

# Review of compliance

Ambercare East Anglia Limited  
Stewton House

<b>Region:</b>	East Midlands
<b>Location address:</b>	28 Stewton Lane Louth Lincolnshire LN11 8RZ
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	Stewton House is situated in the small market town of Louth and is registered to provide accommodation for people requiring nursing and personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 48 people.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Stewton House was not meeting one or more essential standards.  
Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

As part of our inspection we spoke with a number of people who used the service. They spoke positively about the care and support they received. They told us they liked living in the home and confirmed that they were supported to make choices and decisions about the care they received. Some people gave us negative comments about the one to one care they would like to receive.

Positive comments included, "I feel safe here", "All the staff are very, very good" and "If I had a problem I could speak to any of the staff."

Negative comments included, "I would like staff to sit with me more", "When I press my nurse call I sometimes have to wait a long time."

During the visit we spoke with visitors who expressed their satisfaction with the standards of care at the home. They told us the staff were good and they could ask anything of any staff. However they also told us they would like staff to take more attention to detail in doing small tasks such as cleaning spectacles of their family members and cleaning wheelchairs.

Health and social care professionals we spoke with told us staff were knowledgeable about the people they looked after and were professional at all times.

### What we found about the standards we reviewed and how well Stewton House was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's privacy, dignity and independence were respected.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider was meeting this standard. People who use the service and visitors were protected against the risks of unsafe or unsuitable premises.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard. There were enough staff to meet people's needs.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was not meeting this standard. Staff had not received sufficient training and supervision to do their jobs.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People who use the service understood the care and treatment choices available to them.

Comments from people who used the service included. "I have been able to bring lots of personal things from home to decorate my room", "I've only got to mention to the nurses when I would like to go to bed and get up and they comply with my wishes" and "This place grows on you."

##### Other evidence

People were supported in promoting their independence and community involvement.

We observed staff interacting with people in a respectful and polite manner. People appeared relaxed and confident with staff and we saw that they were given choices and supported to make decisions. Staff took their time to understand people where they had communication difficulties. Staff promoted people's dignity and respect by knocking on doors before entering, speaking quietly to people about private matters and closing doors behind them when they were giving personal care. Staff were able to tell us ways in which they promoted people's independence such as using the person's own perfumed shampoo and ensuring their house plants were watered.

The service had an activities organiser who had a programme of social events people could take part in each day. Notices were displayed around the home showing the forthcoming events both in the home and the wider local community. Records showed that social needs, care needs and preferences of individuals were being considered in the planning of activities.

Daily newspapers were purchased and we observed staff encouraging people to read these.

A new process had recently been put in place to ensure staff were aware of what documentation was required when people required end of life care. This involved records of peoples' wishes, liaison with family members and local outside agencies such as GP practices.

The views of people who use the service had been sought through individual case conferences which were recorded in individual care records and questionnaires. The last questionnaire was sent out in March 2012 and 24 out of 36 people replied. This asked for peoples' opinions of the menus. They made positive comments about the service. The analysis detailed the action taken to alter the menus to suit peoples' needs. The last residents meeting had been in February 2012 which had been lead by representatives from people using the service. A number of topics had been discussed and there was no action to complete.

#### **Our judgement**

The provider was meeting this standard. People's privacy, dignity and independence were respected.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Comments from people who used the service included, "Staff are very kind and help me wash and dress each day. They handle me carefully", "Staff will do anything I want them to do for me, they are lovely" and "If I was royalty I couldn't wish for better care."

We spoke with nine people who used the service. Three of those people told us they were not aware that staff kept care records on them. Another person told us they had not seen their records but would have given their permission for their relatives to see them. The other people had all discussed their care plans with staff but everyone we spoke to told us they could discuss their care needs with staff and currently those needs were being met.

A relative told us they had not been invited to read their family member's care plan even though this permission had been recorded in the care notes. The provider may wish to note that the wishes of people using the service should be fulfilled and encompass the views of all relevant parties.

Of the nine people we spoke with, three told us their nurse call bells were not answered very promptly but they did tell us their care needs were being met.

People told us they would like a little more attention to detail regarding their care needs

being met such as always ensuring they have clean spectacles and wheelchairs.

### **Other evidence**

When we spoke with staff they were knowledgeable about the individual needs and preferences of the people they were caring for, including their likes and dislikes and daily routines.

