Shire Care (Nursing & Residential Homes) Limited

Stallingborough Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Stallingborough Lodge provides nursing and personal care to a maximum of 45 older people who have a range of physical health care needs, some of whom may be living with dementia. On the day of the inspection there were 45 people using the service. The service is situated in the village of Stallingborough, three miles from Immingham.

We carried out this unannounced inspection on the 8 and 11 July 2016. Our last inspection took place in June 2014 and at that time the service was meeting all the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. People told us they felt safe.

We saw recruitment checks were carried out, although the personnel files for two members of staff only contained one written reference. We also found where potential employment risks had been identified for three members of staff, discussions had been held between the candidate and the registered manager but these and the review of the risk to employ the person had not been recorded. The registered manager confirmed they would complete a full audit and address the shortfalls. We have made a recommendation that the registered provider's recruitment processes are followed more robustly.

There were enough staff on duty to meet people's needs. Staff told us they received sufficient training to enable them to support people safely and to meet their assessed needs. Records confirmed this. We found staff received guidance, support, supervision and appraisal. This helped them to be confident when supporting people who used the service.

People told us they were supported by kind, caring and attentive staff who knew them well and understood their preferences for how care and support should be delivered. People were treated with dignity and respect throughout our inspection. It was clear staff were aware of people's preferences for how care and support should be provided.

We found people were supported to make their own decisions as much as possible, for example staff offered visual choices to them, such as meals, clothing and activities. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). In the main, staff worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions. However, we found instances when best practice had not been followed; records to support decisions about the use of

restrictive practice such as bed rails were not always in place to reflect capacity assessments and decision-making. The registered manager told us they would address this straight away.

The activities programmes showed people were supported to participate in a wide range of meaningful activities and events within the service and the local community. Staff also supported people to maintain relationships with their families and friends.

Staff were aware of people's health care needs and how to recognise when this was deteriorating. The support they provided helped to maintain people's health and wellbeing. Staff liaised with health professionals for advice and guidance when required. Systems were in place to ensure people's medicines were administered safely.

We found staff supported people to maintain their nutritional needs. They assisted people to make choices about their meals and to eat them safely when required. The menus provided were varied and offered choices and alternatives.

The service was responsive to people's needs and wishes. People who used the service had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. Comments from people included, "They ask us how we like things and check they are getting it right."

We found there was an organisational structure in place to support and oversee systems and staff, and a value base aimed at person-centred care. Staff told us there was an open culture where they felt able to raise issues with the registered manager and senior management.

We found the service was well-managed. There was a programme of audits and any shortfalls identified were addressed. New up dated quality monitoring systems were being introduced. There was an ethos of learning to improve practice and the service provided. People who used the service and their relatives praised the quality of care and management of the service. Comments from people included, "It is ideal, I'm delighted with this home" and "It is well managed and the staff are caring and well informed. My father has a very good quality of life and I have a good feeling about the home."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Recruitment checks were completed although in three of the six staff files we checked this could have been more robust prior to them starting work.
Sufficient numbers of staff were on duty at all times to meet the current needs of people who used the service.

Staff knew how to safeguard people from the risk of harm and abuse. They had completed training and knew how to report concerns. Areas of risk were identified and steps taken to minimise the likelihood of accident and incidents occurring.

Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective.

People's health and nutritional needs were met. Their weight was monitored and any risks identified and addressed. People told us they liked the meals provided; they said they were varied and there were choices. People had access to a range of community health care professionals as required.

People were supported to make their own decisions about the care they received. When they were assessed as not having capacity to do this, staff mostly worked within mental capacity legislation.

Staff received training, supervision and support which provided them with the skills and confidence required to complete their roles.

Is the service caring?

Good

The service was caring.

Staff approach was caring and compassionate. They respected people's privacy and dignity. People's independence was

encouraged where possible.

A good range of information was provided to people in the service on noticeboards, via newsletters and in meetings.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

Is the service responsive?

Good

The service was responsive.

There was a wide range of activities provided to people that responded to their needs and interests. There was also lots of access to community facilities which had impacted positively on people and improved the quality of their lives.

People were provided with care that was very person-centred and tailored to their individual needs. People who used the service and their relatives were included in the formulation of care plans.

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed.

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and provided a supportive environment for staff.

The culture of the organisation was open and people were able to raise concerns and express their views.

