Care Homes UK Ltd

Stockingate Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 22 August 2018 and was unannounced. At the last five inspections the service has been rated as either inadequate or requires improvement. The last inspection was carried out in January 2018; we found the provider was in breach of four regulations and the service was rated as requires improvement. The regulations related to safeguarding people from abuse, staff support, management of medicines and governance. At this inspection we found the provider had made improvements and was no longer in breach of the regulations. However, their systems and processes around governance and management of medicines needed to continue to improve to ensure people consistently received a safe, quality service.

Stockingate Residential Home provides care for up to 25 older people. At the time of the inspection 19 people were using the service. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

A registered manager was 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 provider had improved their arrangements for managing people's medicines but they needed to develop their systems further to make sure safe administration practice was always followed. Staff knew what to do to make sure people were protected from abuse. The home looked clean and checks were carried out to make sure the premises and equipment were safe. Risks to people had been identified, assessed and managed. There were enough staff and the same workers provided support so people received consistent care.

The provider had improved the support given to staff but they still needed to develop this further to make sure there was a consistent approach to training and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received support at meal times and enjoyed the meals. However, they did not have access to condiments, serviettes and tables were not laid prior to the meal being served. People accessed services which ensured their health needs were met. People were comfortable in their environment and freely walked around different communal areas of the service. Work to improve the environment was in progress.

Throughout the inspection we observed staff were friendly and caring in their approach. They knew people well and talked about things that were important and relevant to the person. Staff were confident people received a good standard of care.

Care records were being transferred to an electronic care recording system. Staff had received training to

help ensure they could use the new system effectively and efficiently. Current care plans outlined people's needs and covered key areas of care although some were basic. The management team were confident the new system would be more person centred. People enjoyed a varied activity programme which provided opportunities for them to engage in individual and group sessions. The provider had a system for investigating complaints and people told us they would raise concerns with staff and the management team.

We received positive feedback about the registered manager and saw they engaged with people who used the service, visitors and staff. Resident meeting minutes and surveys showed people were satisfied with the service they received. The provider had systems for monitoring quality and safety, however, some of these were basic and did not always drive improvement.

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 always safe.

Medicine systems had improved but still required further improvement to make sure they were consistently safe.

People lived in a safe environment.

Staffing arrangements ensured people were safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received better support but further improvements were required to make sure training and supervision was provided within the agreed timescales.

The legal requirements relating to the Mental Capacity Act 2005 (MCA) were met.

People enjoyed the food and had plenty to eat. The dining room experience could be improved by setting tables prior to meals being served.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring, and our observations confirmed this.

People looked clean and tidy in their appearance.

Staff knew people well and were confident people were well cared for.

Is the service responsive?

Good

The service was responsive.

Care plans usually outlined people's needs. A new electronic care

plan was being introduced; the management team were confident this would enhance the care planning process.

People enjoyed a range of activities within the service and the local community.

People were comfortable raising concerns. A system was in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality management systems had improved but still needed to be developed further to make sure they drove improvements.

The registered manager engaged with people who used the service, visitors and staff.

People were encouraged to put forward suggestions and ideas to help improve the service.

Stockingate Residential 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 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 inspection took place on 22 August 2018 and was unannounced. Two inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, and contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in November 2017. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Because the form was completed before the last inspection we did not consider the information as part of this inspection.

During the visit we looked around the service. We spoke with 13 people who used the service, three visiting relatives/friends, four members of staff and the registered manager. We spent time looking at documents and records that related to people's care and the management of the home. This included five people's care plans and three people's financial records. 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.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the provider's systems and processes around safeguarding people's finances were not established and operated effectively to prevent abuse of people who used the service. This was because the provider was looking after money for some people but there was a lack of recording to show this was done safely. At this inspection we saw processes around safeguarding people's finances had improved. More robust audits had been introduced, which included an audit by a member of the provider's finance team. People had care plans and risk assessments that identified the level of support they required with their finances. We checked three people's finances that were held by the provider; these were all correct.

People who used the service told us they felt safe. Information about safeguarding was displayed in the home, which helped ensure people knew how to stay safe and report any concerns. All the staff we spoke with told us people were safe. They understood they had a responsibility to report concerns and were confident the management team would deal with any issues appropriately and promptly. One member of staff said, "If I was worried about the welfare of anyone then I can talk to the senior or the manager. I'm sure they would put things right." They told us they would also speak with senior managers if they felt it was necessary.