We examined six care plans. We found that assessments had been carried out prior to and on admission and care was planned to meet their individual needs. Risk assessments had been carried out to identify specific risks to each individual and care had been planned to manage those risks. For example where a person had sustained some pressure damage to their skin risk assessments, care plans and body maps were in place to identify the areas at risk. Photographs had been taken with the person's permission. Clear instructions were written for staff to follow when treating the wounds. Contact had been recorded with other health professionals when advice had been sought.

We saw regular reviews of people's care needs where they had problems sustaining a balanced diet. This included contact with dieticians, advice from medical personnel and details from family members of people's preferences for meals prior to admission.

Deprivation of liberty and best interest decisions were documented and mental capacity assessments were in place where required, for those people unable to make decisions for themselves.

Staff recorded in the daily notes what and when different types of care had been delivered throughout a period of time. The provider may wish to note that many of the entries made detailed tasks such as bathing and dressing and appeared to be similar for all care plans seen. Although the care plan and risk assessments were person centred the daily recordings were not.

Records showed that health professionals were involved in assessing needs and planning care where people had been identified as having specific requirements. Care plans were evaluated on a regular basis and the senior staff had recently undertaken a review of all care plans. This detailed where reviews were required and where clarification had been sought about specific needs.

Health and social care professionals we spoke with told us the staff had a firm knowledge base of people using the service, were professional at all times and willing to listen to advice.

### **Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People who use the service were protected from the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Comments from people using the service included, "If I had a problem I could go to any staff", "I am happy to stay here", "I feel safe here" and "It's a lovely place to live."

##### Other evidence

We looked at a range of policies and procedures which addressed the importance of whistle blowing, staff codes of conduct and the rights of people living at the home.

Training records showed that staff had received training in safeguarding policies and procedures. The staff we spoke with were clear of the process to follow in raising any concerns they may have and they felt confident that this would be acted upon.

Training records showed that some staff had received training in legislation regarding mental capacity and deprivation of liberty safeguards which gave them guidance on how to manage people who cannot make decisions for themselves.

##### Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

We spoke with people who used the service but their feedback did not relate to this standard.

##### Other evidence

At this inspection we were following up concerns raised about specific areas of the home which posed a risk to people using some areas.

The floor in the continence supplies room had not been maintained at our previous visit. New flooring had now been obtained and the maintenance staff were due to lay this flooring the week of this inspection.

A notice had now been placed on the door leading to a shower room. This showed when the room was in use. This was important as the room led off from the hairdressing room. A procedure was in place which informed staff and people using the service when it would not be convenient to use this room. We saw that other shower facilities were available for people to use in other parts of the building.

We saw a copy of the maintenance and refurbishment programme for 2012. This detailed work already undertaken such as new curtains in a sitting room area and refurbished bedrooms. There was evidence of this when we toured the home.

**Our judgement**

The provider was meeting this standard. People who use the service and visitors were protected against the risks of unsafe or unsuitable premises.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

There were sufficient staff to meet people's needs.

Positive comments from people who used the service included, "Staff here are very pleasant", "Cannot fault any of the staff" and "I couldn't wish to be better looked after its tip top."

However one person told us the staff did not always tell them what procedures were in the home and gave an example of meal times. Another person told us that some staff left them too long in their night clothes before they went to bed.

Relatives also made some negative comments about wheel chairs not being cleaned and staff being slow to follow health professionals advice. However, they also told us staff appeared kind and they were always welcomed into the home. They said they felt they could discuss any issues with the senior and management teams.

##### Other evidence

We saw the staff rota for the forthcoming two weeks and the previous two weeks. All the shifts had been covered for the care staff. The provider told us that some new staff had recently been recruited and these were being allocated work with staff who knew the people living in the home. The provider explained that the staffing numbers were determined by the dependency levels of the people who were using the service at any one time. People had told us their care needs were being met but that at times they would like staff to give them more one to one attention. The provider may wish to note

that the deployment of staff may need adjusting at times to suit peoples' individual needs.

Staff told us that there were periods of the day when they were busier than others. For example at meals times and when people wished to get up or go to bed. Staff told us they all worked well as a team and use of agency staff had been minimal as staff had volunteered to cover absences. They told us they preferred to do this as they knew the wishes of people using the service.

We were shown the policy which was in place for staff absences. A form was completed when a staff member was on leave or absent for some other reason. This was then used as part of the auditing process to monitor sickness levels for individual staff members.

