

Care Homes UK Ltd

# Stockingate Residential Home

## Inspection report

61 Stockingate  
South Kirby  
Pontefract  
West Yorkshire  
WF9 3QX

Tel: 01977648683

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 16 November 2016 and was unannounced.

We previously inspected the service on 11 and 13 July 2016 and at that time we found the registered provider was not meeting the regulations relating to safe care, premises safety, consent, person centred care, safeguarding service users from abuse, meeting nutritional needs, complaints, staffing, good governance, safe recruitment and notifying CQC of specific incidents. The service was placed into special measures and we took urgent enforcement action to require the service to improve. The provider sent us an action plan outlining the improvements they would make. On this visit we checked to see if improvements had been made.

The service provides residential care for up to 25 people, some of whom are living with dementia. We placed a stop on admissions to the service following our last inspection due to concerns about the quality and safety of the service. At the time of this inspection there were 18 people using the service.

The service is required to have a registered manager. 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 registered manager had left the service on 4 April 2016 and a new manager had come into post on 11 April 2016. They left the service in July 2016 and the provider placed a temporary manager at the service. A new permanent manager was appointed in October 2016. They had applied to register with CQC but at the time of this inspection the application had not been finalised.

People who lived at Stockingate residential home told us they felt safe.

Our inspection on 11 and 13 July 2016 found the registered provider was not meeting the regulations relating to safeguarding people from abuse because the manager of the service had not acted on safeguarding concerns raised by people who used the service, staff and relatives. On this inspection we found improvements had been made because the management team had acted on any safeguarding concerns raised. Staff had an understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse.

Medicines were managed in a safe way for people. We found the registered provider was meeting the regulations relating to the management of medicines and medicines trained staff were deployed on the night duty rota so people were always able to access as 'required' (PRN) medicines at night.

Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence. We found improvements had been made because risk assessments were comprehensive, up to date and reflective of people's needs. Measures were also in place to reduce risks to people, for example

where a person was at risk of choking.

People were protected against the risks of unsafe or unsuitable premises because the necessary safety checks were regularly completed and emergency plans were in place.

We found sufficient suitably trained staff were deployed to meet people's needs in a timely way and keep them safe.

Safe recruitment and selection procedures were in place to ensure staff employed by the service were suitable to work with vulnerable adults.

We found people were protected against the spread of infection. The service was free from odours and personal protective equipment (PPE) was available throughout the home.

Staff received training to enable them to provide effective support to people who used the service, for example staff were now up to date with training in managing behaviour that challenges and fire safety.

People's capacity was not always considered when decisions needed to be made to ensure their rights were protected in line with legislation, for example when deciding to use a door sensor. This was a continuing breach of regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent.

People who used the service told us they enjoyed the meals. We saw a choice of meals, snacks and drinks was available and appropriate action was taken to ensure the risk of weight loss was addressed.

A range of healthcare professionals were involved in people's care as the need arose.

We observed staff interacting with people in a caring, friendly manner. Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported. We found the choices of people who used the service were respected.

People were able to make choices about their care. We found people received care that was planned to meet their assessed needs and activities were provided to meet people's social needs.

People told us they were confident the manager would act on their complaints and we saw evidence concerns had been addressed by the manager.

At our last inspection we found the registered provider had not notified CQC of a number of safeguarding incidents in line with legislation. At this inspection we did not find any incidents that had not been reported to CQC in line with legislation.

Staff told us they were working together as a team to improve the service for the people who used it, they felt supported by the manager, and there was a positive atmosphere at the service.

The manager held meetings with staff and the relatives of people who used the service to gain feedback about the service provided.

We found the registered provider had taken action to address concerns about the quality and safety of the service and had in place a more robust system of oversight. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

You can see what action we told the provider to take at the back of the full version of the report.

## 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

Staff had a good understanding of how to safeguard adults from abuse.

Risks to people were identified and measures put in place to reduce those risks.