There was a quality monitoring system in place which ensured audits were completed, action plans developed and learning enabled.

Stallingborough Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 8 and 11 July 2016 and was carried out by an adult social care (ASC) inspector who was accompanied by a second ASC inspector for part of the first day.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team who confirmed there were no current concerns. We also contacted North East Lincolnshire Clinical Commissioning Group who provided us with information about their recent monitoring visit. Healthwatch North East Lincolnshire had completed an enter and view visit in July 2015 and we reviewed this report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

During the inspection we spoke with nine people who used the service and five of their relatives. We also

spoke with the registered manager, two qualified nursing staff, two care workers, two activities coordinators, the cook, the maintenance person, administrator, domestic staff and a visiting professional. We spoke with the registered provider on the telephone.

We looked at five people's care plans along with their associated risk assessments and Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance records, complaints, records of meetings, recruitment and staff training records, policies and procedures and records of checks carried out on equipment and facilities. We completed a tour of the premises.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe at the service. One person said, "It's a very safe place, staff are always coming round checking we are alright." Another person told us, "I do feel safer here than I did at home, I had a few falls and it knocked my confidence. I haven't had any falls since I've been here." Relatives told us the service was a safe place and comments included, "There's always staff about and they carry out regular checks and ensure people are repositioned so they don't get sore", "Oh yes, I have complete confidence. Staff are always polite and courteous. I have peace of mind they [their relative] are safe here" and "The home is well staffed."

We saw there was a recruitment and selection policy in place and employment checks were carried out, such as application forms, references, disclosure and barring service [DBS] and proof of identity. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensures that people who use the service are not exposed to staff that are barred from working with vulnerable adults. Although DBS checks were in place prior to new staff starting work, in two of the six staff files looked at a second reference had not been received. Records indicated a verbal reference had been sought but not recorded, there was no evidence the second reference had been chased up. We also found three people's pre-employment checks had identified a potential risk. The registered manager told us they had discussed the concerns with the new candidates and considered the risk would not affect their employment. We could not see written evidence the registered manager had reviewed or assessed the potential risks. All the files contained interview records and contracts of employment. Checks were completed on the professional registration of all the qualified staff prior to employment and on an on-going basis. The registered manager confirmed they would complete a full audit of the personnel files and in future all employment records would be in place prior to staff starting work.
We recommend that the registered provider's recruitment processes are followed more robustly to ensure two written references are always obtained and decisions relevant to employment are recorded prior to the new worker commencing work.

We saw care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk; they directed staff on the action they needed to take to protect people. We saw assessments covered topics such as risk of falls, poor nutrition and moving and assisting people safely. We also found equipment such as specialist beds, specialist seating, bed side safety rails, mobility sensors and pressure relieving equipment was used if assessments determined these were needed.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep people safe. They told us how they encouraged people to stay as mobile as possible while monitoring their safety. We saw a high number of people required assistance with their mobility and observations during the inspection showed this was carried out safely.

We spoke with two members of qualified staff and a senior care worker about the medicines procedures and

practices in the home. We also observed them giving people their medicines. We saw they followed safe practices and treated people respectfully. They explained things to people and provided the appropriate support they needed to take their medicines.

Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice. We saw medicines were ordered, administered, recorded, stored and disposed of in line with national guidance. This included medicines which required special control measures for storage and recording. Where people were prescribed medicines to be taken on an "as required" [PRN] basis, protocols were in place for each person to guide staff as to how and when to administer these. We found a small number of hand written prescriptions on the medication administration records had not been witnessed by a second member of staff. We also found some of the clinic room temperatures slightly exceeded the recommended range, as staff were not regularly using the air conditioning facility. The registered manager confirmed they would address these issues.

The registered manager and senior staff completed regular audits of the medicines systems. Records showed actions had been taken to address any issues that had been highlighted during audits. In discussions, the registered manager confirmed they had experienced continued issues around obtaining timely prescriptions for some people from the local GP practice due to the introduction of a computerised system at the practice in 2015. This had meant qualified staff regularly spent a significant amount of time completing additional checks of people's prescriptions, ensuring the medicines had been provided and chasing up outstanding orders. The registered manager confirmed she was planning to arrange a meeting with the practice manager to discuss the improvements needed.

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. One member of staff said, "I wouldn't hesitate to report any concerns. The residents are very vulnerable and it's our job to ensure they are safe."

Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies and records showed each person had their needs assessed in relation to evacuating the building.