**Our judgement**

The provider was meeting this standard. There were enough staff to meet people's needs.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 14: Supporting workers. We have judged that this has a moderate impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

Those living at the home were complimentary about the staff team, telling us they felt confident in their care workers and they were supported in the way they wanted to be.

Comments from people who used the service included, "On the whole staff are fine", "The nurses are pretty good" and "All very, very good."

All people who used the service and relatives told us that although all care needs were being met there were some times when staff did not have time to give one to one attention to them. For example sitting and reading with people and talking to them about their past lives.

##### Other evidence

Staff told us they had received induction and mandatory training. Most staff could not tell us when this training had occurred. One person told us they completed training, "As it comes up." A couple of staff told us they found it difficult to complete the training offered due to family and work commitments. There was no evidence to support how this had been followed up with those staff members and how they were to fulfil the mandatory training.

The training records showed that a number of staff had not completed some mandatory training. For example three staff had not completed manual handling training since 2007 and four staff had not completed fire training since 2008. There were also gaps in the records for staff not attending training in health and safety, food hygiene and infection control. The provider told us this had been delegated to a member of staff who

now had other responsibilities but would now revert to the provider to check.

Staff told us they had received supervision throughout the year, but the views of staff varied. Some told us this was twice a year and others six times a year. They told us they felt supported in their job and could raise any concerns at staff meetings or with their manager. We reviewed the records of three staff. These showed inconsistencies in the recording of supervision. Some staff had received supervision twice in a month with a three month gap and others who had only received supervision every three months.

We reviewed the supervision policy which stated that staff should receive supervision every two months and trained nurses should also receive clinical supervision. There was no evidence to support this policy was being maintained.

**Our judgement**

The provider was not meeting this standard. Staff had not received sufficient training and supervision to do their jobs.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People who use the service, their representatives and staff were asked for their views about their care and treatment and how they were acted upon.

Comments from people who used the service included, "I cant complain about this place at all", "My relatives fill in any questionnaires as I am not able to any more but I am happy for this to happen" and "We are always being asked our opinions, I think the last one was about meals."

##### Other evidence

There was evidence that learning from incident/investigations took place. These were discussed at staff meetings and in one to one sessions with staff. Staff told us they could contribute to these discussions and felt their opinions were valued. There was a plan about to commence to further audit the incident reports into categories, hours and type to further aid learning for staff.

The provider had completed site visit reports and we saw examples for June and July 2012. These detailed the people using the service who had been spoken to, visitors and staff spoken to and what records had been reviewed. Any actions not completed one month were followed through to the next visit.

We saw the staff meeting minutes for June and August 2012. These covered a number of topics and staff had been given opportunity to voice their opinions. Staff told us they felt able to approach senior staff and the management team.

We saw the results of a visitor's questionnaire which had taken place in January 2012. Many positive comments had been made, such as, "My relative is happy here" and "Staff are nice."

The housekeeping department completed an audit on the services they provide to people who used the service. This was a tick box form which was followed up by a senior member of staff checking areas which staff said had been cleaned and/or repaired. For example where a staff member had ticked to say the fridge had been cleaned; this was checked a few hours later.

**Our judgement**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We spoke with people who use the service but their feedback did not relate to this outcome.

##### Other evidence

We reviewed six care plans. The records were kept in a secure environment and accessed on a need to know basis only.

There was evidence each one had recently been reviewed and the provider showed us a list of all care plan reviews and what outstanding action there was to complete. For example where people had challenging behaviour what safeguards were in place and acknowledging where staff may require further training. Some actions were still to be completed and the provider had a set a reasonable time scale for each one to be completed.

We saw examples where people had difficulty maintaining a balanced diet due to a medical condition. Records kept on their food and fluid intake were kept up to date on a daily basis.

To enable people who used the service to read their care plans in their own time, covered clip boards had been purchased which were kept in peoples' rooms. These contained brief details of the person's care and a short overview of the person's likes

and dislikes.

We saw records of water temperatures being checked on a monthly basis on all water outlets. Any variations received an action plan which when completed was signed by a senior member of staff as being complete.

**Our judgement**

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	<b>How the regulation is not being met:</b> The provider was not meeting this standard. Staff had not received sufficient training and supervision to do their jobs.	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	<b>How the regulation is not being met:</b> The provider was not meeting this standard. Staff had not received sufficient training and supervision to do their jobs.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	<b>How the regulation is not being met:</b> The provider was not meeting this standard. Staff had not received sufficient training and supervision to do their jobs.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA