Inspection Report

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 Inspection: 06 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 6 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People who used the service told us all their needs were being met and staff treated them with dignity and respect. Care plans were kept on each person, which they knew about and were generally up to date. Where they had not been as up to date as they could have been the manager was informed and took action the day of our visit. One person told us, "I am settled here and have all my homely bits and pieces around me."

The premises were clean and maintained. Staff needed to take more attention to detail and ensure the home was kept tidy and free from hazards. One person told us, "They change my bed linen a lot and clean my room well. I try and dust my ornaments, I don't have to but I do."

The provider had a training programme in place. Staff had completed all mandatory training. Staff told us the management team were approachable and they had received sufficient supervision in the last year. People who used the service told us, "Staff will always find out what I enquire about."

People told us they knew about the complaints procedure and felt confident staff would handle any concern in confidence and quickly. A log was kept of complaints which detailed satisfactory outcomes for each person. One person said, "Staff tell me to speak up if I have any concerns, which I don't."

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

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the service told us they were happy living at the home. They told us all their needs were being met and staff were pleasant and kind to them. One person said, "If I need anything staff will get it for me. " Another person said, "I have everything around me which I need and staff are very pleasant."

We observed staff throughout the day assisting people with a variety of tasks; such as helping drink a cup of tea and assisting to the toilet. They spoke calmly and respected the person's wishes when they did not want to do something. They knocked on doors before entering and announced who they were. Staff ensured when walking aids or wheelchairs had to be used to assist a person's mobility, these were safe to use before handing them to the person concerned.

We looked at three care plans. Each person had an assessment prior to admission to the home of their needs. Staff told us the care plans had been developed over a period of time once they had reassessed them in the care home. The records confirmed this. The daily report sheets were easy to read and had been written at the end of each shift. They detailed the sort of day each person had experienced; such as the meals they had consumed, treatment given and visitors seen.

Each care plan had been evaluated on at least a monthly basis and contained the signatures of people who used the service or their advocate to say they had seen the care plans. An advocate is a person who came speak on someone's behalf if they can not do so for themselves or have communication problems. People told us they knew staff kept records about them.

The provider may wish to note we looked at one care plan which was incomplete, where a person had mobility problems due to a back injury. Staff had documented how often they assisted the person to be turned in bed and what prescribed pain relief medicine the person was taking; but the care plan for the person's mobility needs was not up to date.

This could put them at risk of injury if staff were unaware of the safest way to move the person. This was fed back to the manager during the visit and she allocated a staff member to up date the plan.

The provider may wish to note we looked at a person's care plan who required dialysis to aid their kidney function but not all of the documentation was complete to instruct staff on how to use the machine. The person who required the treatment was able to verbally tell the staff, as they normally completed the treatment in their own home, but the instructions written for staff did not confirm the process required. This may put the person at risk if staff were unaware of how to correctly administer the treatment, if the person could not speak to them for any reason. All other sections of the care plan were up to date including the daily charts to record fluid intake and output. The manager was informed of this during our visit and allocated a member of staff to check the written regime of treatment and inform staff.

The provider may wish to note we looked at a person's care plan who required to be fed by a tube directly inserted into their stomach but the recording of the feeding treatment did not always follow the regime set out by the hospital dieticians. Staff were able to explain what they did each day, which did follow the regime but the recording differed depending on what staff were on duty. This may lead to confusion and may result in the person not having the correct amount of nutritional supplements each day. The rest of the care plan was complete and included plans of care for nutritional well being, personal care, mental health needs and end of life care. The manager was informed about this during our visit and allocated a member of staff to give clearer instructions to staff on how to record events.

Staff we spoke with had a good knowledge base of the needs of each individual who lived at the home. They were able to tell us a lot of previous history of the person, details about relatives to contact and what treatment and care people were receiving.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People who lived at the home and visitors told us they were happy with the standard of cleanliness at the home. One person said, "The cleaning ladies are very kind and thorough." Another person told us, "For an old building they do well to keep it looking so nice." One person said, "They change my bed linen and towels a lot, far more than I could ever do at home."

Some people in the home and staff had recently contracted the norovirus, which is a very contagious virus. The staff followed the correct procedures by alerting the local public health department and taking their advice to temporally close the home to all but essential visitors. Staff explained to us what processes they followed and said there had been ample supplies of protective clothing, masks and cleaning chemicals.

The provider had a policy on infection control which had last been updated in February 2012. There was a norovirus toolkit in place which we saw included a policy on how to handle an outbreak, records staff should keep on people infected, where protective equipment was stored and how to obtain extra supplies.

We saw the cleaning schedules which domestic and laundry staff completed each day, week and month. They had been consistently completed when required. Staff told us they liked the schedules as they could see when rooms and other areas had been thoroughly cleaned, if they had been absent from work, so could easily plan their week's work.

The provider asked the staff to complete a number of different checks each month. We saw the ones for health and safety, infection control, care management, office harm, company vehicles and general maintenance. Staff told us they were given time to complete the checks and passed the results to the management team, who confirmed any actions to be taken. We saw details of when actions had been completed or were in progress. On one check it gave details of when carpets required replacement and when they had finally been laid. Another detailed the training staff had completed in infection control procedures.

We spoke to the staff member who was responsible for infection control procedures and saw the training schedule for staff and were informed how they linked to other infection

control nurses in the community.

When we toured the home suitable signs were on display when any floor area had been washed and was still wet. Wheelchairs had been mainly stored in a designated area, but when we pointed out to staff two had been stored under a stair area they were immediately removed. A procedure was in place for the cleaning of wheelchairs which we saw was completed on a weekly basis.

