

North East Care Homes Limited

Stainton Lodge Care Centre

Inspection report

Stainton Way
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stainton Lodge is a residential care home providing personal and nursing care to up to 73 people. The service provides support to people across 2 floors. The ground floor specialises in providing support to people with a mental health condition. The first floor accommodates older people and people living with dementia. At the time of our inspection there were 55 people using the service.

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

We received mixed feedback on the quality of food and at mealtimes we observed areas where improvements could be made. We have made a recommendation about this.

People told us they felt safe. Medicines were managed safely. Significant improvements in all aspects of medicines handling had been made since our last inspection. Risks to people were appropriately assessed and managed. Detailed guidance was available for staff to help them reduce risk to people. There were enough staff to keep people safe and staff were recruited safely. The home was clean and tidy and robust infection control procedures were in place.

People's needs and preferences, including their cultural, religious and ethical requirements were assessed and catered for. Staff received appropriate training and supervision to ensure they were competent in their roles. Staff worked well with other agencies and healthcare professionals and made timely referrals when needed. The service was designed and decorated in a way which met people's needs.

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.

Regular quality assurance audits were carried out and there had been a significant improvement in management oversight since our last inspection. The provider and manager were committed to continuous improvement. Lessons learnt were shared with staff. The atmosphere was warm and inviting and there was a person-centred culture.

The new manager had introduced regular meetings for people who used the service, relatives and staff and feedback was also welcomed as part of the manager's open-door policy. People who use the service, relatives and staff gave positive feedback about the new manager and the positive changes that had already been made.

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

Rating at last inspection and update

The last rating for this service was requires improvement (24 August 2022). 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.

Why we inspected

We carried out an unannounced inspection of this service on 29 June 2022. 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 safe care and treatment, good governance and staffing.

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, Effective 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stainton Lodge Care Centre on our website at 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stainton Lodge Care Centre

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

The inspection was carried out by an inspector, a medicines inspector and 2 Experts by Experience. 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had applied to be registered with the Commission and this process was ongoing.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 8 relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, quality leads, nurses, care workers and domestic staff.

We reviewed a range of records. This included 5 people's care records. We looked at the governance arrangements for the safe handling of medicines including the providers policy and audits. We looked at medicine's records and associated care plans for 20 people. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safe management of medicines. This was a breach of regulation 12 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 12.

- Medicines were stored securely. Medicines storage areas were clean, and stocks were managed safely.
- Records showed people received their medicines in a safe way and at the right time.
- Prescribed fluid thickeners for people with swallowing difficulties were now securely stored and records about their use were accurately made.
- Records for applying creams and medicines patches had significantly improved and were being checked and audited to make sure they were being managed safely.
- Information to support the use of 'when required' medicines was person centred and appropriately reviewed to make sure people were given them safely.
- Medicines audits were carried out regularly and daily records checks were made to make sure errors were identified and action taken.

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 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 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained detailed instruction for staff to follow to help keep people safe.
- Fire safety was managed appropriately. Fire drills were taking place regularly and work was ongoing to further improve recording of these. When issues had been identified prompt action had been taken. For example, the need for more fire marshals was highlighted following a recent drill and additional training had been arranged immediately.
- Maintenance staff had ensured environmental risks were addressed by undertaking regular tests of equipment and monitoring water temperatures.

- People and their relatives were happy care was provided safely. One person told us, "It's very good living at Stainton Lodge, and I feel very safe."

Learning lessons when things go wrong

At our last inspection the provider had failed to identify and take appropriate action when things went wrong. This was a breach of regulation 17 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.

- Changes had been made since our last inspection and there was a greater level of management oversight when things went wrong. Accidents and incidents were logged and analysed to look for patterns and trends. This improved level of oversight meant lessons were learned and the risk of similar incidents reoccurring was reduced.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly investigate safeguarding concerns. This was a breach of regulation 12 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 12.

- A robust system of recording, reporting and investigating safeguarding concerns was now in place. Detailed safeguarding trackers were completed after each incident. Concerns were appropriately escalated to the local authority and reported to CQC where necessary.
- Staff had undertaken safeguarding training. They had a good understanding of their responsibilities around safeguarding and how to report concerns.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient number of suitably qualified and experienced staff were on duty to ensure people's need were fully met. This was a breach of regulation 18 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 18.

- There were enough staff on duty to meet people's needs. The staffing levels were under constant review. When people's needs changed or new people moved into the home, additional staff were added to the rota. Staff we spoke with felt the manager had listened to concerns raised about staffing levels in the home. They told us, "We did feel short staffed recently, but I feel a lot better having spoken to [the manager] who is looking to get another member of staff to support us."
- There was ongoing recruitment to fill vacant posts but where there were gaps in the rota agency staff were used to ensure safe staffing levels were maintained. The provider used regular staff from the same agency whenever possible. One relative told us, "I would say that there are enough staff, mostly. They're consistent and know [my family member] well. Even the agency staff are regulars and know [my family member] well."