There were sufficient suitably trained staff to meet the assessed needs of people who used the service and keep them safe.

People were protected from the risks of employment of unsuitable staff by safe recruitment practices.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's capacity was not always considered when decisions needed to be made.

Staff had received training to enable them to provide support to the people who used the service.

People were supported to eat and drink enough and maintain a balanced diet and they had access to external health professionals as the need arose.

### Is the service caring?

**Good** ●

The service was caring.

Staff interactions with people were supportive, caring and enabling and People were offered choices.

People were supported in a way that protected their privacy and dignity.

Staff supported people to be as independent as possible in their daily lives.

### Is the service responsive?

Good ●

The service was responsive.

The care plans we sampled were up to date or reflective of people's current needs.

People were supported to participate in activities which were person centred.

People told us they knew how to complain and complaints were acted on.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

People who used the service, relatives and staff were consulted about the quality and safety of the service.

Quality assurance systems were improved to provide a more robust overview of the safety of the service.

The registered provider had taken action to improve the quality and safety of the service to people, however not all breaches of the legislation had been fully addressed.

# 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 16 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an Expert 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. Their area of expertise on this inspection was as a family carer of an older person.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority safeguarding team, commissioners and other partner agencies. We had sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who used the service, including observations and speaking with people. We spoke with five people who used the service and two relatives. We looked in the bedrooms of ten people who used the service with their permission. We also spoke with a senior carer, two care staff, a cook, a domestic, the manager and the area manager. During our visit we spent time looking at six people's care and support records. We also looked at three records relating to staff recruitment, training records, maintenance records, and a selection of the service's audits.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us, 'it's got better – it was bad at one time but it's getting better'.

One relative said, "Yes it's safe. They have had all key pads put in."

At our last inspection on 11 and 13 July 2016 a relative told us they were concerned about their relations safety due to another service user entering their bedroom uninvited and on one occasion having physical contact with them. The manager at the time had not taken any action. This meant people who used the service were at risk of abuse because the service did not effectively operate systems to prevent or investigate abuse and the manager had not acted on safeguarding concerns. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We contacted the local authority safeguarding team and they acted to keep people safe.

At this inspection we found any safeguarding concerns that had arisen were acted on by the management team and we saw action was taken to keep people safe. We found any safeguarding incidents noted in the safeguarding log or recorded in care records had been notified to safeguarding and CQC in line with legislation. This showed the manager was aware of their responsibility in relation to safeguarding the people they cared for.

Staff told us they had received training in safeguarding and they were able to tell us what they would do if they had any concerns. Staff gave us a description of the different types of abuse they may come across in their work. Staff were aware they could report externally to the local authority and to the Care Quality Commission. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

At our inspection on 11 and 13 July 2016 we found the registered provider was not meeting the regulations related to safe administration of medicines because people were not always able to safely access as 'required' (PRN) medicines as the staff on duty at night did not have up to date training in medicines administration. This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. All night staff had up to date training in medicines administration and their competence had been assessed. This meant people received their medicines from people who had the appropriate knowledge and skills. People we spoke with told us their medicines were managed well.

Blister packs or pods were used for most medicines at the home, as well as some medicines in bottles and boxes. We looked at people's medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. Staff maintained records for medicines which were not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.



We saw a stock check was completed daily and signed by two members of staff. We saw regular audits had been completed on medicines administration and occasional gaps in recording had been noted and addressed with staff. This demonstrated the home had good medicines governance.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

Creams and ointments were dated upon opening and found to be in date and body maps were in place to guide staff as to where to administer creams.

People's medicines were stored safely in a locked room. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use and improvements had been made by separating the medicines room from the previous cluttered and poorly lit room used to store medicines and MAR charts. We found medicines stored in the refrigerator and temperatures were recorded, although the maximum and minimum temperature was not recorded to guide staff when to take action to adjust the temperature. The senior on duty addressed this.