People who used the service had their needs met by appropriate numbers of staff. At the time of our inspection 13 of the 45 people who were residing at the service received funding for their nursing needs. We saw call bells were answered promptly and people received timely care and support. There was a member of staff available in communal areas to provide support where necessary and for people to speak with. Care workers were supported by a range of domestic and catering staff which enabled them to focus on people's care needs.

Discussions with staff and checks of staff rotas showed two qualified nursing staff were on shift most days with one qualified member of nursing staff on duty at night. Levels of six and seven care workers were provided during the day shifts and three care workers at night. The registered manager confirmed the staff numbers had been increased and the allocation and deployment processes had been discussed with staff and changed since the new extension had opened. Staff we spoke with agreed there was enough staff on duty to meet people's needs and that they were deployed effectively. One member of staff told us, "The staffing levels and daily allocation is better since the bed numbers have increased. We have a lot of

experienced staff and work well together."

Good

Is the service effective?

Our findings

People we spoke with said staff were caring, friendly and efficient at their job. People who used the service said, "The girls are all lovely and kind, they go the extra mile for you" and "No issues at all about the care or the staff, I'm very satisfied with the arrangements here." Comments from relatives included, "They [staff] are excellent" and "The staff are dedicated and clearly enjoy their work, the care is very good."

The people we spoke with told us the meals were very good and there was always plenty of choice. Comments included, "Very nice meals, I've been impressed with the choice", "The meals are always hot and tasty. They do lovely cakes and snacks for us, we are spoilt here" and "Mum is very happy with the meals and the cook makes build up drinks, as she is very frail."

Staff asked people for their consent before they provided support for them. They explained the support they were going to give in a way that people could understand and we saw people responded positively to this approach. People and their relatives told us they were involved in decision making about care needs and records confirmed this. One person told us, "Staff always respect my wishes."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there were seven DoLS authorisations in place and the service was waiting for assessments and approval for the remaining 14 applications they had submitted. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Where some of the forms indicated the person lacked capacity to make this decision for themselves we found capacity assessments and best interest meetings with families and appropriate clinicians had been recorded. We also found decisions about residing at the service, the care people required and prescribed medicines had also been discussed and recorded. However, we found assessments of capacity and best interest decisions for areas such as the use of equipment that restricted people's movement, for example bedrails and lap straps, were not in place, although detailed risk assessments were in place in all cases. The registered manager told us they would address this straight away. In discussions with staff, they had an understanding of MCA and the need for people to consent to care provided. One member of staff said, "We make sure we explain to people the care support we provide. Some people need more reassurance. If a person refuses we would respect that and report it to the senior staff."

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by

healthcare professionals such as community nurses, dieticians, dentists and opticians. One person told us, "The staff arrange for me to see the GP when I need to, I also get my eyes checked regularly."

We observed the breakfast, lunch and tea time meals and saw people were given time to eat their meals and there was a relaxed atmosphere. We saw when people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet. People had access to a range of adapted utensils and plate guards in order to help them eat their food independently.

Hot and cold drinks and a range of snacks were offered to people throughout the day. We saw pictorial menus were on display and the cook confirmed people were consulted when these were reviewed to ensure their preferences were met. New meal choices included: sausage pie, chilli and more salads. They said, "We had tried a pasta bake but this had not been popular with people and removed from the menu for the time being.

Records showed staff had assessed people's nutritional needs on admission and weighed them in accordance with a risk management score. This meant some people were weighed weekly and others monthly. Care records showed the service was referring people to a dietician or a speech and language therapist if they required support with swallowing or dietary difficulties. The cook explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. We found people's fluid and food intake was monitored if staff felt people were not taking an adequate diet or had experienced weight loss. The fluid and food intake records we looked at had been completed correctly by staff.

We looked round the service to find evidence of environmental considerations and improvements to support people with dementia. There was good pictorial signage and colour contrasting paintwork to assist people to recognise rooms such as toilets and bathrooms. Lighting in the ground floor communal areas had been improved and people's bedroom doors had signs with their name and a picture of something important to them such as the flowers they liked, a breed of dog or horse racing.

Staff had completed a range of training to ensure they had the skills and knowledge to carry out their roles effectively. The training record showed staff had completed a range of training the registered provider deemed essential and this included; moving and handling, health and safety, safeguarding vulnerable adults from abuse, fire, infection prevention and control, medicines management, dementia care, MCA 2005, food hygiene, dignity and prevention of pressure ulcers. We found the qualified nursing staff had completed training in clinical topics to support their on-going registration which included gastrostomy feeds, phlebotomy, catheterisation, end of life, wound care and syringe drivers.

The staff we spoke with told us they had undertaken a structured induction when they started to work at the service. This entailed the completion of an induction workbook and essential training. The registered manager said new starters also shadowed an experienced staff member until they were assessed as competent in their role, which was confirmed by the staff we spoke with. Records showed new staff completed the Care Certificate (a nationally recognised set of standards and staff were then encouraged to undertake external professionally recognised qualifications such as diplomas (previously National Vocational Qualifications (NVQ's) in adult social care. Records showed 81% of care staff had achieved this qualification. The continued development of staff ensured the care they provided was effective and in line with current best practice guidelines.

Staff told us they received very good support from the senior staff through one to one meetings, team meetings and annual appraisals. Records checked confirmed this. One member of staff said, "The support

here is excellent, I'm up to date with my training and I can go to the nursing staff or the manager with any issues. Another member of staff said, "The manager will arrange additional training if you request this, one of the senior care workers is interested in wound care and the manager is trying to find a suitable course."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were very kind and caring. Comments included, "The staff are lovely", "Staff are very caring and helpful, not only to residents but also families", "Staff are very caring, polite, helpful and dedicated. They are always willing to have a chat and spend time with you", "Extremely kind" and "The staff treat people with respect, care and consideration." A relative commented, "I feel this is the best home for us. We are a close family and visit every day, we are completely satisfied with the care."

We spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people, and people seemed relaxed in their company. Staff spoke with people in a reassuring and caring manner. They listened to people, making eye contact and waiting patiently for answers. We watched how staff gently supported a person who had become disorientated and distressed. They reassured the person verbally and held their hand and encouraged them to sit with them in the lounge and have a drink. The person calmed noticeably with the support from staff.

Staff supported people in private with their personal care and made sure they knocked on people's bedroom doors before they entered. When private issues needed to be discussed we saw staff took people to areas where they would not be disturbed or spoke with them in lowered voice tones if the person did not wish to move from where they were. We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely. A relative told us that confidential information was always discussed away from other people which they found reassuring.

The registered manager told us they had developed links with local voluntary and professional advocacy services. They explained how advocacy services had been used more often in the service to support the application process for Deprivation of Liberty Safeguards and the advocate services had continued to visit and support the person. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

The registered manager told us people's relatives and friends were able to visit without any restrictions and our observations confirmed this. We saw visitors were able to spend time in people's rooms or in one of the comfortable lounge areas of the home. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshment. One relative said, "We visit most days and we are always made welcome by the staff. They always stop and have a chat with you even when you know they are busy." One person told us they had recently made friends with another person in the service and often had their evening meal together watching the TV and staff accommodated this well.

People who used the service looked well-presented and cared for, their clothes and hair were well kept and their fingernails were manicured. We saw staff treated people with dignity and the people we spoke with confirmed their or their family member's, dignity and privacy was respected. One member of staff told us, "We always take care over people's appearance and support them with their clothing choices, personal care and facial hair, it's important."

The service had appointed a dignity champion and we spoke with them about the dignity related initiatives at the service. They confirmed they attended forums in the community, maintained a resource file and worked with staff to improve the quality of care for people living with dementia. When we asked them about their role, they told us, "I help ensure we treat people as individuals and they are given choice, control and a sense of purpose in their daily lives." Records showed dignity was a standing agenda item at staff and supervision meetings. The annual dignity survey for people who used the service and relatives had scored very positively in all areas. We also saw that for National Dignity Day in February they had celebrated in the service with a winter wonderland themed party for people and their families and friends, which had been reported in the local newspaper. Feedback from relatives we spoke with was very positive about the event.

The registered manager described their plans to refurbish the current activities room to provide a community café area. They were planning to hold regular social events such as coffee mornings and cheese and wine parties to encourage people from the local village to visit and promote more social inclusion with the local community.

We saw people were provided with a good range of information. There were notice boards in the entrance and corridors with information about the organisation, activities, advocacy services, dignity and how to make a complaint. There was also a separate weekly activity calendar which provided pictorial information about the activities and entertainment provided within the service and local community each day. The service had recently started to publish a newsletter and we found this provided people and visitors with information about planned activities and celebrations such as people's birthdays.

