

North East Care Homes Limited

# Stainton Lodge Care Centre

## Inspection report

Stainton Way  
Hemlington  
Middlesbrough  
Cleveland  
TS8 9LX

Tel: 01642590404

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Stainton Lodge Care Centre is a care home that was providing personal and nursing care to 68 older people, people living with a dementia and people with a mental health condition at the time of the inspection.

People's experience of using this service: Risks were monitored and action taken to keep people safe. Medicines were managed safely. Sufficient numbers of safely recruited staff were in place.

Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff supported people with eating and drinking.

People received kind and caring support and were treated with dignity and respect. Systems were in place to arrange advocacy support where needed.

People received personalised support based on their assessed needs and preferences. A range of activities were in place for people to enjoy. The provider had an effective complaints process.

A range of quality assurance checks was carried out to monitor and improve standards. We received positive feedback on the management and leadership of the service.

Rating at last inspection: At the last inspection the service was rated Good (Report published 20 August 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector, an assistant inspector and a specialist advisor nurse who specialised in care for older people and people living with a dementia conducted this inspection.

Service and service type: Stainton Lodge Care Centre 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 is divided into four units. Three units support older people and people living with a dementia. One unit supports people with a mental health condition.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on planned leave when we inspected and the deputy manager was in charge in their absence.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and

other professionals who worked with the service to gain their views of the care provided by Stainton Lodge Care Centre.

During our inspection we spoke with nine people who used the service and three relatives of people using the service. People living at the service were not always able to communicate with us verbally. 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 looked at nine care plans, 23 medicine administration records (MARs) and handover sheets. We spoke with 16 members of staff, including the deputy manager, two nurses, eight support staff and kitchen and domestic staff. We also spoke with an external professional who was visiting the service. We looked at five staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and plans put in place to reduce the chances of these occurring. For example, one person who had epilepsy had a detailed plan in place on how staff could keep them safe. Assessments were regularly reviewed to ensure they reflected people's current level of risk.
- Regular checks were made of the premises and equipment to ensure they were safe to use. These included checks of bed rails, window restrictors and water temperatures. Required testing and safety certificates were in place, including for gas and electrical safety.
- Plans were in place to support people in emergency situations. Firefighting equipment was monitored and regular fire drills took place. Records of these had not always recorded detail of how the drill was carried out and any learning points from them. We spoke with the deputy manager about this, who said such detail would be recorded in future.

### Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff deployed to support people safely. Staffing was based on the assessed level of support people needed, and was regularly reviewed. Rotas showed that absence through sickness and holiday was covered.
- We observed that staff responded to people's requests for support quickly and provided this in a calm and unhurried way.
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to provide an employment history, they were interviewed, written references were sought and Disclosure and Barring Service checks carried out.

### Using medicines safely

- Medicines were managed safely. Staff received medicines training and medicine administration records had been completed correctly. Guidance was available on the use of 'as and when required' and time sensitive medicines.
- Regular checks were made to ensure people had adequate stocks of their medicines, and that their medicines remained appropriate. Medicines were safely and securely stored.

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

- People were safeguarded from the types of abuse that can occur in care settings. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- Where issues had been raised, records showed they were appropriately investigated and reported to relevant safeguarding authorities.

### Preventing and controlling infection

- The provider had effective infection control processes in place. These included staff training in infection control and plentiful supplies of personal protective equipment (PPE).
- The service had worked closely with local infection control services to ensure staff followed the latest best practice. This included improving PPE stations and pre-meal hand hygiene.
- The premises were clean and tidy and we saw housekeeping staff cleaning communal areas and bedrooms throughout the inspection.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. This included reviewing factors that might have contributed to them, then taking remedial action to reduce the risk of reoccurrence.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment was carried out before people started using the service to ensure appropriate support was available. This included people, relatives and external professionals involved in their care to ensure people's needs and choices were respected and that professional guidance was followed. Before our visit one external professional reported, 'I have completed several reviews, all documentation was up to date and reflected his ongoing needs. The nurse on duty was helpful and informative when asked for information.'

Staff support: induction, training, skills and experience

- Staff completed a wide range of training to ensure they were appropriately skilled to support people. This included training in dementia and behaviours that can challenge.
- The provider employed an internal trainer which helped ensure training was regularly refreshed and reflected latest guidance and best practice. We saw training taking place during our visit.
- Staff spoke positively about the training they received. Comments included, "I got all the training I needed (when they first started)" and, "I was a bit nerve wracked when I started as it was my first care role, but I got all the training I needed."
- Newly recruited staff were required to complete the provider's induction programme before they could support people without supervision. This included three weeks of training and completing shifts with more experienced members of staff.
- Staff received regular supervision and appraisal which included reviewing current workloads. These support meetings also gave staff an opportunity to raise concerns and discuss future opportunities for training and development.

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

- People were supported to maintain a healthy diet. People's dietary support needs and preferences were discussed when they moved into the service, and regularly reviewed.
- Records showed that specialist diets were catered for, including with soft foods and fortified drinks. People's nutritional health was monitored and timely referrals made to professionals such as dieticians and speech and language therapists (SALT) where needed.
- Mealtimes were pleasant and enjoyable experiences and people spoke positively about food at the service. One person said, "The food is so good here. Lots of it and very fresh."
- People were offered snacks and drinks regularly throughout the day. Drinks and fresh fruit was made available throughout the building. After our visit we received positive feedback from one external professional on how the service had improved people's levels of hydration.