Medicines care plans contained information about medicines and how the person liked to take them, including an individual 'as required (PRN) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. On the day of our inspection two out of five PRN protocols could not be located. Following our inspection the manager told us the protocols had been accidentally archived and were now back in place in the medicines record. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

We saw medicines came from the pharmacy in disposable pods, which had the person's name, address and medicine name on the lid. These pods were discarded in ordinary waste bins and we discussed ways to ensure this confidential personal information was removed before disposal.

Systems were in place to manage and reduce risks to people. At our last inspection on 11 and 13 July 2016 we found Individual risk assessments were not completed for some people to support staff with care delivery or minimise risks to people. At this inspection we found improvements had been made.

For example at our last inspection we found one person who had displayed sexually inappropriate behaviour had no care plan or risk assessment in the care records relating to how to manage this behaviour or reduce risks to people using the service and incidents had not been reported to the local authority safeguarding team to ensure people were kept safe. At this inspection we found measures had been put in place to keep people safe, such as a door sensor, increased observation and clear directions for staff as to how to manage the behaviour.

At our last two inspections we found risk assessments were not always updated or followed to ensure people's safety when eating. At this inspection we found appropriate information was present in care records to minimise the risk of choking and provide direction to care staff about how people should be supported when eating their meals.

We saw one person was being supervised in line with their assessed needs during lunch, which they chose to eat in their room, however one staff member who was new to the service was not aware the person needed supervision whilst eating, although they had a good understanding of their specific nutritional needs and

had known the individual prior to working at the service. We shared this information with the staff member and informed the manager, who said they would ensure the staff member was up to date.

We found individual risk assessments were in place in areas such as falls, nutrition, skin integrity, personal safety, personal care and moving and positioning. We saw these assessments were reviewed regularly, signed by staff and up to date. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. Staff members were able to describe the procedure to follow and explain what action had been taken following falls and incidents. For example we saw one person using the service had a bruise and lump to their head following a fall. We saw from records appropriate action had been taken following the fall including providing appropriate medical attention, consulting with the falls team, providing equipment to support the person, reviewing the persons medicines and sleep patterns and updating plans and risk assessments to guide staff with preventing future falls. We saw accidents and incidents were recorded and appropriate action was taken to ensure the safety of people who used the service.

At our last inspection on 11 and 13 July 2016 we found the provider had not done all that was practical to reduce risks to people from unsafe premises, for example we found on the upper floor of the Home two stairways with doors at the top, where the doors were not secured or locked allowing free entry up and down the stairs, presenting a risk of falls to some people, which had not been assessed or mitigated. We told the registered provider to take immediate action to ensure people were safe. On this inspection we found the registered provider had taken action to keep people safe and key pads were now used to prevent access to the stairs where this presented a risk to people.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. At our inspection on 11 and 13 July 2016 we found the registered provider had not ensured the premises was safe and secure for people using the service. For example; we saw a sofa placed in front of the fire door exit in the lounge with direct access to the car park, which was used to prevent a person at risk of absconding from exiting the building. This meant people using the service were not protected from the risk of harm in the event of an emergency evacuation due to a blocked fire exit. We told the provider to take immediate action to keep people safe.

At this inspection we found improvements had been made. We found a magna lock had been installed on the door and the sofa had been removed. Other improvements we told the registered provider to make had also been completed to ensure the premises were safe and suitable for the people who used them. Building maintenance was improved and the grounds had been cleared of debris that formerly presented a risk to people.

We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). Checks had been completed on fire safety equipment and fire safety checks were completed in line with the provider's policy. A series of risk assessments were in place relating to health and safety.

We found three toilets on the upper floor of the service could only be locked using a bolt from the inside to aid privacy, but this could make it difficult to access the toilet in the event of an emergency. The manager told us the maintenance person had locks ready to install, that would enable staff to gain access in the

event of an emergency, but had not yet had time to install these last three. The manager told us this would be completed immediately.

