

# Shire Care (Nursing & Residential Homes) Limited

# Stallingborough Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

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: Stallingborough Lodge is a care home providing personal and nursing care for up to 47 people, some of whom may be living with dementia. Forty six people were living at the service at the time of the inspection.

People's experience of using this service:

People and their relatives told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. They told us staff listened to them and knew them well, and were responsive to their needs and wishes. People considered staff to be well trained and skilled.

People described an extensive provision of activities and events both within the service and the local community, based on their interests and preferences. People and their relatives were supported to receive information in an accessible way either through easy read, large print and pictorial formats to enable them to be involved in their care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their lives, this was carried out with compassion and dignity.

The environment supported people to have time on their own and time with other people if they chose this. Throughout the environment appropriate signage for people living with dementia was in place to support people to find their way around the service. Cleanliness and health and safety were well managed.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe. The registered manager used information following accidents and incidents to reduce the risk of future harm.

The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive the positive service described.

Rating at last inspection: Good (published 11 August 2016).

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

A full description of our findings can be found in the sections below.

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.

<b>Is the service safe?</b> The service was Safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was Effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was Caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was Responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was Well led.	<b>Good</b> ●

# Stallingborough Lodge Care Home

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: One inspector carried out this inspection on both days of the inspection and an expert by experience supported the inspection on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience area of expertise was dementia care.

The service had a manager registered with the Care Quality Commission (CQC). 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.

Service and service type: The service is a 'care home'. 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 on this inspection.

Notice of inspection: Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 used this information to plan our inspection.

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, nurses, senior carers, care workers, housekeeper, two cooks and activities coordinator.

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 to us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and four to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were considered during and after the inspection.

# 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. ☐.

At the last inspection in July 2016 we made a recommendation relating to improving staff recruitment checks at the service. During this inspection we found improvements had been made and robust recruitment processes were being followed.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic area.
- People and their relatives told us they felt safe and supported by members of staff. People told us, "People and their relatives told us they felt safe and supported by members of staff. People told us, "100%, Absolutely no problem, they always knock on door and ask if they can come in."
- Another told us, "I've not had any problem but if I had all the people are approachable, I feel very safe here."
- The provider operated a safe recruitment process. The registered manager had introduced audits of all recruitment files to ensure all the necessary checks were in place before staff began working in the service.
- People and their relatives told us they received care in a timely way. The registered manager monitored the amount of staff required to keep people safe based on people's needs.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The management team reviewed how they assessed the risk of people falling and how to implement control measures based on best practice.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The environment and equipment used had been assessed for safety.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found during audits we saw these were investigated and action taken as needed.
- People told us they were happy with the support they received to take their medicines. One person told us, "The staff are very good with my medication, it is always right and on time."

### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The environment was observed to be clean and everyone we spoke with felt the service smelt pleasant.



# 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; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough. They had reviewed their processes on how to identify people's needs during initial assessments to ensure desired outcomes were met? Care and support was reviewed regularly to understand progress and make changes when needed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the environment had been adapted to support people who may be living with dementia to navigate around the building independently.
- People were free to access all areas of the service, including the garden which was secure and had accessible pathways for people to walk on. The garden had been adapted with raised planters, sitting areas and bird feeders. One person told us, "I love the garden even now when it's cold, I can sit and watch the birds feeding."
- People enjoyed the environment which had plenty of communal spaces where people could spend their time. One relative told us, "It has a real homely feel."

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "All the staff seem very well trained here, there is nothing they won't do."
- Staff had completed a comprehensive induction and training programme. They had the opportunity for supervision and appraisal. A care worker told us, "There is plenty of training available and we are paid to attend courses. We have regular updates and further opportunities are always available."
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.

Supporting people to eat and drink enough with choice in a balanced diet; Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- People had a choice and access to sufficient food and drink throughout the day. Food was well presented and people told us, they enjoyed it. One person told us, "Excellent food, I'm a vegetarian so every day they get me a nice veggie dish; I don't need snacks, but if I ever did I am sure they would get me anything." Relatives told us they were welcome to visit and eat a meal with their family member. Kitchen areas were in place throughout the service so people and their relatives had free access to drinks.
- Where people required their food to be prepared differently because of a medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible when eating their meal and drinking. Assessments had been completed by healthcare

professionals to support people with eating and drinking.