- A safe recruitment procedure was now in place and adhered to. The provider conducted checks including Disclosure and Barring Service checks and obtained references before new staff were employed. 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.
- The new manager conducted an audit of recruitment information. They had successfully highlighted discrepancies in pre-employment checks for one staff member and had acted promptly to ensure risk assessments were completed and additional information obtained as necessary.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to preventing and controlling the spread of infection. This was a breach of regulation 12 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 12.

- 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was in line with the latest government guidance. One relative told us, "There are no restrictions for visiting. I think if I wanted to come and see [my relative] at 3am I would be allowed in."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People with dementia were still not adequately supported to make food choices. Staff still did not routinely use picture menus when supporting people. We saw a file of food photographs in one dining room, but they were not regularly used. People were not routinely offered choice at mealtime but given food they selected earlier in the day.
- At lunchtime some people showed little interest in the food they were given but they were not offered an alternative. Where people could speak up and ask for an alternative this was accommodated. One person told us, "The food's pretty good here. I like jacket potatoes and if there's something on the menu I don't like, I have a marmalade sandwich – that's my favourite."
- We received mixed feedback regarding the standard of food. One person told us, "The food is improving; sometimes it was cold, or not much choice. Food today was just right, I sausage roll, beans and chips."
- The manager had identified the issues we found during a recent mealtime audit and had included actions on the home's ongoing improvement plan.
- The provider had recently created a new menu which was due to be introduced shortly after our visit. They been working closely with the local managing undernutrition team.

We recommend the provider continues to work on improving the dining experience and refers to latest best practice guidance in relation to supporting people with dementia at mealtimes.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to keep accurate, complete records in relation to assessing capacity and there was a lack of management oversight in relation to DoLS. This was a breach of regulation 17 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.

- 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the appropriate level of training and support. This was a breach of regulation 18 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 18.

- Training statistics had improved since our last inspection. The provider had engaged the services of a new external trainer to do the face to face sessions, such as moving and handling and first aid. Future training sessions had been booked and the manager was aiming to improve the number of staff who were fully up to date with all training even further.
- The manager had identified one cause of low completion rates of online training was a lack of confidence with the electronic system. Those staff who were struggling were invited to come in to work on the training, so people were on hand to support if necessary. One member of staff told us, "I've just had medicines refresher training today, face to face. The bulk of the training is online. I can do this at home and will get paid for it which really helps. If there is anything I'm not sure about then I can go to the nurses in here and [the manager] and they will help."
- People told us they thought staff were well trained. They said this was because they could see staff knew what they were doing. One person told us, "I think staff are well trained. They do their job properly."

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

- People's needs were assessed when they started using the service. This enabled the provider to determine how people wanted their care provided. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs.
- From conversations with staff and observation of interactions between staff and people it was evident staff knew the people they cared for and how to support them to make choices. One relative told us, "The carers are exceptional; they do everything that I would expect and more. They just know [my family member] so well. Even the Agency staff know both of us well. They even know my name."

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

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. People saw a range of health and social care professionals, to achieve the best outcomes for them. A relative told us, "If [my family member] was poorly, staff would get a GP here straight away. I'm pretty sure they have a dentist who visits and an optician. There's also a chiropodist who visits."

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

- The home was pleasantly decorated, well maintained and suitable for the needs of people living there. There was an ongoing programme of refurbishment in order to improve the surroundings further and people had been involved in decisions about the redecoration.
- People's bedrooms were a good size and well furnished. They were decorated with personal belongings and photographs which made them appear homely and comfortable. One person told us, "We're having our rooms redecorated and new carpets soon."

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; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were appropriate governance systems in place to ensure the quality and safety of the service was effectively overseen. This was a breach of regulation 17 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.

- There had been a significant improvement in the quality assurance systems. The new manager had the support of two newly appointed quality leads to help with oversight of the service and assist with audits. As a result of this new arrangement concerns were being identified sooner and prompt action taken. The manager had an ongoing improvement plan which was constantly under review.
- All of the providers policies had been renewed and were now up to date and fit for purpose. They were regularly under review to ensure they contained reference to up to date legislation and guidance.

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

- Improvements had been made since our last inspection. The provider and manager worked closely together and were committed to ongoing and continuous improvements. One member of staff said, "As far as I'm concerned, there have been improvements since [manager] started. They have definitely focused on boosting staff morale but also let you know what needs to be improved. What you see is what you get and that's really good."
- Staff told us they were happier in their roles and felt well supported. One member of staff said, "I feel well supported [the manager] is lovely. They have been really supportive and their door is always open for anybody and everybody."
- People we spoke with were happy with the care they received, and we had good feedback from relatives. One relative told us, "I haven't got a single solitary complaint about this place. I would speak with the Manager if I had a complaint, though."

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

- The new manager demonstrated a good understanding of their responsibilities and good knowledge around what duty of candour meant.

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

- Relatives told us the service was well managed and they were kept informed. One relative said, "I'm happy with it to be honest. They keep me well informed with what's going on, they phone me and let me know any problems. They are always polite".
- Feedback was sought via meetings for staff, people who use the service and their relatives. The manager also operated an open- door policy outside of formal meetings. One member of staff told us, "I feel involved in the home and like that I really have a say in things now."
- The manager had already developed good working relationship with the local authority and external health professionals.