Stocks Hall Care Homes Limited

Stocks Hall Mawdesley

Inspection report

Hall Lane
Mawdesley
Ormskirk
Lancashire
L40 2QZ

Tel: 01704778178
Website: www.stockshallliving.co.uk

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection was unannounced, which meant the provider did not know we were coming. It was conducted on 09 &10 May 2017.

Stocks Hall is registered to provide nursing and personal care and accommodation for up to 42 adults. The home is situated on a main road position in Mawdsley, a quiet residential area, but is within easy reach of Preston, Chorley and the towns of West Lancashire. There are four separate spacious and well-designed units within the home, which provide a variety of tastefully decorated and well-furnished communal areas and dining rooms. All accommodation is provided on a single room basis. Bathrooms are located throughout the home. There are 13 luxury apartments situated on the top floor of the home. These can be purchased for independent living, with an option to have support and personal care provided by the care home staff, if needed. This can include personal care, cleaning, food provision, activities and trips out. A range of amenities are available in the area and public transport links are nearby. There are ample car parking spaces adjacent to the premises.

This location is a new acquisition for Stocks Hall Care Homes Limited. This is the first inspection of the home, following registration in December 2015. The registered manager was on annual leave at the time of our inspection. 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 of the Health and Social Care Act and associated regulations about how the service is run. The deputy manager was on duty and was cooperative and available throughout our inspection.

We toured the premises and found the environment to be warm, clean and hygienic throughout. Suitable equipment had been provided and accessible gardens were well-designed for those who lived at the home. A business continuity plan had been developed, which outlined action to be taken in the event of any environmental emergency, which could affect the operation of the home.

People's needs had been assessed prior to a placement at the home being arranged and individual preferences had, in most cases been considered. However, the planning of people's care and treatment was not always person centred and did not consistently reflect their needs. We found that people were treated in a kind and caring manner, with their privacy, dignity and independence being promoted.

We found that mental capacity assessments had not always been completed and formal consent had not always been obtained before the taking of photographs, the use of equipment and before care and treatment was provided. We made a recommendation about this.

At this inspection we found that people were receiving a nutritious and well balanced diet and meal times were being well managed, with good support being offered.
Records relating to those who lived at the home were stored securely. A system was in place for assessing,

monitoring and improving the quality of service provided which helped to mitigate any potential risks and therefore promoted people's safety. However, this could be extended to incorporate more areas and to identify how and when actions have been taken in order to address any shortfalls. A wide range of risk assessments had been introduced in relation to people's health care needs and the safety of the environment.

The completion of Personal Emergency Evacuation Plans [PEEP] was discussed with the deputy manager on the first day of our inspection. Although these were in place in most cases, some information was missing. However, this had been addressed before we returned to the home the following day.

Records showed that people's views about the quality of service provided were sought in the form of surveys and meetings and complaints were managed well. Safeguarding incidents had not always been well managed, as significant injuries and repeated falls had not been appropriately reported.

People who lived at Stocks Hall told us they felt safe being there. We found that the recruitment practices were satisfactory, which helped to protect people from harm. Several people told us that there were not enough staff on night duty. We looked at the duty rotas and recommended that staffing levels be reassessed for the night time period, taking into consideration the layout of the building and people's individual needs.

We noted that people were supported to mobilise, when help was needed and freedom of movement was evident within the home.

The staff team were well supported by the management of the home, through the provision of information, induction programmes and a wide range of training modules. The staff members we spoke with had a good understanding of people in their care and were able to discuss their needs well. However, regular, formal supervision and annual appraisals for staff were not always evident.

Interaction by staff with those who lived at the home was positive. Staff members provided good, sensitive and caring approaches. People were treated with kindness and compassion. Their privacy and dignity was consistently promoted.

A wide range of community professionals were involved in the care and treatment of those who lived at the home. This helped to ensure that people's health and social care needs were being appropriately met. However, medicines were not being well managed at the time of this inspection.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and safeguarding service users from abuse and improper treatment.

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

Requires Improvement

This service was not consistently safe.

People felt safe living at Stocks Hall and we found recruitment practices to be satisfactory.

Medicines were not always being well managed and we found that significant injuries and repeated falls had not always been appropriately reported.