Cupboard areas were generally clean and tidy. In an upstairs cupboard used for the storage of linen and towels, some duvets and pillows were on the floor. The provider may wish to note this could be an infection control hazard.

The provider may wish to note in all the toilet and bathroom areas the waste bins were very full, which could constitute an infection control risk. We were informed this was because of a shortage of staff over the previous weekend period and other staff had not been instructed to empty them. One staff member said, I just didn't think to empty them." One person who lived at the home said, "I wondered why they had not taken away my dead flowers, they are usually so good." The domestic staff were tasked during our visit to make the emptying of waste bins a priority that day.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Each of the people we spoke with told us they had everything they required in their rooms and items such as the call bells, toilets, lights and televisions were in working order.

The fire folder gave details of when checks had been made to ensure equipment was in working order. It also included the fire policy, when staff had been last received training and when fire drills had taken place. Staff told us they had received training in the last year on fire procedures. Each person who was resident in the home had a personal emergency evacuation plan (PEEP) to help staff understand what they were required to do to assist them.

There was a system in place for maintenance of the building. We saw the completed records of when essential maintenance such as replacing light bulbs and repairing small items of broken furniture had been completed. Separate documents recorded the weekly walk around checks of what items required replacement or renewal such as carpets or redecoration of some rooms. The provider had employed two people to cover maintenance work within the home and grounds. Staff told us this had the added advantage of when one was absent the other would cover for small urgent work.

We looked in all the bathrooms and toilets for communal use. They were clean and tidy but in all bathrooms staff had left toiletries on shelves and window ledges. Staff told us each person who used the service had their own toiletries, which people told us was true. It was unclear whether the toiletries left on display were people's own or had been bought by staff for communal use. The deputy manager had them immediately removed and told us staff would be informed to use people's own toiletries in future

The sitting rooms, conservatory area and dining room were clean and all furnishings in a good state of repair. However all areas looked untidy. Very old newspapers and magazines were lying around, tables had not been cleared in a timely manner after breakfast and lunch and some items of equipment, such as a hoist, had not always been stored in the correct place. One sitting room was partially used as a storage area for unwanted furniture. Staff told us this there was a lack of storage areas for large pieces of furniture. This did not make for a homely atmosphere in that sitting room.

Supporting workers ✓ Met this standard

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

People told us their needs were being met and staff were pleasant and kind to them. One person said, "Nothing is too much trouble." Another told us, "If I have a query, if staff don't know the answer they will go and find out." Another person said, "There was recently a bug going around the home, but staff explained why my visitors couldn't come, so I spoke to my friend on the phone."

We saw the training and development plan which was dated up to February 2014. This gave details of which courses staff were required to complete on the annual, two, three and five year programme. Annual included fire; two yearly manual handling; three yearly infection control and five yearly health and safety. Other records documented staff had completed the programmes of training according to the development plan.

Staff told us there were a number of training courses on offer all the time. One person said, "We attend the ones we have to." Another staff member said, "It is a matter sometimes of juggling time, but I do attend when I can."

Apart from the mandatory training courses some staff had attended courses on falls prevention and diabetes during the last year. A further course on chemicals and hazards had been booked for later in 2014.

The provider had a policy on supervision of staff which had last been updated in December 2012, which was currently being reviewed by the management team. Supervision is when staff have one to one time with a supervisor to discuss and observe their working practices. Staff told us they had received one to one supervision during the last year but not everyone could remember dates. One staff member said, "Senior staff are approachable, and don't mind that I speak my mind." Other staff, not on the care staff and nursing rota told us they had yearly appraisals of their performance which were due, for most other staff, in the next couple of weeks. Staff confirmed their appraisal dates. An appraisal is when a member of staff has their work practices reviewed and future training plans can be discussed.

Staff were aware who their supervisors were and told us they could talk to them and

received feedback about their performance.We saw the yearly supervision planner for care staff. This detailed staff were to receive supervision six times a year, which was in line with the providers policy. We looked at the supervision records of two members of staff and the dates of the discussions confirmed the dates on the yearly planner.

The care home employed professionally trained nursing staff. The provider showed us the checks which had been completed to see that each nurse still had a valid registration with the Nursing and Midwifery Council (NMC), using each nurse's professional identification number (PIN). The NMC record showed each nurse had a valid registration with them. The provider kept a record when each PIN number was due for renewal. At each renewal date staff had to show the provider evidence, which was usually in the form of a letter, on when they had renewed their registration.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available

Reasons for our judgement

People told us they knew about the complaints policy and would use it if necessary. They told us all staff were approachable and they could share concerns and worries with any of them. One person said, "Staff wont always get it right but they try and for me do a good job." Another said, "If I had any worries I would say but for me life is good."

The provider had a complaints policy which had last been reviewed in March 2013. This was on display in the reception area and in people's bedrooms. Other policies, which had been reviewed in March 2013 included; dignity and respect, human rights and privacy and dignity. Staff told us where the policies were kept and told us new or revised policies were discussed at meetings or supervision sessions.

The provider kept a log of formal complaints. We saw the log. Details were on file of each complaint; the date received and how the outcome was feedback to the complainant. The ones concluded in 2013 showed satisfactory outcomes in each case. Lessons learnt from each case had informed future practice within the home.

Staff told us a recent local authority contracts meeting had suggested different ways to record more informal complaints. Staff told us they appreciated the guidance given.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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