

Park Homes (UK) Limited

St Stephens Care Home

Inspection report

London Road
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Sandbach
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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Stephens Care Home is a care home providing personal and nursing care for up to 40 people across two units, one specialising in providing care to people living with dementia. At the time of the inspection there were 23 people living at the service.

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

Since our last inspection, the provider had made some improvements to the service, however other improvements had not been sustained and further improvements were required.

Whilst the provider had made changes to aspects of their governance systems, they did not have effective oversight to safely mitigate environmental risks, ensure the premises were maintained, ensure staff were always suitably deployed or had received appropriate induction training and supervision.

The provider had not ensured risks in relation to the environment were fully monitored and managed. This included the safe storage of items, security of the premises and aspects of fire safety. Not all the required health and safety checks had been undertaken. Feedback from people, staff and our observations indicated staff were not always suitably deployed.

Some improvements had been made, and systems were in place to protect people from abuse. Overall medicines were managed safely and systems were in place to help prevent the risk of infection.

The provider had not addressed all the issues we found at the last inspection. Aspects of the premises needed to be improved, including ensuring the service was dementia friendly and areas needed refurbishment. Some actions had been commenced, such as the installation of new flooring.

Managers had taken some action to provide supervision to staff and support them to undertake the required training and eLearning. However, we were not assured staff had always received appropriate induction training and supervision.

Staff had made improvements in relation to working with other agencies to support people to receive effective care. Overall, people and their relatives were positive about staff and told us they were knowledgeable and communicated well. However, further improvements were needed to ensure people's individual needs were fully supported.

Overall, 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. 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 provider had implemented an electronic recording system, however, whilst some improvements had been made to people's care records, records relating to the care provided were not always complete and accurate.

The provider took several immediate actions during the inspection to address the issues raised and planned to make further changes to accelerate the required improvements.

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 6 December 2022) and there were 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 the provider remained in breach of regulations.

At our last inspection we recommended the provider set out a programme of environmental improvements and shared the progression with people using the service. At this inspection we found insufficient action had been taken to progress improvements. This service has been rated requires improvement or inadequate for the last 3 consecutive inspections.

Why we inspected

We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Stephens Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to staffing, the premises, safe management of risks and governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Stephens Care 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

The inspection was carried out by 3 inspectors and a specialist nurse advisor.

Service and service type

St Stephen's Care Home 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. St Stephen's 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 start of our inspection there was a registered manager in post, subsequently the manager applied to de-register.

Notice of inspection

This inspection was unannounced.

What we did before 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 9 people who used the service and 5 visiting relatives about their experience of the care provided. We spoke with 16 members of staff, including the operations director, deputy manager, nurses, care and ancillary staff.

We reviewed a range of records. This included 10 people's care records and several medication records. We looked at 7 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are unable to talk with us.

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 for this key question has remained 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.

Assessing risk, safety monitoring and management

At our last inspection, the provider had made some improvements but not enough and we found systems were not sufficiently effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, overall not enough improvement had been made and the provider is still in breach of regulation 12.

- The provider had not ensured risks in relation to the environment were fully monitored and mitigated. At our previous inspection we identified various pieces of equipment and other items were stored in unoccupied bedrooms, communal spaces and corridors, posing potential hazards to people. This remained an issue at this inspection.
- Substances which could pose hazards to people and should be stored securely, were accessible to people in unlocked cupboards and rooms.
- The provider had not ensured all relevant safety checks were robustly undertaken to minimise environmental risks. The home had been without a permanent maintenance person until recently. Whilst some checks had been carried out, not all had been carried out as required.
- Risks in relation to fire safety had not been fully monitored and mitigated. One of the fire exit escape routes had become overgrown and there were slip hazards, with overgrown bushes potentially impeding progress in the event of a fire. Fire doors which should not be wedged open were found to be wedged in 2 cases. This was addressed during the inspection.
- One of the households supported people living with dementia. However, we found the garden area was not secure, as a gate had been left unlocked and one of the door alarms was switched off. This posed a potential risk to people.

The provider had failed to ensure effective systems were in place to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Several actions had been identified from a Fire Risk Assessment undertaken in June 23. The provider had

completed some actions, others were awaiting completion, although were within timescales. The provider took some immediate actions during the inspection to progress these, including ordering items to be installed, arranging a door survey and ensuring better oversight of fire drills.

- Other actions had been taken since our last inspection and risk assessments/care plans were in place to help mitigate risk to people. However further improvements were required to ensure these were always complete and up to date. For example, risk assessments had not been undertaken in all cases where room sensors were used.

Staffing and recruitment

At our last inspection we found systems and processes had not been established and embedded to ensure staff were suitably deployed. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement has been made, and the provider is still in breach of regulation 18.

