Inspection Report

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

Stowe Court

1 Stowe Court, Stocken Hall Road, Stretton, LE15 7RN

Tel: 01780411944

Date of Inspection: 10 February 2014

Date of Publication: March 2014

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
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Hopscotch Solutions Ltd
Registered Manager	Mr. Philip James Faulkner
Overview of the service	Stowe Court is a care home without nursing. The service can accommodate a maximum of two people. Stowe Court provides a service for people with a learning disability aged 19 and over.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 announced 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 10 February 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

The home had a happy and relaxed atmosphere. The people who used the service appeared settled and comfortable. We saw they got on well with the staff and moved about the home freely. When we arrived they were about to go out on an activity with staff.

Relatives told us they were pleased with the service provided. One relative said, "The staff help keep (my family member) active and he is always going out and doing something." Another commented, "The care has generally been second to none."

Relatives said they liked the premises and thought they were well-suited to the needs of the people who lived there. One relative commented, "The premises are great with a big open-plan kitchen, a private lounge, and good-sized bedrooms. And the country setting is fantastic."

People got on well with the staff who worked with them in a warm and supportive way. Relatives told us the staff did a good job. One relative said, "The staff are lovely people and my (family member) adores them." Another relative commented, "The staff have great attitude and go out of their way to help. They really know how to look after my (family member) and this has put me at ease."

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

The home had a happy and relaxed atmosphere. The people who used the service appeared settled and comfortable. We saw they got on well with the staff and moved about the home freely. When we arrived they were about to go horse riding with staff.

Relatives told us they were pleased with the service provided. One relative said, "The staff help keep him active and he is always going out and doing something." Another commented, "The care has generally been second to none."

People were encouraged to live full and active lives. They attended a day service at a nearby home called Millfield House run by the same provider. They took part in a range of outdoor activities including walking, swimming, cycling, and horticulture. Indoor activities at Stowe Court included listening to music, watching television, and helping to prepare meals and keep the home clean and tidy.

We talked to the manager and staff about how they supported the people who used the service. They were knowledgeable about their needs and where they might be at risk. Care plans were person-centred in that they aimed to ensure people received individualised care that promoted their independence and choice. Records showed that people had made significant progress since coming to Stowe Court and become more independent and self-caring.

Staff had a good understanding of how best to communicate with and understand the people they cared for. This was reflected in care plans and communication passports where clear information was given about people's likes and dislikes, and how best to engage with and motivate them.

Care plans/risk assessments continually referred to the Mental Capacity Act/Deprivation of Liberty Safeguarding to help ensure staff were aware of their need to protect the rights of the people they supported. Restraint was only used as a last resort with detailed records

kept and staff appropriately trained and following clear instructions.

Records showed staff worked closely with GPS, consultants, occupational therapists, and other health care professionals to ensure people had the best service available. Pain management care plans were in place to help ensure staff understood how the people who used the service might indicate if they were in pain. If staff were unable to resolve the issue they would take people to their GPs.

We looked at how accidents and incidents were recorded in the home. Records were mostly satisfactory but one incident, where a person who used the service sustained an injury, was not recorded promptly or in sufficient detail, nor were body maps completed. The manager said he had investigated this incident and improvements to the service had been introduced because of it. Staff had had additional training in responding to and recording this type of incident, and new documentation introduced to enable them to do this more effectively. This will help to ensure that any future incidents are recorded appropriately.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Relatives told us they were generally satisfied with the food provided to the people who used the service. One relative said, "My (family member) has expanded their diet and tried new things since they've been at the home."

People had breakfast at Stowe Court, lunch at Millfield House (where they went for daytime activities) and tea at either Stowe Court or Millfield House depending on their activity schedule. The people who lived at Stowe Court ate with staff at a large dining table in the family kitchen and were offered choices at every meal.

Menus were decided on a daily basis and were dependent on people's likes and dislikes which were recorded in their care records. Communication passports also provided key information to help with people's nutrition, for example 'I'm always willing to try new foods'. People were encouraged to eat a healthy and varied diet with a good proportion of fresh produce, fruit and vegetables. A record was kept of what people ate each day.

We look at people's nutrition records and discussed nutrition with the staff on duty. Although they had a good understanding of what constituted a generally healthy diet, none had had specific training in nutrition in relation to people diagnosed with autistic spectrum disorder. The provider might like to note this and consider providing this type of training to staff. This would help to ensure that staff had the information and knowledge they needed to provide a healthy diet for the people who used the service.