At the last inspection we found medicines were not managed safely. At this inspection we found the provider and registered manager had made some improvements around how they managed medicines and were no longer in breach of the regulations. However, further improvements were still required to make sure management of medicines was consistently safe.

People told us they received their medicines regularly and on time. We received feedback that staff sometimes did not always check people had taken their medicines. During medicine administration, the member of staff was well organised and explained to people the reason their medicines were prescribed. We saw they followed safe administration practice, which included making sure people had taken their medicines, although on one occasion their practice was not hygienic because they put tablets onto their hand, then placed them on a notepad before putting them into a crusher.

At the last inspection we reported that the provider was not following safe medicine practice when medicine was administered covertly. Covert administration is the term used when medicines are administered in a disguised format, without the knowledge or consent of the person receiving them. At this inspection, one person had their medicines administered covertly; appropriate documentation was in place and other professionals had been consulted which included the GP and pharmacist. Guidance for giving this was clear and staff explained the reasons well.

Another person had their medicines crushed. This was discussed with the GP who confirmed that a covert authorisation was not required. However, there was no reference to the medicines being crushed on the medicine administration records (MARs) or in the person's care plan. The pharmacist had not been consulted to check that the medicines remained effective when crushed. The management team agreed to

follow this up straightaway.

We found MARs were well-completed; there were no gaps. We carried out stock checks of four people's medicines that were dispensed from containers. Two people's stock balance was correct and two peoples balance was incorrect. One person's medicine was discontinued in May 2018 but the pharmacy was still dispensing. Staff were removing the medicine from the blister pack each day. A check of the number to be returned demonstrated that none had been administered this cycle.

Medicines were stored appropriately and regular checks were carried out to make sure storage met the recommended temperatures.

Some medicines had been prescribed on an 'as required' basis (PRN). People had PRN protocols to help staff consistently decide when and under what conditions the medicine should be administered. One person was prescribed medicines 'as required' to treat anxiety but staff were giving one dose each day. Staff said they had discussed this with the prescriber because the person was receiving this medicine regularly. However, there was no record of this in the medicine file or the person's care plan.

Some people were prescribed pain relief on a regular basis, for example, four times daily and others on a PRN basis. However, staff were not always following the prescriber's instruction when people were prescribed the medicine regularly because they were offering this on a PRN basis. The member of staff responsible for administering the medicines told us the MAR was incorrect, and all should be prescribed PRN. They said they would contact the pharmacy to have the wording corrected. The management team agreed to address all the issues around medicines that were identified on the day.

Care records showed that risks to people were assessed and managed on an individual basis. People had assessments which identified the level of risk and measures in place to minimise the risk of harm. Assessments and care plans covered areas such as falls, continence, nutrition, skin, personal care and well-being.

People lived in a safe environment. Certificates and records confirmed checks had been carried out, such as gas installation, hoists, passenger lift and fire safety, to make sure the premises were safe. Weekly fire door checks, fire extinguisher and fire alarm tests were recorded. A fire drill had been completed in August 2018. Equipment for preventing the spread of infection, such as disposable gloves and appropriate handwashing facilities were readily available. In June 2018, the service had been awarded the top food hygiene rating of 'five' which means they were found to have 'very good' standards.

We reviewed a certificate for analysis of water and testing for Legionella Bacteria. This was dated in February 2017 and advised retest. The registered manager was unable to find confirmation this had been completed. They said they would ensure this was followed up promptly.

People who used the service, staff and visitors generally provided positive feedback about the staffing arrangements. They told us there were enough staff to provide safe care and we observed this on the day. One member of staff said, "There is enough staff. If someone rings in sick then one of us will always come in and cover."

Many of the same staff had worked at Stockingate Residential Home for a number of years. This meant they knew people and every day routines well. This helped ensure people received consistent care.

We reviewed the staffing rotas which showed the staffing levels provided on the day of the inspection were

typical. The registered manager told us they completed a dependency assessment monthly to help calculate staffing requirements to meet people's needs, and the levels on each shift exceeded the number of staff that should be on duty. They also told us they were introducing a senior worker to cover night shifts and were in the process of interviewing for this post.

Only one member of staff had started working at the service since the last inspection. They had previously worked at Stockingate Residential Home so their employment history was included in their staff file. We saw checks had been carried out before they were re-employed.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found staff did not always receive training and supervision which equipped them with the knowledge and skills to support people effectively. At this inspection we found the provider and registered manager had improved the support provided to staff. However, further improvements were still required to make sure staff supervision and support was consistent.