At our last inspection the provider was not meeting the regulations related to emergency procedures, because fire drills had not been completed, staff were not up to date with fire safety training and some staff we spoke with did not know what to do in the event of a fire. At this inspection we found fire safety training being completed on the day of our inspection and fire drills and fire alarm tests had been completed regularly to ensure staff knew what to do in the event of a fire. We saw from records one member of night staff had not taken part in fire drills and the manager told us this member of night staff had been dismissed for refusing to attend fire drills after several warnings.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. This meant the registered provider had plans in place in the event of an emergency situation.

No rooms were en-suite and all toilets were shared at the service. We found a shared toilet door on the lower floor of the service was locked on the morning of our inspection, which meant people were unable to access it independently. The senior carer on duty told us night staff must have locked the toilet door following cleaning and forgotten to unlock it again. The manager said they would look into this and discuss it with all staff to ensure this did not happen again.

Comprehensive checks were completed on equipment such as wheelchairs and these had been moved into a newly built storage cupboard on advice from the fire service. Checks had been completed on hoist slings and slide sheets, with details of what to look for when checking to ensure they were safe and fit for use.

At our last inspection on 11 and 13 July 2016 we found there were not enough suitably trained and experienced staff on duty to meet the assessed needs of people using the service, for example only one staff member trained in moving and handling was on duty on some nights, where 10 people using the service required two to one support with transfers. This presented a risk of harm to people who use the service from unsafe transfers or neglect from lack of sufficient appropriately trained staff and was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. We saw from the duty rota's we sampled four care staff were on duty during the day and three at night. The manager showed us certificates to confirm staff were up to date with training in moving and positioning and administration of medicines. The manager marked the rota to indicate which staff were the medicines trained staff on night duty to ensure any PRN medicines were always available to people if required at night.

Some people using the service and relatives told us there were still not always enough staff on duty at busy times, such as mealtimes. One person said, "The lasses here are fantastic but when it gets to tea-time they are exhausted."

One relative told us, 'sometimes there seems to be loads of staff and at other times not enough, especially at weekends.'

An improved dependency tool was used to calculate staffing levels to ensure people's assessed needs were met. The registered provider had increased the cooks hours until 6pm to free up care staff to support people to eat and to meet people's other support needs at this busy time. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met in a timely manner and people received

sufficient support.

At our inspection on 11 and 13 July 2016 we found the registered provider was not meeting the regulations relating to safe recruitment of staff because not all staff had completed safety checks before commencing employment with the service. This presented a risk of harm to people who use the service from unsuitable or unsafe staff recruitment procedures and was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. We looked at the recruitment and selection processes in place. We looked at the files for three of the most recent staff to be employed and found that checks were undertaken before staff commenced work. The staff files included evidence that pre-employment checks had been made including written references, the completion of an application form, obtaining proof of identity and Disclosure and Barring Service (DBS) checks had been carried out. The Disclosure and Barring Service 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 also minimises the risk of unsuitable people working with children and vulnerable adults. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

At our inspection on 11 and 13 July 2016 we found the registered provider was not meeting the regulation relating to infection prevention and control. On this inspection we found improvements had been made. People we spoke with told us staff always wore gloves and aprons when delivering personal care. We saw a supply of personal protective equipment (PPE) was available and the premises was clean and odour free. Many of the chairs in communal areas which were found to be ineffectively cleaned and not fit for use at our last inspection had been replaced and were kept clean with an effective cleaning regime. The manager told us they had increased the cleaning hours to 48 a week, including some hours for laundry. Some chairs in the small lounge were worn on the arms, but plans were in place to replace these. This evidenced the registered provider had effective systems in place to prevent and control the spread of infections.

# Is the service effective?

## Our findings

One person said, "I imagine they have some form of training and I see them lining up for fire checks."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act (2005). We saw from records 11 people using the service had DoLS authorisations in place and applications for authorisation had been made to the supervisory body for two further people, which were yet to be assessed.

