Macc Care (Studley) Ltd

Studley Rose Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Studley Rose is a nursing home, providing nursing and personal care and accommodation to young adults and older people who live with dementia and or a physical disability. Studley Rose is registered to provide support and accommodation to 65 people. At the time of our visit, the service supported 21 people. The home has accommodation across three floors, during our visit only one and a half floors were open and occupied. The provider had a staged approach to open more areas and rooms as occupancy increased. People had their own rooms which were ensuite as well as communal lounges, communal dining rooms, a bistro area, quiet spaces and an outdoor area.

People's experience of using this service and what we found
Risks to people's health had been identified. Staff had a good understanding of people's individual risks and how best to support those people to reduce them.

People were supported to take their medicines as prescribed by trained staff. Staff understood how people preferred to take their medicines and action to take should an error occur with medicines.

People's care and support was personalised and tailored to meet their needs. More experienced staff showed a good understanding of people; their likes/dislikes, routines and how they communicate.

Staff were provided with training to enable them to carry out their roles effectively. Staff told us they felt supported and the provider was a good employer to work for.

People were safe because staff were recruited safely. Staff and the provider knew how to keep people safe and protected from abusive practice.

Systems to learn lessons when things went wrong helped to drive improvements. The provider notified us at the right times when notifiable incidents had occurred.

Staff followed infection control procedures in line with national guidance for reducing the risk of infection from COVID-19. Staff wore personal protective equipment (PPE) correctly and they knew how to dispose of PPE safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The quality and safety of the service people received was routinely monitored by the manager through a programme of audits.

Staff said they worked well together. However, staff also told us some of the staff team were relatively new to the home and continued to get to know people's preferred routines. Some people living at the home said this meant some delays when care or support was required because staff were not always familiar with their preferences.

Assessments were completed before care was provided. This helped to ensure staff had the information, relevant skills and knowledge to meet a person's needs.

People's plans of care were sufficient for staff to provide safe care. Conversations with staff showed they knew how to manage people's individual health and welfare. In some examples, intervention by a GP or occupational therapist had been sought to help keep people safe. However, systems that reviewed care plans required some improvements to ensure the right levels of support continued to be provided.

Studley Rose was purpose built and utilised assistive technologies such as electronic opening doors and lighting. Monitoring via cameras were fitted internally in all communal corridors and in people's bedrooms which would react to movement and audio. The system was not yet operational. The provider was working on introducing this once appropriate checks and consent was considered, sought and in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
This service was registered with us on 19 August 2021 and this is the first inspection under this provider.

Why we inspected
This was a planned inspection based on the date the service was first registered with the CQC.

Follow up
Following our visit, the provider sent us some additional information and updated us on the actions they had taken to address, based on some of the feedback we had provided during our visit. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well led. Details are in our well led findings below.	**Requires Improvement**

Studley Rose Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection visit was completed by two inspectors and an Expert by Experience. An Expert by Experience is someone who has experience of using this type of service.

Service and service type
Studley Rose is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Studley Rose is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
At the time of our inspection visit there was no registered manager in post. The service was being managed on a day to day basis and a new manager had been recruited but had not yet took up their position.

Notice of inspection
The inspection visit was unannounced.

What we did before inspection
We reviewed information we had received about the service, such as statutory notifications. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who received a service to understand their experiences about the quality of service. We spoke with five members of care and nursing staff who supported people. In addition, we spoke with the chef, a housekeeper, a home manager, two regional managers, a facilities manager and a director of operations. Following the visit, we had electronic communication with the director of regulation to review further information they sent to us.

We reviewed a range of records. This included three people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, complaints, compliments and systems to review the quality of service provided.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also reviewed additional information given to us by the director of regulation which we have used to inform our judgements.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when care staff provided support. We asked people why they felt safe. Comments included, "I just do – it's the atmosphere" and "People seem to be very trustworthy and they do see that the windows are shut tight."
- Staff told us they had received training in how to keep people safe and they understood how to report safeguarding concerns. One staff member said, "I would report it to the manager, if not, then I would go higher. It's my duty."

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The manager ensured their visiting approach was in line with government guidance. Processes were in place to ensure people's safety when visiting during this time.

Staffing and recruitment

- Recruitment checks were robust, and the manager said when they recruited staff, all security checks were completed to ensure staff were safe to work with people and of suitable character. Safe recruitment checks included obtaining written references from previous employers and checks with the Disclosure and Barring Service (DBS). A checklist on each staff file helped ensure the right documentation was checked.

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings. If necessary, this would be followed up through individual staff supervisions.

Using medicines safely

● Where staff did support people to take their medicines, records confirmed what medicine was provided and when. A nurse told us daily medicine checks were completed to ensure medicines were given as prescribed.

● Regular checks of medicine administration records and checks of staff's competency and observed practice, ensured medicines were administered safely.

● Prescribed cream and pain patch medicines were administered correctly. These medicines were recorded on the relevant sheet to show how and when these medicines were given.