The provider's training matrix showed staff received training which included moving and handling, infection control, fire safety theory and practical, health and safety, food hygiene, dementia awareness, person centred care, challenging behaviour and emergency first aid. The registered manager had identified that some staff training required refreshing and dates to complete this were overdue. They had instructed staff that they must complete the on-line training updates by the end of August 2018. Refresher moving and handling training was overdue for eight members of staff; a session was booked for September 2018. The registered manager said they would ensure future refresher training was completed within the recommended timescales.

The provider's matrix showed the expectation was for all staff to receive supervision on at least six occasions during the year and cover four set topics which rotated at each supervision session. Supervisions are used to help develop staff and review their practice. Most staff had received four supervisions so far in 2018 but some staff had received two supervisions on the same day, for example, May/June sessions were delivered concurrently with the August/September sessions. Although this covered the topics, it meant staff were receiving their supervision less frequently. We discussed this with the registered manager who told us they had been 'playing catch up' and said they would ensure future supervision was spread evenly throughout the year.

Staff told us they received good support from their colleagues and members of the management team. They said they completed training that was relevant to their role, and had opportunities to discuss issues that related to their work and received feedback about their performance.

The management team said they used standard care documentation and assessed people's needs before they moved into the service. They told us they used a standard format which captured people's history, background, needs and preferences. They said they always discussed these areas with the person and others who represented them.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we reported that the provider was introducing more effective processes for ensuring people's capacity was appropriately assessed and decisions made on behalf of people were made in their best interest. At this inspection we saw the work in this area had continued to improve and people who lacked capacity were supported.

People's care records provided guidance around promoting choice and involving the person in the decision-making process, for example, if they wanted to have a bath or shower. When people were unable to make specific decisions, capacity assessments were completed and relevant others were involved in the best interest's process. We saw examples of best interest's decisions for issues such as covert medicines and management of people's finances. For example, one person's personal money was held at the service for safekeeping. They chose how to spend their money and keep their receipts. An assessment was completed which showed they had the capacity to make this decision. Another person's records showed their GP had recently advised that a capacity assessment should be completed around their capacity to make decisions about medicines. The registered manager said this had not been completed. They put this in place on the day of inspection.

The registered manager maintained a tracker which showed five people had their deprivation of liberty authorised using the DoLS procedure and others were waiting for an assessment. The tracker also showed who had capacity and did not require a DoLS authorisation.

Staff we spoke with had a good understanding of people's right to make decisions and gave examples of how they achieved this. For example, one person wanted their medicines administered in a certain way. Staff also understood when people did not have capacity to make decisions they had a responsibility to make sure any decisions made on their behalf were in the person's best interests.

People told us they enjoyed the meals and there was plenty to eat. One person said the meal experience was sometimes rushed. We observed people's dining experience and saw staff were attentive and encouraged people to eat. Everyone was given ample time to eat their meal. Food looked appetising and was nicely presented.

The dining tables were not set prior to the meal so cutlery was given to people at the same time as their meal. There were no cloths, serviettes or condiments, which would have improved people's dining experience. The registered manager agreed to review this.

People were offered a good choice of breakfast which included cereals, porridge, a 'full English' and toast. People had a lighter meal at lunchtime which on the day of the inspection was burger and chips or soup and a sandwich. Dessert was chocolate sponge and chocolate sauce. The evening meal was Yorkshire pudding with mash and savoury mince, and homemade apple pie and cream. The apples were from the garden. Throughout the day we saw regular drinks were provided.

Catering staff had information about people's specific dietary requirements. They told us they were kept up to date with changes in people's dietary needs and when people moved into the home.

People accessed services which ensured their health needs were met. We saw from people's care records they had health checks and support from health professionals. For example, one person had recent involvement with the GP and speech and language team. Another person had an adverse reaction and other professionals were consulted for advice. One person's review in May 2018 stated they were waiting to see the optician. A member of the management team said the person was still waiting and agreed to chase this up. One person said, "I get the doctor regular, sometimes I go there or they come here or sometimes I see the

nurse." Staff we spoke with told us good systems were in place to monitor people's health needs.