One staff member said, "The mental capacity act is about judging if people can make decisions or if their capacity is impaired in any way."

We asked the manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected.

The management team had taken some steps to address mental capacity and best interest decision making within the service; however we saw consent to some restrictions, such as door sensors, had not always been sought from people using the service in line with legislation. One person's care records contained a mental state and cognition plan stating the person lacked capacity to manage their personal safety due to living with dementia. The plan contained information regarding the impact of living with dementia on the person's personal safety and the measures put in place to reduce the risk including a sensor mat and door alarm to alert staff when the person left their room. There was no mental capacity assessment and best interest decision relating to this restriction in the care records. This meant people's capacity was not always considered when decisions needed to be made in line with legislation.

At our last inspection on 11 and 13 July 2016 we saw all people who used the service with a bedroom on the upper floor of the home had door sensors in place and no consent to this restriction of rights was recorded in any care documents we sampled. The manager at the time told us eight people with a bedroom on the upper floor lacked capacity to make certain decisions. At this inspection we discussed this with the manager, who showed us they had written to the relevant people to arrange best interest meetings to discuss certain decisions; however we saw the decision to consent to a door sensor was not on the list and no mental capacity assessments were present in the records we sampled regarding this decision.

This meant people's rights were still not always protected in line with the MCA (2005) and guidance. This was a continuing breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people did not have capacity to make complex decisions, we saw some examples where best interest discussions were held involving families and health and social care professionals. We saw appropriate consent and best interest discussion regarding the use of covert medicines was recorded for one person who lacked capacity to administer their own medicines.

The relatives we spoke with told us they were confident the staff team had the ability to support their relation.

Our inspection on 11 and 13 July 2016 found the registered provider was not meeting the regulations relating to staff training because staff had not all received training to enable them to provide effective support to people who used the service. This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

Staff were provided with training and support to ensure they were able to meet people's needs effectively. Staff told us they completed an induction including completing an induction booklet and shadowing with more experienced staff before starting work at the service. The shadowing focused on getting to know people's individual needs and preferences. We saw new staff were also completing role appropriate training.

We saw evidence in staff files and training records that staff undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Staff told us, and we saw from training records staff had completed training in areas including health and safety, the Mental Capacity Act, safeguarding, infection control and equality and diversity and we saw from records essential training in fire safety, moving and positioning, managing behaviour that challenges and medicines management was now up to date. This meant people who used the service and staff were protected against the risk of harm because staff received adequate training to fulfil their role.

All the staff we spoke with told us they felt supported. Comments included, "Oh yes I feel supported. I am a lot happier in my job. I have had three supervisions and an appraisal." Staff told us they had regular supervision, as well as an annual appraisal, and supervision records confirmed this. Staff supervision records had improved in content and we saw staff were given the opportunity to comment during their annual appraisal and discuss future professional development and training. This showed staff were receiving regular management supervision to monitor their performance and development needs.

The people we spoke with said they enjoyed the food at Stockingate Residential Home. One relative said, "No one can say owt wrong about the food."

At our last inspection people who used the service told us there was little choice of meals, and drinks were not always available. We found the risk of weight loss was not always managed well. This was a breach of regulation 14 of the Health and Social Care Act Regulated Activities Regulations 2014. At this inspection we found improvements had been made. A choice of meals and drinks was available throughout the day and appropriate action was taken to ensure the risk of weight loss was monitored and action taken to address any concerns.

The people we spoke with all told us that there were plenty of drinks and snacks available and that they could choose to eat in the shared dining room, lounge or in their own rooms. We saw picture signage in the

dining room offering a choice of snacks, breakfast, lunch and desserts and staff told us people chose from the menu earlier in the day. We observed lunch in the lounge where some people were eating at tray tables. We saw people were encouraged and supported to eat and drink and staff talked to people about what they were eating and offered them choices. On one occasion we saw the manager of the service place a person's meal in front of them without informing them what the meal was. We did not see any other incidents of poor communication by the manager. The staff member who supported the person to eat spoke to them throughout the meal.