We noted that people were supported to mobilise, when help was needed and freedom of movement was evident within the home.

Is the service effective?

Requires Improvement

This service was not consistently effective.

Meals were nutritious and meal times were well organised. People were supported with their meals in a sensitive manner.

Mental Capacity Assessments were not always in line with the principals of the Mental Capacity Act 2005 and formal consent had not always been obtained.

Staff members were well-trained, but regular formal supervision and annual appraisals could have been more structured.

Is the service caring?

Good

This service was caring.

Interaction by staff with those who lived at the home was positive. Staff provided good, sensitive and caring approaches, which respected people in their care.

People's privacy and dignity was consistently respected and their independence was promoted as far as possible.

A wide range of community professionals were involved in the care and treatment of those who lived at the home.

Is the service responsive?

Requires Improvement

This service was not consistently responsive.

Social care profiles were in place in most cases and needs assessments had been conducted. However, plans of care were not always person centred and did not consistently reflect people's care and treatment needs.

Good humoured interaction took place between staff and those who lived at Stocks Hall. Although some activities were provided this was an area being developed further.

Complaints were being well managed.

Is the service well-led?

Requires Improvement

This service was not consistently well-led.

Records showed that people's views about the quality of service provided were sought in the form of surveys and meetings.

A system had been introduced for assessing, monitoring and reviewing the quality and safety of the service provided. However, these processes could be improved to encompass more areas and to identify how and when shortfalls had been addressed.

We found shortfalls in the management of medicines, person centred care planning, reporting safeguarding incidents, implementing the principals of the Mental Capacity Act and obtaining consent.

Stocks Hall Mawdesley

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 9 May 2017 by three Adult Social Care Inspectors from the Care Quality Commission [CQC]. It was the first inspection of this location. The deputy manager, who was in charge of the home at the time of our inspection requested the lead inspector to facilitate additional time, so that she could discuss plans for the home and outline what had been achieved since the home opened. This request was facilitated and so the lead inspector visited the home again the following day. This additional date of 10 May 2017 then became part of the inspection process, as further information was gathered and reported on within the inspection report.'

At the time of our inspection of this location there were 35 people who lived at Stocks Hall. We were able to speak with seven of them and two relatives. We also spoke with five staff members and the deputy manager of the home.

We toured the premises, viewing some private accommodation and all communal areas. We observed people dining and also looked at a wide range of records, including the care files of five people who used the service and the personnel records of four staff members.

We 'pathway tracked' the care of five people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, medication records and quality monitoring systems.

The provider completed and submitted a Provider Information Return (PIR) within the time periods requested. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us, such as serious incidents, injuries and deaths. We were in regular discussion with local commissioners and community professionals about the service provided at Stocks Hall.

Requires Improvement

Is the service safe?

Our findings

People we spoke with felt that staff were competent to do their jobs and said they felt safe living at Stocks Hall. Their comments included, "I feel safe. It's so nice. It's so much better for me here"; "Sometimes there are enough [staff]. It does vary though and weekends can be an issue"; "The staffing levels are ridiculous. I wait on average 15 to 30 minutes when I press my buzzer"; "People [staff] come quickly when I press my buzzer. I can always access it [the buzzer]"; "When I press my buzzer I can wait for ten minutes or more for someone to come"; "All the staff are nice. There are none I am unsure about" and "I get my medicines on time and staff explain what they are for."

We obtained feedback from a GP and the practice staff, who were involved in the care and treatment of some people who lived at Stocks Hall. We established from them that some issues had been encountered with the safe management of medicines. We were told that the medicines optimisation team were assisting the home, the GP service and the pharmacy to improve the ordering process, which had started to reduce many of the medication issues.

During our inspection we assessed the management of medicines. Audits were in place, which had identified any shortfalls in the management of medicines. However, actions needed had not always been recorded, although the Registered Manager subsequently informed us that any areas in need of improvement had been appropriately addressed. There were several sections of the medicine audits which we saw that had not been completed. For example, action plans for the storage of medicines and the recording and administration of medications. The final summary of the medication procedure was also incomplete on one of the audits we saw.
We noted that on occasion's there were missing signatures on the Medication Administration Records [MARs] and prescription details did not always coincide with the MAR charts or treatment records, which were sometimes incomplete. For example, one topical treatment had not been booked in and the prescription for this stated, 'Apply thinly twice a day'. The MAR chart showed this treatment had not been applied as directed on the prescription. During a 12 day period, when 24 applications should have been made, only six treatments had been administered. The code for 'out of stock' had been recorded on four separate occasions during this time.

