

Advinia Care Homes Limited

Stonedale Lodge Care Home

Inspection report

200 Stonedale Crescent
Liverpool
Merseyside
L11 9DJ

Tel: 01515492020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stonedale Lodge is a purpose-built home comprising of six separate units, situated within a residential area of Croxteth. The service has two residential units and one nursing unit dedicated to people living with advanced dementia. There are two further units for people with general nursing needs, as well as a residential unit. The service can accommodate up to 180 people. At the time of the inspection, there were 158 people living at the home.

People's experience of using this service and what we found

At our last inspection in November 2018, we found the home was in breach of regulations in relation to safe care and treatment and good governance. During this inspection we found the service was no longer in breach of safe care and treatment, however remained in breach of good governance.

Some records were not always accurate, fully completed or reviewed. We also saw that some audits required improving as they had not highlighted some of the concerns we found during our last inspection. There was a manager in post who had not yet registered with the Care Quality Commission (CQC). Staff had team meetings and people told us they felt engaged with.

People were mostly 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. We did see however, that some practices in relation to the implementation of the Mental Capacity Act required further development, and we have made a recommendation regarding this.

Staff were trained, inducted and supervised, and people were referred to external healthcare professionals when needed. People had their food and fluid intake monitored where needed, however we did raise that this could do with improving in some areas. There was mixed feedback with regards to the food at the home.

The registered provider had made improvements to the environment; however, we saw that some fire doors did not close properly. There were risk assessments in place for people depending on their physical and clinical needs, we saw that some risk assessments had not been reviewed, which we raised at the time with the manager. Medication and staff recruitment were managed safely, and there was enough staff on shift to be able to support people safely.

Care plans were viewed varied in their presentation of person-centred information. It was not always clear what people enjoyed doing or if they had been consulted with regarding how to spend their time. We have made a recommendation regarding this. There was a complaints process in place and people said they knew how to complain. Some records were lacking with regards to end of life care, however, staff were knowledgeable about this, and people told us they had been well supported by the service.

Everyone we spoke with commented on the kind and caring nature of the staff. Staff gave us examples of how they respected people's dignity and privacy and there was information in care plans with regards to promoting independence.

Rating at last inspection and update: The last rating for this service was requires improvement (published 19 December 2018) there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had not made but the provider was still in breach of regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the second consecutive time.

Why we inspected

The inspection was prompted in part due to concerns received about oversight and management structure. A decision was made for us to inspect and examine those risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stonedale Lodge on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stonedale Lodge 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.

Inspection team

The inspection team consisted of five inspectors, an Expert by Experience and Specialist nursing Advisor.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stonedale Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was not yet registered with the Care Quality Commission. When they are registered this will mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to 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 17 people who used the service, five relatives who were visiting on the day of our inspection. In addition, we spoke with 14 staff, the manager, deputy manager, two chefs, the maintenance person, and the activities coordinator.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 19 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12, however, there were still some concerns which remained outstanding.

- Regular checks were being undertaken on the environment to ensure that people remained safe, however, we saw that on some unit's fire doors did not close properly, and some doors and cupboards were unlocked. We highlighted this to the maintenance person and the manager at the time of our inspection and action was taken to address this.
- Risk assessments were in place to minimise the risk of harm occurring. Risk assessments varied in their level of detail, and while we saw some good examples of risk assessments being completed on one unit, we found on another unit one person's risk assessment had not been reviewed since February 2019. Changes to the person's weight had also not been included in their Malnutrition Universal Screening Tool (MUST). We discussed this with the manager and they took immediate action to rectify this.
- Everyone we spoke with said they felt safe living at Stonedale Lodge. Comments included, "They are lovely girls yes I feel safe here." And "We have the same staff, but sometimes it changes but we feel safe." Also "We all look after each other."

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to keep safe from harm and abuse. This included reporting to the local authority or whistleblowing to external organisations, such as CQC or the police.
- There was a safeguarding policy and procedure in place. There was information displayed around the home which ensured people knew how to raise concerns.
- Staff had completed training in safeguarding adults.

Staffing and recruitment

- Rotas showed there were enough staff on shift to support people, and our observations during lunchtime and throughout the day evidenced adequate numbers of staff.
- There was some dependency on the use of agency staff throughout the home, however, we found that

agency staff usage had decreased since the last inspection.

- Recruitment and selection of staff remained safe. We did find that one staff member's Disclosure and Barring Service check was not in their file, so we raised this with the manager and this was actioned straight away.

Using medicines safely

- We had received a high number of notifications in relation to medication errors. We spent time checking medications across the units.
- Medication was managed safely. Procedures were in place in relation to covert medications, and controlled drugs (CDs) which are medications with additional safeguards placed on them.
- Protocols and procedures were in place for staff so they knew how to respond to people and administer their medications as and when required, often referred to as PRN medicines.
- Staff had their competency checked annually with regards to medication.
- Medications were stored appropriately, and the temperatures of the room were taken to ensure they were in the correct range.