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not have capacity to make decisions, they 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.
- Where required appropriate applications had been made to deprive people of the liberty within the law.

# 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

- We observed people were treated with kindness and people and their relatives were positive about the staff's caring attitude. Relatives told us, "The staff, they couldn't be better." People told us, "They [Staff] are so lovely and kind" and "Staff here are all very sociable and speak to us kindly." A healthcare professional told us, "Staff are vigilant in ensuring core values are adhered to, ensuring that care is personalised and respectful interactions take place."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and staff. A member of staff told us, "As a team what we want is; for people to be happy and comfortable and to receive the best care possible."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People were directed to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives. They were supported to be independent in their ideas and choices and this meant people enjoyed freedom and control of their life.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People's rights to privacy and confidentiality were respected.
- Dignity champions within the service involved people in the promotion and celebration of dignity within the service. People had asked for an 'Oscars' type celebration of dignity, to acknowledge the promotion of dignity within the service. This had been arranged and people were involved in preparing props and sharing their ideas for the event.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

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

Personalised care to meet people's needs, preferences, interests and give them choice and control, including end of life care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Progress was regularly monitored. A member of staff told us what person-centred care meant to them, they said, "It means giving people what they want, what they ask for and supporting them wherever we can. Taking their feelings into account and doing what they want to do. I like to follow each person's lead."
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved where they chose to be and when people wanted that.
- People's needs were identified, including those related to protected equality characteristics. Their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were supported to access religious services of their choice both in the service and to visit places of worship.
- People were engaged in a programme of activities if they chose this and we saw they were keen to know what was happening each day. Activities enabled people to maintain friendships within their local community, attending coffee mornings, tai chi sessions and visiting local shops, hairdresser and the local pub. The local primary school choir visited the service, to sing for people. Relatives told us they were invited to social events and told us, "There is plenty going on and visitors can come any time to join in." " We went on a trip out to an animal place near Market Rasen recently; it was very good".
- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were supported to prevent ill health and promote good health. Staff worked with people to support their rehabilitation following hospital admissions to enable them to return to their own homes. One healthcare professional told us, "Stallingborough Lodge provide good care for the people I support. They are proactive in managing small issues to prevent escalation. The residents are individually assessed and their needs clearly identified, documented and planned for. Implementation of care plans is closely monitored by the manager to ensure adherence and be alert for changes."
- The registered manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted on complaints in an open and transparent way. They used complaints received as an opportunity to improve the service. Following a complaint that was unable to be resolved to the complainant's satisfaction the registered manager and nominated individual have reviewed systems within the service. One relative told us, "I would go to the office –they are all so approachable; not had to complain at all."

# 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff

- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- The service involved people and their relatives in day to day discussions about their care. One person told us, "They changed my getting up day to help my condition, they absolutely help me understand it all."
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continually improve the service. For example, an additional activity coordinator had been appointed to enable more activities at weekends. The record relating to feedback from relatives could be improved further. The nominated individual agreed to review the content of their surveys and how people's views could be sought when they chose not to complete surveys or attend in house meetings.
- Staff told us they felt listened to and that the registered manager and nominated individual were very approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "We are definitely consulted in the running of the service with [Name of registered manager]. They are knowledgeable and continually updating information and communication to improve the service. Anything we raise they deal with straight away, I can't fault them. If I had an issue, I know I could go to them and they would take it seriously."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. Since the last inspection the registered manager and their team had worked to continually make improvements where checks they carried out showed they could make things better. For example, changing the tea time routine to ensure people had the correct levels of support they needed.
- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and

preferences of people in its care. Also, to aid service development. For example, the involvement in trials of best practice initiatives. The service was working with the local clinical commissioning group to trial the use of a 'NHS red bag pathway scheme' where personal information and medication records were placed in the bag with the persons belongings. The bag followed the person through the hospital to ensure notes were not misplaced and people's individual needs were known.

- The service also had links with local universities and colleges to facilitate placements of student nurses.