We also observed lunch served to five people in the dining room. We saw staff were not always deployed to support people in a timely manner, as they were serving people in other rooms. For example one person dropped their fork and it took several minutes before staff were available to provide the person with another fork; however no person was rushed with their meal and people were provided with sufficient support.

We saw the individual dietary requirements of people were catered for, for example; one person who used the service was supported to follow a gluten free diet. The chef understood how to fortify people's diets where they were at risk of weight loss and staff were knowledgeable about people's special dietary requirements.

We found the risk of weight loss was managed effectively. Meals were recorded in people's daily records. This included a record of all food consumed, including where food intake was declined and details of the food eaten. We saw drinks were offered to people throughout the day and a choice of snacks including cake, fruit, crisps and biscuits. We saw people were provided with supplement drinks in line with their assessed needs if required. People were weighed weekly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and we saw action was taken if required.

People had access to external health professionals as the need arose. One relative told us of an occasion when staff had acted quickly to seek medical attention when their relation was experiencing health problems. Staff told us systems were in place to make sure people's healthcare needs were met. They said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, hospital consultants, community nurses, chiropodists and dentists, for example a mental health nurse had been consulted to support one person with their communication and behavioural needs. One person we spoke with, whose nails appeared to be stained had a health condition which was being treated by a health practitioner and we saw they had visited recently. We saw in the records we sampled regular checks for podiatry were up to date. This showed people who used the service received additional support when required for meeting their care and treatment needs.

We saw picture signage was present around the service to aid orientation, for example a picture of the toilet on the toilet the door.



## Is the service caring?

### Our findings

People who used the service told us the staff were caring. One person who used the service said, "The staff are caring and giving all the time." Another said, "The staff are lovely. They look after you and they help you." Another person praised a new member of staff, "(person) is old school, very good with us." One relative said, "The staff do their best."

Staff we spoke with told us they enjoyed supporting people who used the service and had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. We heard staff chatting with people about family members and special occasions. Staff told us they spoke to the person, or their family members about their likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service and staff told us they had opportunity to read these records before commencing work with the person. This gave staff a rounded picture of the person, their life and personal history.

We saw staff communicated with one person who was visually impaired when supporting them to navigate the home talking them through the process and reassuring them of their safety.

People were supported to make choices and decisions about their daily lives. People who used the service told us they could choose what time to get up or go to bed, where to eat their meals, or when to have a bath. We saw from records the activity coordinator had used flash cards to aid communication with one person and enable them to choose their preferred activities. Staff were aware of how to access advocacy services for people if the need arose. This meant the choices of people who used the service respected.

We observed interaction between staff and the people who used the service. We heard staff asking people what they would like to do and explaining what was happening. We saw one member of staff bring a person their choice of cold drink in the lounge and ask them how their hospital visit had gone. We saw staff were attentive to people's needs, including the handy man, who noticed a person had spilt some tea, cleaned it up, passed them the tea and bent to their level to chat. We saw that staff also bent to people's level to talk with them and used appropriate touch to engage with them.

Staff asked people's permission and provided clear explanations before and when assisting people with medicines and offering to support with personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. We found since our last inspection locks had been installed on shared toilet doors at the home to enhance people's privacy and dignity. People's rooms were personalised to their taste, with family photographs and personal items. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.



People were encouraged to do things for themselves in their daily routines. We saw one staff member encouraging a person to use their cutlery themselves whilst supporting them to eat. We saw staff supported and encouraged a person to stand and use their walking frame to enable them to remain as independent as possible. One care record we sampled stated, "Encourage to do self", to ensure staff enabled people to do what they could for themselves. This showed people were encouraged to maintain their independence.