Shopping was done online or at local supermarkets. The people who used the service were included in shopping trips and helped staff by choosing items and pushing the shopping trolley. The kitchen was clean and tidy and food appropriately and safely stored.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Relatives told us they were happy with the way medication was administered in the home. One relative said, "My (family member's) medication is managed well and there's been no problems with it that I'm aware of."

Medication was kept securely in purpose-designed metal cabinets. There was one for each of the people who used the service so their medication could be kept separately. If people were allergic to any medications this information was in their records and displayed on the front of their cabinet so it was clear to all staff.

Records showed people received their medication safely and on time. All staff responsible for medication had been trained by the home's contract pharmacist. Staff had regular medication administration observations with a senior member of staff to check they remained competent with records kept.

Staff had a good understanding of the purpose of different types of medication and possible side-effects. When they administered medication they always told the people who used the service what the medication was for so as to include them in the process.

People took their medication in a way that suited them. For example, records showed that one person preferred to take their medication with food to make it easier to swallow. They always watched staff do this so they understood what was happening. This method of administering medication had been authorised by their GP.

Medication stocks and records were audited monthly by one of the deputy managers, and three-monthly by the manager. This will help ensure that medication is being correctly handled in the home and if there are any issues they can be addressed promptly.

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

Relatives told us they liked the premises and thought they were well-suited to the needs of the people who lived there. One relative commented, "The premises are great with a big open-plan kitchen, a private lounge, and good-sized bedrooms. And the country setting is fantastic."

The home is situated in a rural area on a small private housing estate. The premises were homely and comfortable. There was a large family kitchen which looked out over the secure garden at the side of the home. Adjacent was a smaller lounge with a settee and easy chairs, a television set, and a selection of books and games.

Bedrooms were personalised and had been adapted to meet people's needs, for example one had a fan to keep the room cool as this was preferred by the person whose room it was. One person had recently moved into their room and it had been re-decorated for them.

There was a wooden stairgate at the top of the stairs. Staff told us this was in place to minimise the risk of falls due to the narrow upstairs landing, and not intended to restrict people's movement around the home.

All the areas of the home we inspected were clean and fresh. Support staff was responsible for the cleaning helped by the people who used the service where possible. Support staff was also given extra hours to do a weekly 'deep clean' of the premises, so people's care was not affected by cleaning duties.

The home was well-maintained. The manager told us Stowe Court shared a permanent part-time handyman with another home owned by the same provider. Staff noted any repairs needed in a maintenance book and the handyman visited daily to carry them out. The provider's property manager oversaw the building and helped to ensure it remained in good order and fit for purpose.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People got on well with the staff who worked with them in a warm and supportive way. Relatives told us the staff did a good job. One relative said, "The staff are lovely people and my (family member) adores them." Another relative commented, "The staff have great attitude and go out of their way to help. They really know how to look after my (family member) and this has put me at ease."

One relative said there were improvements in the way staff were deployed. They said, "Shifts have been better organised so now there is a good mix of experienced and less-experienced staff on duty."

The staff members we met were enthusiastic about their work and demonstrated a good understanding of how best to engage with the people who used the service. There were enough staff on duty to enable people to take part in a range of activities both in and out of the home.

Staff were only employed if they had satisfactory DBS (Disclosure and Barring Scheme) checks, references, and other necessary documentation to show they were fit to work with vulnerable people. A small number of agency staff were used and the manager told us these were 'regulars' who already knew the home and the people who used the service.

We looked at how new staff were introduced to the home. The manager said they read care plans and communication passports before working with the people who used the service. This helped them gain an understanding of how people liked to be supported. They were then introduced to the people who used the service by staff who knew them well. They initially worked alongside these staff until people got to know them. This gradual introduction helped to ensure that change in the home was properly managed and the people who lived there were supported when new staff were introduced.

The staff team was established and some staff members had worked at the home for a number of years. This meant they were able to provide continuity of care and build up relationships of trust with the people who used the service. Relatives also had the opportunity to get to know the staff team through visiting the home, telephoning, and at meetings. One relative said this worked well with the day staff but they hadn't yet had the

chance to meet the night staff. The provider might like to note this and consider ways of giving relatives with the opportunity of meeting the night staff if they wanted to do this.

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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