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

- The premises were designed and decorated for the comfort and convenience of people living there. Communal areas were light and spacious and had a number of seating areas to help people socialise. People had access to an enclosed garden, which staff said was popular.
- Appropriate signage was in place to help people living with a dementia move around the building. Handrails had been painted the same colour as the walls, which meant they were not always easily visible. We spoke with the deputy manager about this, who said the colour scheme would be reviewed to ensure it was suitable for people living with a dementia.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of external professionals to monitor and promote their health. Care records contained evidence of close working with external professionals such as GPs, community practice nurses, physiotherapists and speech and language therapy (SALT) teams.
- Records showed that timely referrals were made and advice sought when staff had concerns about people's health and wellbeing.
- External professionals spoke positively about the support staff provided. One external professional said, "We're a team that will come out and do continuous monitoring, we will ask them for that information, such as behaviour, diet and fluid, sleep and hygiene, and they are always compliant, they fill them in and we get what we need."

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Appropriate applications had been made for DoLS authorisations. Where DoLS were granted with conditions we saw that these conditions were complied with.
- Where people lacked capacity to make decisions, any decisions made in their best interests were clearly recorded. We did see that one best interest's decision to use bed rails for one person had not been recorded. We spoke with the deputy manager about this, who said it would be updated immediately.
- The provider ensured staff were trained on the MCA and DoLS, and were able to apply the principles of the MCA in practice.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the support they received from staff, who they described as kind and caring. Comments included, "I'm happy here. I'm doing well here. They (staff) are good" and, "(It is) a lovely place."
- Relatives said people were well treated and supported. Comments included, "I can go home with peace of mind", "I know she is being well cared for" and "Staff here go beyond looking after the people living here, they support the families as well."
- Throughout the inspection we saw constant examples of staff delivering kind and caring support. They knew people well spoke with them regularly and reassured people when they felt anxious.
- People were supported to maintain relationships of importance to them. Staff worked with external professionals to help support two couples who were living at the service. One person had moved in with their pet which was risk assessed and people were supported to practice their faith. During the inspection we saw many people leaving the service for the day for trips out with their relatives.
- Staff worked to promote equality and diversity and ensure everyone living at the service felt valued. For example, the registered manager attended a care home provider forum on LGBT issues. They then asked the speaker from that forum to attend the service to speak with staff and relatives about this.

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

- Feedback about the service delivered was regularly sought from people, their relatives, staff and external professionals, and it was acted on. The results from the latest 2018 survey showed that positive feedback had been received.
- More informally we saw staff regularly asking people and their relatives how they were doing and involving them in decisions about their support. These included decisions about what they wanted to do that day, what they wanted to eat and whether they wanted support from staff.
- At the time of our inspection two people were receiving support from advocates, and this was clearly recorded in their care records. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner, and knocked and waited for permission before entering their rooms.
- Where people indicated they needed support staff approached and spoke with them quietly in order to protect their privacy. Staff carrying out welfare checks on people did so discreetly in order to maintain people's dignity.
- People were encouraged to maintain their independence by carrying out as many tasks as possible for themselves. For example, we saw staff supporting one person to paint their nails. After staff had done the first few they held the bottle and asked if the person would like to do the rest themselves.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support based on their assessed needs and preferences. Care plans contained evidence of user voice, including people's goals for their support and how they wanted these to be achieved.
- In addition to information on people's support needs, their care plans also contained detail on their life history, relationships of importance and likes and dislikes. This helped staff to see beyond people's support needs and get to know the person as a whole.
- Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.
- Staff regularly discussed and updated each other on the support people had received. A formal handover of information took place at the beginning of each shift to ensure staff had the latest information on people. We saw that for one person there had been no documented handover of information when their support needs changed. We spoke with staff and the deputy manager about this and saw action was taken to update it.
- Staff could communicate with people effectively and ensured they were given information in the most accessible format. For example, pictorial menus and example plates were used to help people decide what they would like to eat.
- People were supported to access activities they enjoyed. The service had an activities co-ordinator and other staff who led on activities including puzzle and game sessions, reminiscence activities, visiting entertainers and trips to local services and amenities.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. Where issues were raised records confirmed the complaints procedure had been followed and outcomes sent to the parties involved.

End of life care and support

- Systems were in place to provide caring and compassionate end of life care. The service worked closely with palliative care professionals in providing this to ensure people were as comfortable as possible.

# 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.

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

- Staff spoke positively about the management of the service and the leadership of the registered manager. One member of staff said, "I have a good rapport with the management. We can always sit down and overcome problems."
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. These included audits of care plans and medicines. Where issues were identified improvement, action was taken and documented.
- Staff said the registered manager and provider promoted a positive culture and values at the service. One member of staff told us, "It's like an extended family."
- People spoke positively about the quality of the care and support they received. One person told us, "I'm happy here."

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

- Feedback about the quality of the service delivered was sought from people, relatives, staff and external professionals in an annual survey. This had last been completed in August 2018, and contained positive feedback on the service. One relative had responded, 'I am amazed by the care and kindness shown by the staff.'
- Meetings for people, relatives and staff were also held to engage and involve them in the service. These were used to share information and as opportunities to raise issues.

Continuous learning and improving care; working in partnership with others

- Staff worked in partnership with other agencies and external professionals to improve care at the service. Better Care Fund funding had been used to arrange training with professionals such as speech and language therapists and end of life care practitioners. Staff had recently completed a project with the local infection control team to reduce urinary tract infections through improved hydration. The success of this project was

recognised with an NHS award.