Good

Is the service responsive?

Our findings

The people we spoke with told us they were satisfied with the care and support provided. We saw they looked happy and interacted with staff in a positive way. One person said, "I'm very happy with my care and I feel I've settled here now." A relative described how staff were flexible and responsive to people's needs. They said, "You can't fault the care, they think about the little touches. I came in the other day and she [their relative] was eating an ice cream, and other times they provide chocolate or strawberries. It's good to see."

People told us they enjoyed the activities and entertainment provided. Comments included, "[Name of entertainer] is coming in tonight, he does the reminiscence and we all have a good laugh with him" and "They have a dog that visits each week and comes and lays on my bed with me, I like that." One relative said, "I'm here most days and encourage mum to join in. We've all been playing a balloon game this morning which was great fun." Another relative said, "My father is a quiet person and usually prefers to stay in his room than join in activities. The staff respect this and will spend time talking with him on a one to one basis so he does not become isolated and he really enjoys their company."

People and their relatives told us they knew how to raise concerns and make complaints. One person commented, "You just need to speak to the girls if you have any concerns, they follow everything up and get things sorted and fixed. " Another person said, "I haven't had any issues and would speak with the senior staff if I needed to." A relative we spoke with said, "We have previously expressed concern over the early evening staff cover but this was rectified immediately." Another relative said, "I have never made a complaint, I have had experience with other homes and I have to say this one is excellent."

Assessments of people's needs were completed by the registered manager or the qualified nursing staff as well as the placing authority before people moved into the service. These contained a range of information, for example, how staff would need to support the person to maintain a safe environment, how the person communicated their needs, nutritional concerns, mobility, continence, sleep pattern, preferences for gender of carer, personal hygiene and dressing. There were also risk assessments to identify specific areas of concern, for example, skin integrity, falls, moving and handling, nutrition and the use of bed rails.

Staff had completed one page profiles for people who used the service and a record entitled, 'All About Me' which was full of information about their likes, dislikes, preferences for care, family, pets, special memories, previous occupations and interests. This life history information gave staff some understanding of the values and preferences of people they supported. Care plans were produced from the assessment information. We found the care plans gave a clear picture of people's needs and abilities, so staff knew the level of support the person required and could enable them to maintain their independence. They were person-centred in the way they were written. For example, one person's records described how they preferred to have their finger nails kept long and liked to wear nail polish, which we observed during the inspection. Another person's care plan identified they preferred staff to use a shortened version of their name which we heard staff use when talking with them.

Care plans and risk assessments had been reviewed each month to evaluate their effectiveness and had generally been updated as necessary, we found one person's care records still contained a lot of out of date information although it had been updated and reviewed. The registered manager confirmed they would rewrite the care plans to ensure staff had clear directions for care support. We also saw daily notes outlined how the person had spent their day and any changes in their wellbeing. Daily handovers ensured new information was shared at the start of each shift. This meant staff knew how people were presenting each day.

We saw there was a good range of meaningful activities for people to participate in if they chose to. People's care plans provided information about their hobbies, interests and skills to help the development of person centred activities at the service. The two activity co-ordinators provided support during the day time and evenings. They maintained a file which included a programme of monthly events, this was also displayed on the notice board in the entrance hall and corridor and we were told it could be subject to change if people wanted to do something else. We observed group activities and one to one sessions took place with people to ensure there was social stimulation and involvement. Group activities ranged from music afternoons, a poetry group, exercise groups, quizzes, crafts, baking, poker, bowls, skittles and entertainers. During the inspection people were participating in a balloon batting game, colouring, reminiscence session and a visit from the therapy dogs which we observed they all enjoyed.

The activity coordinator explained how they supported people to regularly access the local community. Two people had enjoyed a swimming session at the local pool that week, which was a new activity. One person told us, "I really enjoyed the swimming, hadn't been for years, the place was spotless." Other activities they participated in were an 'Over 50's club' at the local village hall, walks, church services, coffee mornings and meals out. The activity coordinator had also taken a small group of people to Lincoln on the train recently and some people had visited Cleethorpes to celebrate Armed Forces Day. Staff talked about the forthcoming summer fayre and how people and their relatives were involved in the preparations and this year were assisting with making cakes, cards and bird feeders to sell on the stalls. Photographs were displayed showing people participating in events at the service such as birthday celebration parties.