● As and when medicines were given when required. For one person, we found an 'as and when' medicine did not have a protocol. The nurse said this was an oversight and agreed to complete this.

Assessing risk, safety monitoring and management

● Staff understood where people required support to reduce the risk of causing unnecessary harm or injury. Individual plans of care recorded some risk control measures for staff to follow to keep people safe.

● Risks associated with certain health conditions such as increased frequency of falling and risks related to catheter care were written in the person's individual care plan and followed by staff.

● Environmental risks were completed that included fire safety and health and safety checks to ensure people were kept safe in the home.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● People said and we saw, staff sought consent, even if people had limited capacity.
● Staff understood the importance of consent and asking people what they wanted, formed part of everyday practice. Staff recognised some people had limited capacity, but continued to ask, involve and explain.
● Care plans encouraged people to make their own decisions. Where people lacked capacity, best interest meetings had been held to record those specific decisions the person could not fully understand.
● People were not subject to restrictive practices such as restraint or seclusion.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported by other health professionals. People's comments were, "Yes chiropodist every six months" and "I saw the optician."
● A nurse staff member told us they supported people, if required, to access health support such as speech and language therapists, occupational therapists, GPs and district nurses if people needed additional healthcare intervention.

Staff support: induction, training, skills and experience
● People said staff were trained and knowledgeable to meet their needs.
● Staff told us they received the support and training to carry out their roles safely and effectively. Records showed staff had received the provider's mandatory training. This included important topics such as safeguarding and moving and handling. In addition, staff received training to support people with specific health conditions such as diabetes.
● Staff were complimentary about the training opportunities. One staff member told us how they valued the

dementia training they had received. This staff member said, "I did a course on dementia and learnt it is about how you approach the person."
● Staff completed induction training followed by two weeks shadowing experienced staff. Staff new to care also completed the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support in line with their assessed needs. Where people needed a special diet or where they needed their food and fluids modified, this was done.
● Overall, people gave us mixed feedback about their meals. Comments included, "Sometimes it's fresh and edible other times I don't like the meat, frozen vegetables I don't like" and "Very good, mixed, sometimes absolutely splendid other times it isn't." During our visit, one person said of their meal on the day, "Carrots peas and very dried piece of salmon but very good soup and sweet."
● People told us they had plenty of drinks offered to them throughout the day.
● The inspection team observed the lunchtime experience on both floors. On the ground floor, people were relaxed, and the service went smoothly. However, upstairs staff had to reposition a person which took time and delayed people getting their meal. People's expressions showed they were a little frustrated.
● People and the chef told us other options or alternatives were provided if people didn't like the choice offered. The chef knew which people needed their food modified and staff updated the chef when people's needs changed.
● Pictorial menu cards were on dining room tables to help people make an informed visual choice about what they wanted to eat.

Adapting service, design, decoration to meet people's needs
● Studley Rose was a purpose built home opened in August 2021. Corridors were wide and supported social distancing and made it easy for people using mobility aids to transfer safely around the home without fear of bumping into things.
● The design of the home helped facilitate quiet, open and private spaces for people to enjoy, but also supported group gatherings for people to be together for events or activity sessions. The home had a lift to all floors.
● Rooms were personalised to people's needs and wishes. People were encouraged to bring in their own personal belongings with them; we saw people's rooms were personalised to them.
● There was access to the garden and various areas for people indoors and outdoors to enjoy.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in how their care and support was delivered.
- Our observations showed staff supported people, gave people choice and options of what they wanted to do. If people did not want something, staff respected the person's wishes.
- Staff understood and recognised where people needed help or reminders to make decisions about how they would like to be supported, especially for those people who didn't always have the ability to do so.

Respecting and promoting people's privacy, dignity and independence
- Staff promoted people's independence by supporting people to maintain skills where possible. This included providing prompting and supervision where needed and ensuring people's choices were respected and met, whilst allowing people to do what they could for themselves.
- Overall, people said staff were on hand to help and staff encouraged them to remain as independent as possible. About their own independence, one person said, "Oh yes. I'm independent. I wash my face, feed myself and as far as washing goes, I have to be dressed." Another person told us how staff helped them to visit the garden area safely but with support on hand if they required it.
- Staff told us how they respected people's privacy and dignity. They ensured all doors, curtains and windows were closed and always involved the person with what they were about to do so it never came as a surprise. Staff said speaking with people beforehand relaxed the person and helped gain trust.
- Staff practices and the premises promoted privacy. For example, people could choose to be in their own bedroom or in quiet spaces if they wished.
- Staff understood and promoted confidentiality. People's personal information were stored securely and shared only with authorised people such as health and social care professionals.

