

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Stewton House

28 Stewton Lane, Louth, LN11 8RZ

Tel: 01507602961

Date of Inspections: 20 February 2013
18 February 2013

Date of Publication: March
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing

✓ Met this standard

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	Ambercare East Anglia Limited
Overview of the service	Stewton House is situated in the market town of Louth and set in a quiet residential area. It is close to local amenities and bus routes.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Staffing	5
Supporting workers	7
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Stewton House had taken action to meet the following essential standards:

- Staffing
- Supporting workers

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2013 and 20 February 2013, talked with people who use the service and talked with staff.

Contact made with training company provider is currently using

What people told us and what we found

Everyone we spoke with talked positively about the staff and felt they fully supported their care needs. One person told us, "Staff know what they are doing." Another person said, "Staff are there for me day and night, they answer my call bell promptly."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home currently did not have a registered manager and all discussions took place with the nominated individual acting on behalf of the provider. This person had been appointed by the provider to oversee the running of the homes. This person was currently also the acting manager for this location. They informed us that they were looking for a new manager and they gave us a breakdown of their responsibilities and those of other members of the senior team employed to work at the service. The provider had been keeping the Care Quality Commission (CQC) informed of the recruitment process for a new manager. Staff told us they were happy with the current interim arrangements and knew their responsibilities within the home.

We looked at the duty rota held in the home. This recorded the staff on duty through a 24-hour period and gave their designated grades, such as care assistant or cook. This was being monitored on a weekly basis by the nominated individual. We saw records to support this monitoring process, which included a comments section. Comments included for example, sickness cover required and when this was actioned.

The rotas showed the occasional use of agency staff. Staff told us this was a rare occurrence and they used their own staff who knew the people living at the home and the procedures and policies of the home.

The senior staff employed at the home were responsible for checking the dependency levels of each person living in the home on a weekly basis. They assessed each person to see what type of assistance they required in each 24-hour period. We saw records to support the dates this task had been completed. This was checked by the nominated individual. We were informed by staff this took place weekly because of the care needs of some people using the service and people's needs changed continually. Where necessary the records indicated when an increase of staff was required, for example if a person required a member of staff to be with them on a one to one basis during the day.

The home had recently recruited an administrator to ensure records and audits were being kept up to date. This person liaised with all departments within the home and also with

outside agencies, such as the finance department of the local council for payment of fees bills.

The kitchen, maintenance and social activities departments had a full compliment of their own staff. The provider was due to recruit a new housekeeper but the domestic and laundry departments were fully staffed.

Staff told us there were enough staff on duty to enable them to meet the needs of people who were in the home. One person said, "The staffing levels have improved recently."

We spoke to people who used the service they all told us their needs were currently being met. One person said, "I am well looked after." Another told us, "I'm quite happy that my needs are being met."

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

This unit was included on this inspection as a follow up to the previous inspection in September 2012. At that time the provider could not produce sufficient evidence to show what training and supervision had taken place with staff.

All the people we spoke with said they felt supported by staff. They told us staff appeared to be knowledgeable about the different illnesses they had. One person said, "When I ask a question staff can tell me how my illness is progressing."

Staff were given the opportunity to meet their manager regularly to discuss their work. This was called supervision. Since our last inspection all staff had received at least one supervision session with a manager. The supervision planner had been updated. This showed for example of the six trained nurses working day shifts, five had been supervised at least three times. Of the eight day care assistants, four had been supervised at least three times. A programme had been put in place to ensure all night staff were supervised on a more regular basis. We looked at the records of three staff which confirmed supervision sessions had taken place on the dates recorded on the supervision planner.

The supervision policy had been reviewed in December 2012. This detailed how a nominated supervisor was appointed and their role. It also detailed the responsibilities of all staff in ensuring they attended supervision sessions and completed action plans where necessary. Staff told us they understood the role of their supervisor and felt able to voice their opinions at supervisions.

Since our last inspection the training planner had been updated. We were given a copy. This identified the training which had taken place, such as moving and handling and infection control. The majority of staff had received all mandatory training within the last year. We saw evidence to support that where there were gaps in the training programme for some staff a structure had been put in place to ensure they updated themselves by certain dates. We saw the list of dates for training planned for 2013 which included updates for fire, protecting vulnerable people and basic first aid.

We saw a copy of an email from a training provider which confirmed the units of training which had been completed by the trained nurses in the safe administration of medicines. We saw another email which confirmed that eight staff had passed units of training in end

of life care. Staff told us they had enjoyed completing those units. We saw certificates to support staff had completed e-learning on some topics, such as infection control.

We looked at the training records of four new members of staff. There was written evidence to show they had commenced a common induction course. Sections had been signed by each person's mentor when the new staff member was competent in a task. There was a three month target for all new staff to complete the programme.

Staff told us training and supervision had been discussed at recent staff meetings. We saw the minutes of staff meetings for September and December 2012 where those topics had been discussed. Staff had been given opportunity to voice their opinions at those meetings about training and supervision.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