The activity coordinator told us how all the staff were encouraged to be involved in the celebratory events. For the queen's birthday party the cook had decorated cupcakes and decorated the service with union jack bunting and a life size cut out of the queen and a corgi, which all the visitors had commented on.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. This included letters for acknowledgement and forms to record the details of the complaint, investigation and outcome. Records showed that when complaints were received the registered manager had followed the registered provider's policy to ensure the issues were managed appropriately and resolved.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support they received. Comments included, "My family are very pleased with Stallingborough Lodge. All staff are caring, considerate and do all they can to oblige", "The manager is very approachable and always goes out of their way to speak with us when we visit. I don't think we could have chosen a better place for my relative to live", "We are happy with all aspects of the service; there are no smells and the atmosphere is warm and welcoming. The manager, nurses and carers are available; we are always listened to."

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the service that was respectful to people, visitors and staff. Staff described working as one big team, and being committed to the person centred approach which improved the outcomes for people who used the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "[Name of manager] is brilliant, great, can't fault her. Everything is for the benefit of residents. Always around within the service, very visible" and "She [the registered manager] is always approachable and supportive, helps out on the floor if we are busy."

There were regular group and individual staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff reported they were encouraged to raise any concerns and the registered manager worked with them to find solutions. Records also showed the meetings were used as a forum for learning and reflective practice and, at a the recent staff meeting we saw records showed how staff had discussed continence support for people with dementia and sensory loss. Meetings also provided the registered manager with an opportunity to introduce staff to new areas for development within the service. For example, the 'awareness of sexuality and intimacy' had recently been discussed and a decision made to include this topic on the assessment records of people who used the service.

There were systems in place to monitor and review the quality of the service and to drive improvements. We saw an internal audit programme was in place and regular audits were carried out for areas such as care records, call bell response times, health and safety, the environment, medication, weights, incidents/ accidents and infection prevention and control. We saw action plans were developed to address any shortfalls identified, such as improvements to the facilities and décor. In recent months more areas of the service had undergone refurbishment, such as the dining room, hall and lounges with positive results. People had been consulted about the style of décor, for example they had been shown samples of wallpaper for the dining room and had made their choice. Overall, we found some of the audits were minimal in format and out-dated, which limited the range and scope of some of the reviews. The registered provider had recognised this and supplied the service with a new audit programme, which the registered manager was due to implement.

A number of external audits had been completed in recent months which included medicines, infection prevention and control (IPC) and pressure damage prevention and management. The results had been very positive with scores achieved of 98% for pressure damage prevention and 90% for IPC. The pharmacist had made some minor recommendations within their audit report dated February 2016, and we found the majority of these had been addressed. The access to up to date drug reference information for staff was outstanding, which the registered manager confirmed they would address.

The registered provider contracted with a nurse consultant to carry out quality monitoring visits at all the registered services within the organisation, they had last visited Stallingborough Lodge in November 2015. When we spoke with the registered provider they confirmed they had appointed a new senior manager who was due to commence employment in the autumn. He confirmed one of their priorities would be to ensure consistent management systems were implemented and operated throughout the four services locally and managers were given the necessary tools to complete this.

Systems were in place to make sure staff learned from events such as accidents and incidents. As a result of the learning we saw changes were made to people's care to reduce the risks of incidents and events happening again, such as: bedroom furniture being repositioned, alarmed seat and foot mats being used, provision of low style beds, referrals to the falls team and bed rails being fitted.

There was a range of processes in place which enabled the registered provider and registered manager to receive feedback on the quality of care provided at the service, this included resident and relative meetings and satisfaction surveys for people who used the service, their relatives and staff. Care reviews or reassessments also enable the obtaining of feedback on whether the service provided was meeting people's needs and expectations. A suggestions box and comment cards were provided in the entrance hall for people to use. A recent concern about staffing levels in the early evenings had been addressed with the recruitment of a new activity coordinator to work at this time. Feedback from people who used the service, relatives and staff confirmed this new arrangement was working well. The activity coordinator based themselves in the communal rooms and provided more group activities and support for people.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission and other agencies of incidents which affected the safety and welfare of people who used the service. We have received notifications in a timely way and this meant we could check that appropriate action had been taken.

The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2014 / 2015 where quality standards were reviewed within the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating which was a positive achievement. Further assessments had been completed and they were awaiting this year's rating.