in an emergency. Staff had completed fire safety training, which included regular fire drills.
- Risks to people had been assessed, monitored and regularly reviewed. Risks included falls, choking, and behaviours that may place a person or others at risk. Staff understood people's individual risks and actions needed to prevent avoidable harm. A district nurse told us, "They have the right equipment, (pressure relieving), and anything we report to them (staff) they act on straight away".

Staffing and recruitment

At our last inspection the provider failed to ensure that procedures in place to ensure safe recruitment had

been followed. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were supported by staff that had been recruited safely. Records demonstrated that checks had been made to ensure staff were suitable to work with older people. These included exploring employment history gaps, criminal record checks and obtaining employment references.
- Staffing levels ensured people received safe, person centred care. We observed people having their care needs met at the persons pace and staff having time to sit and spend time with people. One person explained, "If I am upstairs in the room, I have a bell and there are enough (staff) to come and help, I feel totally safe".

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had been trained and understood how to recognise signs of abuse and the actions needed to take to keep a person safe, including reporting to external safeguarding agencies.
- People and their families described the care as safe. One relative told us, "It's a secure environment on one floor and lots of safety comes from the quality of staff". Another said, "I believe (relative) is safe, (they) sound very happy when I speak with (them)".
- Records showed us that legal requirements to share safeguarding concerns with other agencies such as CQC and the local authority had been met, demonstrating transparency and ensuring external oversight.

Using medicines safely

- People had their medicines administered safely by trained staff who had their competencies checked regularly.
- Some people had medicines prescribed 'as and when' required (PRN). One person had a health condition that at times needed PRN medicine. Additional training had been provided to ensure staff understood the persons' health condition, associated risks and appropriate medicine intervention ensuring consistent and safe administration of the PRN medicine.
- When medicines had been administered covertly, records demonstrated that legal requirements had been met in ensuring this was being carried out in the persons best interest.

Learning lessons when things go wrong

- Processes were in place which ensured that accidents, incidents and safeguarding were seen as an opportunity to learn and improve outcomes for people.
- The manager completed a monthly trend analysis of falls which had been used to review risk. The information had led to changes in staff deployment, new alarm alert mats being purchased and more regular, robust equipment checks being carried out.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection governance processes had not been effective which placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Auditing processes had been reviewed and changes included introducing new audit tools more aligned to best practice. Examples included infection, prevention and control and staff recruitment.
- Auditing processes were multi layered and included engagement with staff teams in collecting data and sharing outcomes and learning. Weekly meetings were held with the provider ensuring additional management oversight of regulatory requirements and risks to people.
- A registered manager had not been in post for four months. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager had been in post since November 2020 and had submitted a registered manager application to CQC.
- The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- All staff had access to an on-line library, created and updated by the provider, which contained information and learning materials specific to health and social care best practice.

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

- Staff spoke positively about the culture of the home and how they felt the service had improved. A care worker told us, "(Manager) is dedicated and very approachable. There have been improvements such as the information we have about people". Another told us, "The management are very supportive, fantastic. Made a big difference, the manager leads by example".
- Staff felt involved in developing the service. A care worker told us, "(Manager) incredible for listening to new ideas". Another explained, "Morale has really lifted, everybody is interacting which is what you want".

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- Covid-19 restrictions meant that face to face meetings with family had not been able to take place. A range of other options had been introduced including video calls, regular email or telephone call updates. The manager told us they had set up a video linked relatives meeting.

- People and their families were kept up to date with a monthly newsletter that included events such as social activities, new staff and training courses.

- Staff had regular meetings and minutes illustrated these were used to keep up to date with changes to working practices and to share ideas and learning.

Working in partnership with others

- The manager actively worked alongside other health and social care organisations to ensure people achieved positive outcomes. An example was working on a project with the local clinical commissioning group looking at a ways to keep people in residential homes mobile and reduce falls.

- National and local organisations had been accessed to keep up to date with changes to practise including Skills for Care and Public Health England.