Preventing and controlling infection

- We observed people were protected by the prevention and control of infection.
- All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).
- Prevention and control of infection was covered on the initial induction period and again in refresher training.

Learning lessons when things go wrong

- Lessons had been learned as a result of some recent safeguarding concerns.
- We saw one example of this, in relation to medications, which had included all of the staff being spoken to at length and more detailed information being requested from the supporting pharmacy.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was pre-assessment information in each of the care plans we viewed.
- These pre-assessments had been used to develop each person care plan, and we saw that information gathered at the pre-assessment stage had been transferred over into people's care plans. The service was in the process of transitioning between different styles of documentation. We saw that due to this, some information was not always transferred completely from the existing documentation and there was some incomplete information in people's care plans. We also saw that one person had not been involved in the planning of their care, despite being able to do so.
- People and relatives, we spoke with however, told us they had seen their care plan and had their care discussed with them. One relative said, "I have seen my [family members] care plan."

This demonstrates a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed, and DoLs were in place for those who needed them.
- Some of the capacity assessments we viewed required further consideration, because they did not always evidence that the person had been involved and some of the decisions recorded for people were generic. For example, we saw that one person, who could communicate verbally, had not been involved in their capacity assessment. Additionally, consent was recorded clearly in some people's care plans and not in others, which demonstrated an inconsistent approach.

We recommend the registered provider refers to guidance in relation to the Mental Capacity Act 2005 and associated legislation and takes action accordingly.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback regarding the food at Stonedale Lodge.
- We ate lunch with the people who lived at the home and found it was acceptable, however, there was limited menus displayed which showed the choices available to people.
- People who were required to have specialist diets had information in their care plans detailing what their diets were. Where people were at risk of dehydration or malnutrition, staff completed records to monitor their food and fluid intake. We did highlight that there were some gaps in the recording of this information for some people. The manager took action to address this.

Staff support: induction, training, skills and experience

- There was a training structure in place, which covered all areas that the registered provider had deemed mandatory.
- People and their relatives felt staff were skilled and well trained. One person said, "The staff know what they are doing, my father-in-law was in here before my mum it's absolutely good."
- New staff, including new agency staff were inducted into their roles.
- Staff received supervision and had an annual appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans evidenced that people had been referred to other health care professionals such as Speech and Language Therapists (SALT) and Dieticians when needed.
 - Advice and guidance from healthcare professionals was followed; we saw an example of someone making progress with regards to weight gain following input from a dietician.
 - Although guidance was followed, records did not always accurately record the intervention staff had taken. For example, one person was prescribed a specialist fortified diet. Staff had documented what the person's fluid and food intake was each day, however they had not made any reference to the specialist advice from the dietician. We discussed this at the time with the manager who agreed a more accurate description of the diet was required each time the staff provided supported.
 - Staff documented each time a medical professional such as a district nurse or a GP visited a person and the outcome of the visit.

Adapting service, design, decoration to meet people's needs

- The units within the home which supported people living with dementia were adapted and contained accessible signage to help people with dementia orientate their way around.
- Most of the units at Stonedale Lodge were clean and clutter free. One area had a slight odour, which we raised at the time with the unit manager.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received the following comments regarding the staff. Comments we received included, "They are very kind lovely to me, they do everything for you they ask if I'm happy and how I'm doing", "Yes the staff are very good", "Staff are very nice to me I like my room", "They are so nice to you so kind", "They are lovely girls I can have what I want a bath or a shower", "If I want anything they go and get it they are so nice to us" and "They know our names."
- Our conversations with people demonstrated that staff treated them with respect and dignity. There was however, not much information documented in relation to people's specific diverse needs. We did see that some activities were tailored to meet people's hobbies, and people were asked if they wished to vote.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care, and we observed staff asking people for their consent and promoting their choice throughout the duration of our inspection.
- Information was recorded in people's care plans with regards to what day to day choices they could make for themselves, and there was information recorded around people's communication preferences.

Respecting and promoting people's privacy, dignity and independence

- Most of the care plans viewed included information around promoting people's independence. For example, during personal care, there were some tasks which the staff were not required to complete for one person due to the fact they did this themselves.
- Some consideration was needed to the type of language used in care plans and diary sheets, we highlighted this to the manager at the time of our inspection, as it was not always respectful.
- Staff we spoke with told us they enjoyed their jobs and described how they ensured personal care was always provided in private to protect people's dignity.
- Records were stored securely when not in use.

Is the service responsive?

Our findings

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

- Most care plans contained information relating to person-centred care which focused on the person's needs, choices and wishes for support.
- People's backgrounds and hobbies were not always recorded in their care plans which meant staff were not always able to familiarise themselves with people they supported.