## Is the service responsive?

### Our findings

At our last inspection we found the provider was not meeting the regulation related to person centred care because care was not delivered or planned to meet people's assessed needs and preferences. At this inspection we found improvements had been made.

Through speaking with people who used the service and staff we felt confident people's views were taken into account in the delivery of their care. We saw staff at Stockingate residential home were responsive to people's needs, asking them questions about what they wanted to do and planning future activities. Staff were patient with people, and listened to their responses. We saw people had been involved in planning their care wherever possible. Where this was not possible or not desired by the person their family and other relevant health and social care professionals had been involved. This meant that the choices of people who used the service were respected.

The staff we spoke with had a good awareness of the support needs and preferences of people who used the service. Care records included a personal history and personal details were included for example, food preferences. One care record we sampled stated the persons interests, "Movement and music and going for walks and enjoys reading." Another record stated in preferences, "Preferred hairstyle", "Brushed back" This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

In the care records we sampled we saw detailed care plans were in place covering areas such as mobility and falls, nutrition, communication, mood, sleep and personal care. Care plans contained sufficient detail to support staff to deliver effective care, for example details of which hoist sling and which loops to use on the sling when supporting a person to transfer. We saw care plans were also in place for people's specific health conditions such as COPD. Care plans recorded what the person could do for themselves and identified areas where the person required support. We saw staff followed the care plans we sampled, for example one care plan entry read, "Change regularly throughout the day." and we saw this person was supported with personal care at regular intervals.

The manager told us they were introducing a "resident of the day" system, which involved staff updating the care plan with the person, the domestic staff completing a deep clean of their bedroom and the activity coordinator spending one to one time with the person completing an activity of their choice.

We saw care plans were up to date, had been reviewed regularly and were signed by the relevant person. One of the relatives we spoke with told us they could not recall being invited to any review meetings, however one relative told us the service kept them up to date and said, "I tell them what (relative) needs." We saw relatives and representatives had been invited to best interest meetings that were being planned for some people. The manager said people's care plans were reviewed as soon as their situation and needs changed and every month. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

People we spoke with told us they received staff support to enable them to engage in activities of their choice. One person showed us some crafts they had made at an activity session with the new activity coordinator. Another person told us they liked to watch Elvis and Doris Day DVD's in their room. One relative said, "They had a lovely Halloween do, fancy dress. The kids came in and they had fireworks."

Staff told us the new activity coordinator was brilliant and tended to focus on individuals as most people were unable to participate in group activities. The manager told us a new activity coordinator had been appointed to work 24 hours a week, including some evening or weekends depending on people's needs. They were on annual leave on the day of our inspection and no formal activities were provided, however some people were provided with magazines to look at in the lounge after lunch and staff took time to chat with people. Other people chose to stay in their rooms and watch TV or listen to music.

Activities were provided for people which took into account their individual needs. We saw in people's individual activity records people had taken part in activities suitable for people living with dementia, such as using a reminiscence book, memory box and tactile objects. We saw an activity planner included activities such as sensory baking, scrapbooking, craft, reminiscence, games, art and a quiz. We noted that a singer had been to the service and we were told about a sixties tea party that had taken place. An activity board in the foyer showed photographs of the recent Halloween and bonfire event at the service, where members of the community were invited to join in.

At our last inspection we found the registered provider was not meeting the regulations related to complaints because complaints were not recorded or acted on. At this inspection we found improvements had been made.

People who used the service and their relatives told us they would be confident to express concerns to the current manager and these would be acted on. One person said, "I would ask to see the manager, you always get a good response from (name of manager)". One relative said, "He was in side on a sunny day, so I told them he should be outside. You can go to (name of manager) with anything."

Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. One person said, 'I've lost six pairs of trousers since I've been in here and the pair I've got on now aren't mine'. One relative told us, 'the laundry side is a bit iffy.' They said they had raised this with the staff team, but the lost items were not recovered. We spoke to the manager about this who showed us records of the action that was taken to address these concerns. The manager told us domestic staff were now completing laundry tasks in additional hours and a new laundry working was being recruited.