- Feedback from people, staff and our observations throughout the inspection indicated that staff were not always suitably deployed. The provider used a staffing tool based on people's dependency to assess the number of staff required. Staffing numbers had recently been reduced in line with this assessment.
- We identified concerns within one of the households, where most people required support from 2 staff with personal care. At times, staff were not always able to support people in line with their needs and preferences, such as with bathing.
- Staff told us there weren't always enough staff to respond to people in a timely way, and at times found it difficult to respond to call bells, asking people to wait. One person commented, "They need more staff" and a relative said they were "worried about staffing." However, another person said there were generally enough staff to support them.

This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). The provider had failed to ensure sufficient numbers of staff were always deployed to safely meet people's individual needs.

- During the inspection the operations director took action to deploy staff more effectively throughout the building and increased the staffing levels on one of the households.
- There had been ongoing recruitment of new staff and the use of agency staff had reduced.
- Procedures were in place for the safe recruitment of staff and appropriate checks had been completed before new staff were employed in the home. However, whilst references had been obtained for staff, in two cases these had not been provided from their most recent employer as required.

Systems and processes to safeguard people from the risk of abuse

- Systems had been implemented to record safeguarding concerns and the actions taken. Any concerns identified were reported in line with local procedures.
- Overall, people told us they felt safe living at St Stephens. One person told us that staff were, "Very kind and good." Another person said, "They're looking after me."
- However, one person shared a concern with us, relating to the support they received at night, which we raised with managers. The deputy manager took appropriate action to report this issue and make further enquiries.
- Most staff had received training in safeguarding. However, some staff were overdue to complete refresher eLearning and some new starters had yet to complete this training. Managers said they were addressing this.

The local authority had provided training for some staff on this subject.

- Staff spoken with understood their role in protecting people from abuse and felt able to report concerns should they need to.

Using medicines safely

- Overall medicines were managed safely, and people received these as prescribed.
- There were suitable arrangements for the storage, recording and disposal of medicines.
- However, records relating to the application of topical creams and ointments were inconsistent. There were 2 systems in place to record when creams had been applied. Staff required clearer guidance to ensure consistency. Managers said they would address this.
- A risk assessment was in place in relation to creams and ointments being stored in people's bedrooms, however individual risk assessments had not been recorded. These were undertaken during the inspection.
- Medication audits were undertaken with any problems identified for action.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- The environment was generally clean.
- Staff were required to complete training in infection control, however, some staff had not completed refresher eLearning.
- The provider had an up-to-date infection control policy in place.

Visiting in Care Homes

- There were no restrictions on visiting at the home. We saw various visitors during the inspection and people were not required to make an appointment.

Learning lessons when things go wrong

- System to review and analyse any accidents or incidents to learn from these were in place.
- Whilst some actions had been taken to learn from previous failings, the provider had not ensured effective and timely action had been taken to address all areas required.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Since our last inspection, managers had taken some action to provide supervision to staff and support them to undertake the required training and eLearning. However, we were not assured staff had always received appropriate induction training and supervision.
- Supervision records did not evidence all staff had received supervision in line with the provider's policy. There was a matrix in place to keep an overview of sessions carried out with staff. However not all staff were included on the matrix.
- The provider had an induction policy and whilst some staff had completed induction training, records did not evidence all staff had completed a robust induction and/or had aspects of their competency assessed.
- Several staff and new starters had not yet completed safeguarding and infection control eLearning.

These issues were a further breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). The provider had failed to ensure staff had received appropriate support, training and supervision.

- The operations director told us they were investing in new training and had launched a new training initiative, starting with staff being supported to become care planning champions. They were also introducing a new supervision form to help guide supervision meetings with staff.
- Training had been arranged to support staff with manual handling and nursing staff were due to undertake further clinical training.

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

- At our last inspection we raised concerns that a shower room was not in use, as it was inaccessible for some people. We recommended the provider set out a programme of improvements. At this inspection we found the shower room had still not been refurbished.
- We previously identified the environment was not dementia friendly. This remained the case at this inspection. The Saxon household which supported people living with dementia needed to be improved with flooring, decoration, and signage more suitable for people living with dementia.
- Other aspects of the building remained in need of re-decoration. Whilst the provider had arranged for some flooring to be replaced, we found general wear and tear in areas including skirtings, doors, and walls, which needed painting.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation

2014 (Premises and equipment). The provider had failed to ensure the premises were suitable and properly maintained.

- The operations director told us arrangements were now in progress to refurbish the shower room, as this had been an oversight.