We saw people freely walked around different communal areas of the service. They accessed two lounges; the registered manager said one was a quiet area and the other tended to be livelier. We observed this on the day of our inspection. Work to improve the environment was in progress. Some people had rooms which had been recently decorated and new flooring was being laid. Murals, pictures and photographs were displayed throughout the building which helped create a homely environment. There was brightly coloured signage, for different rooms such as dining room and bathroom, to help people navigate around the service. Although we saw areas of the home had been decorated there were stills parts that looked tired. The garden was enclosed but it was not an attractive area; there was some old items stored which were waiting to be discarded. The registered manager said they were continuing to improve the internal décor and would be working on the garden.

Good

Is the service caring?

Our findings

People were generally complimentary about the care they received at Stockingate Residential Home. People told us staff were kind and respected their privacy and dignity. One person said, "I enjoy life, everybody is kind." Another person said, "It works here" and "works well on privacy." Another person said, "To a point it is caring. It varies on individuals." A relative told us staff knew their relative well and understood how to meet their needs.

People told us their independence was promoted and we saw examples of this during the inspection. One person had limited mobility and used an electric scooter. They liked to go out into the local community and made decisions about where to go. Staff told us they talked to the person about personal safety and at the same time encouraged their independence. Staff told us they thought people received good support when they could not do things independently.

Staff were confident people were well looked after and received a good standard of care. One member of staff said, "I think people feel well cared for. Families give positive feedback." Staff provided examples of how they provided sensitive care which ensured people's privacy and dignity was respected. One member of staff told us they felt the team was good at encouraging people to do things in a caring way. They said, "We try different things, give them time and keep going back, for example, if they do not want to eat or drink." Another member of staff gave an example of how they provided one person with privacy because they did not like getting dressed when staff were present.

People looked clean and tidy in their appearance. Throughout the inspection we observed staff were friendly and attentive. They knew people well and provided personalised responses such as using people's names, talking about people's relatives and things they liked to do. When people were seated staff talked to them at eye level. One person was concerned about payment for the food; staff engaged and provided reassurance that everything was paid for. Another person asked for their tea to be made "strong like a builder" and not "strong and stewed". Staff made them a fresh strong cup of tea. The person then decided they wanted hot chocolate instead. Staff were again responsive, and went to the kitchen for some warm milk and changed the drink. The maintenance person had respectful banter and interaction with people. They noticed that someone had sun in their eyes and adjusted the curtains as they passed.

People had records called 'My life before you knew me' which covered their family, early years, working life and 'how I see myself'. This helped staff understand people's history and backgrounds. Relatives and staff we spoke with told us people were treated fairly and with respect.

We saw information to help keep people informed was displayed around the home. This included how to make complaints, contact details for an advocacy service, guidance around infection prevention and safety, and the activity programme for August 2018. Details of the last inspection were also displayed. A display board with the day and date had not been changed for two days which was confusing for people. Newspapers that were available for people were from May and June 2018 so did not provide people with up to date news.

Good

Is the service responsive?

Our findings

The management team explained that a new electronic care recording system was being introduced so people's care plans, risk assessments and daily records would be computerised. Staff had received training to help ensure they could use the new system effectively and efficiently. The registered manager said people's records relating to consent and capacity would continue to be paper based. We looked at paper based care plans because they were still in use and some computerised records which were due to go live at the end of August 2018.

People had care plans that covered areas such as personal care, continence, food and fluid, medicines and mobility. These usually outlined people's needs and how staff should deliver appropriate care. For example, one person had a mobility care plan that described the equipment they used when walking; we saw this was accurate and reflected the person's needs. Another person had a financial care plan with details of their appointee, and pressure relief care plan with details of specialist equipment; we saw this was in use.

Although we saw people's care was planned we found some information was basic. For example, one person had a care plan for diabetes; this focussed on insulin but there was no details of symptoms or actions to be taken in the event of hypo or hyper. People had end of life care plans but these were either blank or only contained brief details of what to do in the event of death. The registered manager said they would be looking at developing care plans so people were reassured their preferences and choices were known.

People had care plans which described their communication needs. They contained information about people's hearing, vision, communication and memory, although some of this information was brief. For example, one person's care plan stated they wore glasses and a hearing aid. There was no information about the support they required to aid communication. The care plan focused on practicalities such as checking batteries. A member of the management team said the new electronic care planning system would provide more person-centred information.

We received feedback that a varied programme of in-house and community activities were provided although the person who facilitated these was on leave so we did not observe the usual level of activity. An activity file was maintained which showed people received one to one support and were offered regular group sessions.

In August 2018 activities included, bun decorating, bible group, bingo, reminiscence, crafts, manicure, beetle drive, visits to local tea dance (every Thursday) and library trips. Craft items such as peg bags and door stops were sold to raise money for outings.