We recommend the registered provider refers to guidance around person centred support and takes action to improve their practice.

- We saw that due to some of the information being transitioned from one set of paperwork to another, some of the person-centred details for some people were missing or not recorded. Therefore, we could not be sure if the care being delivered was always meaningful, however people told us, and our observations showed it was.

This demonstrates a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improving care quality in response to complaints or concerns

- There was a process in place for dealing with and responding to complaints and concerns.
- We discussed at length some of the concerns we had received with the deputy manager as we wanted to be sure they were taking action to be responsive to complaints and safeguardings raised.
- People told us they knew how to complain.
- The deputy manager assured us, and we saw that all concerns raised were addressed and responded to. We did highlight that we could not always see what action had been taken as a result of a complaint, however the manager is taking action to update this practice.

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.

- There was some information available for people to access in formats such as easy read and large print.
- We discussed with the manager how this could be developed further to include other types of communication needs. The menu, for example, was only available in print, which did not support some people's communication needs. The manager said this was something they were working towards.

Supporting people to develop and maintain relationships to avoid social isolation; 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

- There was an activities coordinator in post, and a programme of activities at the home.

- Some people and their relatives told us the activities were 'okay' however there was not much going on.
- We observed during our inspection that people were mostly in communal areas in their chairs or in their bedrooms. We fed this back to the manager during our inspection, who assured us that activities were always on offer, and more would be done to try to engage people.
- Relatives told us they could visit their family member anytime they liked.
- Care plans evidenced that relatives and other important people in their person's life were communicated with when needed.
- People were encouraged to form relationships with each other, and we saw evidence that people were being supported appropriately to do this.

End of life care and support

- Staff had undergone a training module to enable them to support people in their last days. Staff spoke affectionately about people who had passed, and we saw various memorials that had been built to honour people's memories.
- Some of the records relating to end of life planning were not always in place. Some people chose not to discuss this, and this was recorded in their care plans, however others had basic information which would require further development with the person or their family.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had failed to robustly monitor and improve the quality and safety of the service. Records about people were not always accurate, complete and contemporaneous. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation.

- Across the six units of the home records varied in their presentation and content. In most areas of planned care, we saw that the services approach to record keeping needed to be improved. Examples of this include, gaps in fluid charts, incomplete planning documents, and information not always being updated which meant it was inaccurate. For example, when one person lost weight over a period of weeks, their MUST score did not change to reflect this change, yet staff had signed to say this was reviewed with 'no change'. This score had in fact changed and the person's risk level had increased.
- Audits took place in areas such as medication, care planning and the environment. Some of the audits we viewed had identified that some improvement was needed in areas such as record keeping and the environment. A recent care plan audit for one person had achieved a low percentage score using the services own internal quality assurance scoring process. Despite identifying some of these concerns, there was no robust action plans assigned to this audit, so we were not able to check what action had been taken as a result of the registered providers own quality assurance process.

This demonstrates a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There was a manager in post who was not yet registered with the Care Quality Commission. The manager was available throughout the duration of our inspection.
- The deputy manager had been overseeing the management of the home with additional support from

area managers, and they had reported via statutory notification, anything they had to tell us about by law.

Continuous learning and improving care

- Our feedback during and after the inspection and regular contact with the deputy manager assured us that action was being taken to learn and improve from previous shortfalls.
- For example, the manager had devised an action plan from their previous inspection which they had been sharing with us on a monthly basis to advise of any updates. The manager had made progress with the action plan, however it was not fully met yet, due to the continued breach of regulation. We saw that the training statistics and the staff recruitment numbers had improved since the last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with said they felt the home was well ran and were positive about the new manager. Staff did say they felt more support was needed transitioning the paperwork over as they did not always have time on shift to do this, also one staff member commented about the change in management and said that "Unit managers were always leaving." We discussed the management structure of the home with the manager and saw the proposed new management structure was already in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at the home and their relatives felt communication was good, and they were kept informed of any changes with regards to their family members health. Comments we received included, "We approach the staff if we need to talk to them", "We have meetings regularly" and "We can comment on the service, there is a suggestion box."
- People who lived at the home and their relatives were engaged in the form of questionnaires which were sent out annually.
- Team meetings took place, we saw minutes of these.
- There were policies and procedures in place for staff to follow.

Working in partnership with others

- We spoke to someone from the local authority who said they felt the home had improved since the last inspection and communication was good between them and the home.
- The staff referred and engaged with health professionals and had taken on board advice to ensure people received correct care.
- The service worked with the local authority to ensure people were suitably assessed before being offered a place at Stonedale Lodge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to people's care were not always fully completed, accurate or reviewed. Auditing tools had not identified some of the concerns we highlighted during our inspection.