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

- Overall, people were supported to eat and drink sufficiently. People had a choice of menu and alternatives were offered if people preferred.
- Where people had specific dietary needs such as modified diets, this information was recorded within their care plans. However, whilst staff had access to this information, one staff member was unaware of recent changes to a person's requirements.
- Feedback varied about the food provided. People commented, "It's alright, they come with a menu, and you can choose" and "It's not as good as it was."
- The provider was making changes to their food supplier to provide more flexibility. The chef told us they spoke with people to gain feedback.
- Where required, staff monitored people's food and fluid intake. Staff took action to respond to any concerns around weight loss. However, records relating to people's fluid intake had not always been fully completed, impacting on accurate monitoring.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Overall, 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.
- Various capacity assessments/ best interest decisions were recorded for people such as for the use of bed rails. However, where rooms sensors were in use, staff had not always recorded whether people had consented or this was in their best interests.
- We saw staff seeking consent from people and involving people in decisions about their care. Relatives told us they were consulted where required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Assessments and people's care plans had been transferred to the electronic recording system. Staff used various assessment tools to monitor people's health needs.

- Staff had made improvements in relation to working with other agencies to support people to receive effective care. They referred people to other health professionals such as dieticians, where needed and worked closely with the local GP surgery, to regularly review people's physical and mental health needs.
- We received positive feedback from a visiting health professional about staff communication and knowledge.
- Relatives were positive about this aspect of support and commented, "They[staff] sort things out quickly" and another told us, staff were knowledgeable about their relative's health condition.
- All staff had recently completed the "six steps to success" programme with a local health partner, which aims to help staff to develop and provide quality end of life care to people.

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 requires improvement. The rating for this key question has remained requires improvement. This meant 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.

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

At our last inspection the provider had not always operated effective systems and processes to make sure they assessed and monitored the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had not made enough improvement, they remained in breach of regulation 17.

- Whilst some improvements had been made, the provider remained in breach of regulations for the 3rd consecutive inspection. Some issues identified at our last inspection had not been addressed, including in relation to the premises.
- The provider did not have effective oversight of their governance systems to safely mitigate environmental risks, ensure staff were always suitably deployed or had received appropriate induction training and supervision.
- The provider had not addressed all the issues we found at the last inspection. Aspects of the premises needed to be improved, including ensuring the service was dementia friendly and areas were in need of refurbishment. Some actions had been commenced such as the installation of new flooring.
- Various new governance systems had been or were being implemented. However, these were not embedded, and risks remained. Systems had not identified all health safety checks had not been completed as required or that staff weren't always following appropriate processes to maintain safety.
- Staff undertook various audits and checks; however, the provider had not ensured all required actions had been completed. For example, an audit carried out in June 23, identified issues in relation to the environment which had still not been addressed.
- Records relating to the care provided were not always complete and accurate. Whilst some improvements had been made to people's care records, one person's needs had changed but their care plan was not fully up to date and there were gaps in records relating to fluid intake and oral care.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. The provider had failed to ensure systems and processes were operated effectively to assess, monitor and improve the quality of the service. The provider had not ensured staff were always maintaining accurate, complete, and contemporaneous records.

- During the inspection, the management team took some immediate actions to address the issues identified, including progressing actions identified within the fire risk assessment and amending staffing levels. They told us they planned to provide further oversight and support to improve.
 - The registered manager was unavailable during the inspection, due to unforeseen circumstances. We were informed they were de-registering from this role. The provider put interim arrangements in place to manage the service.
 - Managers had notified CQC of any incidents as legally required and their current rating was on display.

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

- We received some positive feedback from people and their relatives about aspects of their care and support. People commented, "They let me do my own thing, they are very good" and "I'm happy as things are". A relative said the care was, "Absolutely excellent" and felt staff understood their relative's needs well.
- However, ongoing improvements were needed to ensure people were always supported in a person-centred way. For example, one person was unable to use a call bell and alerted staff by shouting out, which was not always effective. Following our inspection increased checks were implemented and a review of how best to support this person was to be arranged.
- People told us there wasn't much to do and one person said they were "bored." We were advised that an activity programme was in the process of being re-introduced, following the return of the activity co-ordinator to the service.

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

- Managers were working on an action plan in partnership with the local authority to make required improvements. However, whilst some actions had been progressed, other actions had not been completed or progress was slow. For example, issues with recording oral care and cream application.
- Managers had introduced resident and relative meetings to share information and gather feedback, however these had not recently taken place and they told us the meetings would be re-started as the activity co-ordinator had returned. Some surveys around activities had been undertaken earlier in the year.
- Staff meetings were held, and staff were provided with information and guidance. Staff told us managers were supportive and approachable, however some concerns were raised in relation to effective communication with the provider.
- Staff were working in partnership with various people including health and social care professional to help to support people effectively.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure effective systems were in place to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were suitable and properly maintained.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received appropriate support, training and supervision. The provider had failed to ensure sufficient numbers of staff were deployed to safely meet people's individual needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure systems and processes were operated effectively to assess, monitor and improve the quality of the service.

The enforcement action we took:

We issued a Warning Notice