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# Stockdove House

## Inspection report

12 Stockdove Way  
Thornton Cleveleys  
Lancashire  
FY5 2AP

Tel: 01253855967

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13 October 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Stockdove House is a residential care home providing accommodation for persons who require nursing or personal care for up to 10 people. The service provides support to older people who may or may not be living with dementia. At the time of our inspection there were eight people living at Stockdove House.

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

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.

Medicines were stored, managed and administered as prescribed. People were safe and protected from abuse and avoidable harm. The management team identified risks, and this was documented to guide staff and ensure people's safety. Staff followed infection prevention and control procedures related to COVID-19 and other infections. Visitors were welcomed into the home and asked to follow infection prevention measures to keep people and staff safe. Staff were recruited safely, and staffing levels were enough to meet people's needs. The management team had systems to learn from incidents to further improve the safety of the service.

The management team had governance systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service and improvements were made when they were required. The introduction of new systems had improved communication between staff and management. A member of management said, "Communication is really important, and we can work better together."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 12 November 2021) and there were 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 we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider look at how staff are deployed to meet people's needs. At this inspection we found no concerns with response times. At our last inspection we recommended the provider review the storage of prescribed medicines. The provider had made changes and was in the process of changing to a new chemist that would collect, check, dispense and deliver medicines along with the appropriate documentation.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 November 2021, and

breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Fit and proper persons employed and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stockdove House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Stockdove House

## 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 Health and Social Care Act 2008.

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

Two inspectors carried out this inspection.

#### Service and service type

Stockdove House is a 'care home' without nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

At the time of our inspection there was not a registered manager in post. The provider was going through the process to become registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return 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 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, administration manager, senior carer and carers. We spoke with one visiting health professional. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and reviewed a variety of records related 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed ensure information regarding prospective employees was always available in accordance with legal requirements. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems were in place to ensure staff were recruited safely. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the last inspection we recommended the provider seeks and implements best practice guidance from a reputable source on the deployment of staffing.

- The provider ensured appropriate staffing arrangements were in place to meet the assessed needs of people in a timely manner. One person told us, "Yes, there is enough staff." While a second person said, "At times there is not enough staff." The provider told us they were in the process of recruiting staff to offer additional support at busier times and to be available through the night should they be required.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed ensure documentation consistently contained up to date and complete information regarding risk controls or the help and support people required. Action was not always taken to improve the service when risk was identified. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of inspection, the provider was working to meet the recommendations within a fire risk assessment audit. The provider reassured us all the recommendations would be followed. We noted some

changes had taken place during the inspection process.

- The management team had assessed and recorded risk to keep people safe. They had reviewed care plans to ensure assessments were visible and clearly linked to assessed risk which included mental health, mobility and any health conditions.
- Each person had a personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency. These were under review at the time of inspection to ensure they provided clear concise guidance for the emergency services, should they be required.

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. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

At our last inspection documentation did not consistently contain up to date and complete information to support staff in the person-centred administration of medicines. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The management team had worked with the local authority to ensure best practice was followed related to the monitoring of fridge temperatures and as and when required medicines.

We recommended the provider seeks followed best practice guidance on the safe management of medicines.

- The provider was in the process of changing pharmacies to ensure medicine administration records followed best practice guidance.
- Staff told us they had their competency assessed on medicines administration; however, this was not documented. The provider took immediate action and introduced assessment sheets to record the outcome of future competency assessments.
- Medicines were stored securely, and access was limited to those staff trained to administer them.
- People told us they got their medicines as prescribed.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them. One person said, "Definitely feels



safe, if I didn't, I wouldn't stay here." A second person added, "Yes, I feel safe."

- There were safeguarding processes in place. All staff spoken with had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- The safeguarding number of the local safeguarding authorities was prominently displayed within the home. This enabled staff, visitors and people who lived at the home, to raise concerns if they wished to do so.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely. Staff wore disposable masks while on shift.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was supporting visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The management team had reviewed all policies and procedures since the last inspection. They had introduced new systems of working to ensure they were compliant with regulations and were embedding best practice guidance into working practices. A member of the management team stated, "We are so much more in control of what's going on now."

# 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 our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection systems and checks did not always result in improvements. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team had reviewed all governance systems to drive improvement, increase accountability and keep people safe.
- The provider encouraged candour through openness. The management team and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.
- The provider understood their responsibilities to keep us informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.
- The provider worked closely with other agencies and relatives to share good practice and enhance care delivery.

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

- The provider had introduced an electronic communication system that allowed staff to contact them any time to improve communication, guide work practices and manage risk. One staff member told us, "The manager has my back 100%. They are really supportive."
- People told us they had resident's meetings and knew who to talk with if they had any concerns. One

person told us, "It's not like a care home, they're really nice [staff] and they look after you. A home from home."