Ensuring people are well treated and supported; respecting equality and diversity
- People's equality needs were respected. Important information was used to personalise people's individual plans. Important contact information was held to keep people most important to them, updated.
- Staff enjoyed caring for people. Staff said the best thing about their job was the people and 'making them smile'.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The majority of people were satisfied with the quality of care they received. People felt involved in how they were supported throughout each day. People's needs and preferred routines were considered and reflected within their care plans.
- Individual care files contained a range of person-centred information, including a summary of their care needs, what was important to them and what level of support or intervention people required. Regular reviews took place, but we found in some examples, the review had not identified where daily records and care plans did not always match.
- For example, one person required a thickener in their drinks, but staff did not always record the consistency of those drinks. Another person received thickened fluids, but the levels of thickener prescribed were different to the care plan and staff's knowledge. We saw one person had a catheter in place, however charts did not always reflect fluid outputs. The director of regulation confirmed actions had been taken to ensure records reflected the right levels of support to ensure consistent care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to understand the literature in its written form. Any alterations could be made to those documents, such as translation or large print.
- People's sensory needs to support good communication were recorded in their care plans.
- Some people had limited communication or a cognitive impairment. In one example, staff told us how they spoke more directly to that person so they could see each other's facial expressions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave us mixed feedback about the level of activities and engagement. Some people chose to remain in their own room, reading books, watching tv or keeping themselves occupied. Others told us they were involved and enjoyed group activity sessions.
- During our inspection visit, staff took people outside in the afternoon into the garden area to enjoy the weather. One person said, "They don't push you if you don't want to go." We were told an ice cream van visited which they enjoyed.
- Dedicated activity rooms were set up for activity sessions such as cooking and baking. There was an

indoor pub 'Nags Head' were people could socialise. There were book rooms, areas for people to sit. We saw people listening to the radio in one of the lounges.
● Visitors were welcomed into the home. People told us they enjoyed seeing their families and friends. This was recognised as an important event in people's lives and through the pandemic. Visiting procedures supported these important visits.

Improving care quality in response to complaints or concerns
● The provider had systems in place for people, relatives and staff to raise any complaints or concerns they had about the service.
● Where complaints had been raised, we saw they were dealt with satisfactorily.
● Where a complaint had been made, we could see action had been taken to limit the possibility of a similar complaint happening again. This fed into the provider's lessons learnt programme.

End of life care and support
● The provider had systems in place to support people when they come to the end of their life.
● One person told us they discussed their end of life care and those choices and wishes were known and recorded.
● Staff told us this included end of life care planning which reflected people's needs and choices where known. In some cases, people and family members had chosen not to have those formal discussions.
● Staff told us they had the skills and experience to ensure people would receive the support they required to have dignified and respectful care at the end of their life.
● Statutory notifications had been received from the provider that showed people received the right care and compassionate care at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits, monitoring systems and governance of the service helped drive improvements. Areas monitored included care plans, infection control, health and safety, staff recruitment and medicines. The provider reviewed and analysed these and other areas so they could take the most appropriate actions where a need for improvement was identified so, they could act locally or across the provider group.
- The manager responded to issues as far as practicable where this was under their control. However, we found when some duties were delegated to others for audits or processes that reviewed people's care, these were not always completed or effectively managed. The issues we found related to window restrictor fixings, hot plates that had not been risk assessed, a missing PRN protocol and a prescribing error related to a person's thickener, all had potential to put people at unnecessary risk. Where checks were completed, these issues had not been identified. Other records that staff completed, such as fluid records did not consistently record when a person had their drinks modified or for a person on a catheter, outputs were not always recorded. Again, systems and checks had not identified this.
- Immediately following our visit, the director of regulation confirmed all the actions we identified had been rectified and lessons were learnt, and processes improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall, people were happy at the home. However, some people had raised concerns around staff, their response times when help was called for. One person said if they raised an issue, it took a couple of weeks for action to be taken. Other people said the home was newly opened and expected some time for things to settle.
- We asked people about the camera monitoring, four people either did not know of its existence or would not like it. We accept monitoring activity was not yet operational, however people's responses demonstrated more engagement was needed.
- Most people we spoke with did not know who the manager of the home was. The registered manager had left December 2021, the provider's website had not reflected this. Some people shared with us new staff were not always responsive. However, overall, most people remained confident they were cared for.
- Three people told us they had not attended any resident meetings and they were not confident if those meetings were held. If feedback was given, some people were not confident of a quick resolution.
- Staff were complimentary about the home and the quality of care people received. Staff felt invested in.

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

● The provider welcomed our inspection visit and during and immediately following our inspection visit, improvement actions were taken to address the window restrictor fittings and following up on prescribed thickeners and 'as and when' medicines. An action plan was put into place and audits strengthened to capture those improvements going forward. In some of these examples, the provider would apply those improvements across their other homes where needed as part of their culture of learning and improving.

●The manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy this included a local GP and other healthcare professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider notified us of reportable incidents and where necessary, investigation and analysis of those incidents took place to limit the chance of reoccurrence.

● At the time of our visit there was no registered manager in place which is a condition of the provider's registration. The service was being managed on a day to day basis and a new manager had been recruited but had not yet took up their position.