Themes for each month were arranged. In August they had discussed holidays and had a 'seaside at home day' with buckets and spades. We saw the home had been decorated with seaside pictures and murals. An ice cream van attended the service. One member of staff said, "They all joined in and had a wonderful time."

Booklets were produced from monthly discussions where people shared their stories. Previous monthly topics had included pets, school days and things we remember. Copies of the booklets were available for people to take. The service was in the process of joining the community bus scheme so they could increase opportunities for outings.

We saw people were at ease with staff and members of the management team. Staff were seen chatting to people and asking them how they were feeling. People told us they would be comfortable raising concerns. The complaints procedure was displayed near to the entrance of the service.

A complaints log was maintained; we saw one complaint had been logged since the last inspection. Records showed this was investigated and action was taken to prevent a repeat event.

The provider had received several compliments about the care they provided. Comments included, 'Thank you very much for the care and support you have given [name of person] and the support you gave us during this difficult time', '[Name of person] was very happy with the care and attention they have received while in your home. They were full of praise for the staff' and 'Many thanks for all the care and attention you afforded [name of person]'.

Requires Improvement

Is the service well-led?

Our findings

At the last five inspections the service has been rated as either inadequate or requires improvement. In January 2015 they were rated as inadequate. In July 2015 they were rated as requires improvement. In July 2016 they were rated as inadequate. In November 2016 they were rated as requires improvement. In January 2018 they were rated as requires improvement and the well led section was rated as inadequate.

After the last inspection we met the provider and registered manager to discuss our concerns and help encourage improvement. At this inspection we found they had made improvements and were no longer in breach of the regulations.

At the last inspection the provider was looking after money for some people but this was not done safely. At this inspection we saw processes around safeguarding people's finances had improved. At the last inspection we reported that the provider was introducing more effective processes for ensuring people's capacity was appropriately assessed and decisions made on behalf of people were made in their best interests. At this inspection we saw the work in this area had continued to improve and people who lacked capacity were supported.

The provider had improved their governance arrangements and how they managed medicines although these areas still needed developing to make sure people consistently received safe, quality care.

The service had a registered manager who registered with CQC in June 2018. We received positive feedback about the registered manager. A visiting relative said, "The manager is very approachable." During the inspection we observed the registered manager circulating and engaging with people who used the service, visitors and staff.

The provider had systems for monitoring quality and safety, however, some of these were basic and did not always drive improvement. For example, the registered manager had a clear vison about environmental improvements that were planned, such as some bedrooms needed decorating, but the environmental audit did not make any reference to these. A food and mealtime audit did not identify that people would have a more pleasant dining experience if tables were laid before meals were served and people had access during their meal to serviettes and condiments. A medication audit in August 2018 did not pick up any issues even though we found shortfalls in the medicine systems.

Although some audits were basic we also saw other audits were effective. For example, a health and safety audit identified that emergency lights needed attention, and staff moving and handing refresher training was overdue. They took action to address these issues.

People's weight was monitored and action was taken if appropriate. A monthly weight analysis was maintained. The registered manager told us were no concerns with regards to people's weight; this reflected the individual weight records and the monthly analysis. A similar system was in place for monitoring accidents and incidents.

The registered provider carried out visits to the service. We reviewed the reports from May and August 2018. These showed areas for improvement were identified, for example, staff supervision and training. They had also identified that some shortfalls had not been picked up through the audits completed by members of the management team. Action points were noted on the provider visit report but there was no timescale or evidence in follow up reports to show the actions had been achieved. The registered manager said they had discussed all the actions with their line manager who monitored these closely. The registered manager said the systems and processes had improved since the last inspection but acknowledged these still needed to be further developed to ensure the quality management systems were robust and drove improvements.

People who used the service and relatives had opportunities to attend meetings and share their views through surveys. The minutes and surveys showed people were satisfied with the service they received. People had responded in the surveys that they were either satisfied or very satisfied. We reviewed some meeting minutes, which showed people had recently discussed the laundry service, activities, menus, cleaning standards and maintenance around the home. People had suggested menu choices which had been actioned. For example, requests were made for shepherd's pie, and more Yorkshire puddings and rice puddings.

Staff attended meetings. At the meeting in August 2018 they had discussed contingency planning and in April 2018 they discussed the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The minutes showed the discussions included going through related scenarios to try to develop their understanding of each topic.