## Is the service well-led?

### Our findings

One relative said, "You can go to (name of manager) with anything. It's been improved. It has all been decorated."

The registered manager had left the service on 4 April 2016 and a manager had come into post on 11 April 2016. They left the service in July 2016 and the provider placed a temporary manager at the service. A new manager was appointed in October 2016. They had applied to register with CQC but at the time of this inspection the application had not been finalised. The new manager had worked at the service for four years and had been the deputy manager for 18 months prior to their appointment as manager.

A new deputy manager had been appointed from the staff team and a new replacement senior support worker had also been appointed to start induction and shadowing the following week.

Staff told us the service had improved and morale and team work were much improved since the last CQC inspection. One staff member said, "Before we had to fight for everything. I have seen a big difference. Morale is better. This is their house. Everyone is happier."

The manager told us their vision for the service. "Whatever residents want is my priority. I want the residents to have the good home they deserve and I would want my parents to live in. The best thing about this home is the close knit family atmosphere. The care is good. We work as a team."

The manager said they operated an 'open door policy' and people were able to speak to them about any problem any time and staff and people using the service confirmed this. The manager regularly worked with staff providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

We saw care staff were motivated and committed to supporting the people who lived at Stockingate, and they were supported by the manager and the registered provider to deliver high quality care to people who used the service.

At our last inspection on 11 and 13 July 2016 we found the registered provider was in breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance, because effective systems were not in place to assess, monitor and improve the quality and safety of the service provided to people. At this inspection we checked and found improvements had been made.

The manager told us they felt supported by the registered provider and other registered managers from the organisation had spent time at the service providing support, advice and training. The manager attended managers meetings to share information and improve practice and met with the area manager on a weekly basis for a one to one meeting.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. The manager told us they spent some time each day on the floor speaking with people using the service to gain feedback and we saw this was the case on the day of our inspection.

People who used the service and relatives could not recall being consulted about the quality of the service, although we saw relatives meetings had been held by the registered provider. At the last meeting in October 2016 the new manager was introduced and feedback from relatives was that the atmosphere of the service had improved, however some relatives at the meeting felt there were too many agency staff on duty, who did not know their relative's needs. The manager told us this situation was improving with the recruitment of new staff and we saw there were no agency staff on duty on the day of our inspection. A further residents and relatives meeting was held on 7 November 2016, but no residents or relatives attended.

We saw a survey had been sent to relatives two weeks prior to our inspection and three had so far been returned but not yet analysed.

Staff meetings were held every month. Some topics discussed included safeguarding and whistle blowing policies, recording and checking records, mental capacity and best interest meetings, training and supporting people at meal times. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people using the service and the service was meeting this requirement.

We saw audits were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Regular audits included infection control and hand hygiene audit, personnel file checks and medicines audits. Care plans and documents were also reviewed and audited frequently. The manager completed regular competence assessments and observations of staff practice, for example three monthly medicines competence assessments were completed. This showed staff compliance with the service's procedures was monitored.

The manager or senior carer completed a daily walk round and sent a report to the area manager every day. This report included information such as the number of incidents, falls, safeguarding concerns and infections. A monthly report was also used to report on trends such as any weight loss to keep an overview of patterns and risks within the service.

An external consultant audited the service every three months and provided advice on any action required to improve the quality and safety of the service and an annual development plan was in place. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) when certain incidents happen. At our last inspection the registered provider had not notified CQC of a number of safeguarding incidents in line with legislation. This was a breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). At this inspection we found improvements had been made and we did not find any incidents that had not been reported to CQC in line with legislation.

The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Mental capacity assessments and best interest decisions were not recorded for use of door sensors where people lacked the capacity to consent to their use, in line with the MCA (2005) and guidance.