The MAR chart and body map notes for another person showed that a prescribed cream should be applied each morning to dry skin on both legs, but the treatment record stated to apply 'as required'. The MAR chart for one person showed that one prescribed medicine had been out of stock for three days, which meant that nine doses had been missed. This could have had a detrimental effect on the individual's wellbeing. Therefore medications were not always being administered as prescribed.

One person, whose care and treatment we pathway tracked was being fed by a Percutaneous Endoscopic Gastrostomy [PEG] feeding tube. This is a procedure in which a tube is passed into the stomach directly through the abdominal wall, in order to provide a means of nutrition, when oral intake is not adequate. This individual was 'Nil by mouth' and was prescribed medication in various forms. Although the care plan provided staff with guidance about how their medicines needed to be administered via the PEG tube, this

information was not available on the MAR chart.

We looked at a sample month of MAR charts. We found that regular prescribed medicines were sometimes being incorrectly administered on an 'as and when required' [PRN] basis, with PRN logs being maintained. This meant that people were not receiving their medicines as prescribed. Some examples we found of this were: Trimovate, to be applied three times a day. There were 24 entries shown as 'not required'. Peppermint Peptac liquid, 5-10mls four times a day after meals and at bedtime. The MAR chart was coded as, 'not required' all month and Paracetamol 1gm 4-6 hourly. There were 78 entries coded as 'not required'.

We saw that a community professional had recorded that one person was receiving treatment for a head wound. However, there was no reference to a head wound or treatment being delivered within the plan of care. Another person was receiving regular pain relief and two types of topical treatments for fungal skin infections. However, the plans of care did not provide clear guidance for staff in relation to pain control or dual cream application.

The care file for one person who lived at the home showed that they had been seen by the Tissue Viability Nurse on 17 March 2017, who had implemented a treatment plan, with a view that this would be reviewed again in two weeks' time. However, there was no recorded evidence of a review taking place or that the home had followed up this arrangement. At the time of our inspection the treatment was on-going, despite the treatment plan indicating that the topical treatment was to be used for a maximum of two weeks only.

We found that the provider had not ensured that safe care and treatment was always provided for service users, because the management of medicines was not robust. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We provided high level feedback in relation to medicines management at the time of our inspection. The deputy manager told us that the nursing staff and senior care staff had recently received specific training and that a medicines optimisation team had been established to support the home in the management of medicines. We were told that weekly stock counts were in place. A quiz was also completed by relevant staff, as a knowledge check, followed by development of an action plan, to enable the service to move forward with safe medicines management. The medicines optimisation team said they found Stocks Hall staff to be incredibly keen to engage with them in resolving medication issues. The deputy manager provided us with a clear action plan for the management of medicines, so that the shortfalls could be appropriately addressed in a timely manner.

One family member commented, "We are informed of all incidents." Staff members we spoke with told us they had undergone training in relation to safeguarding adults and records we saw confirmed this information to be accurate. They were also fully aware of the whistleblowing policies and were confident in reporting any concerns in the most appropriate way. However, the audits that covered accidents showed that one person had experienced six un-witnessed falls during December 2016, none of which had been safeguarded. Injuries sustained as a result of some of these falls were a red mark to the back, a cut to the eye and a graze to the knee. A quarterly falls audit was conducted in April 2017, which showed the same person had experienced ten falls in April 2017, seven of which were un-witnessed and none of which had been safeguarded. One of these falls occurred on 06 April 2017 and resulted in the service user sustaining a large, deep laceration across their left eye with excessive bleeding. This incident was not safeguarded and had not been reported to CQC as a serious incident. The analysis section of the last fall's audit and the action plan had not been completed.

Subsequent to the inspection the lead inspector, as a routine process discussed the number of falls

sustained by this individual with a representative of the safeguarding team. It was agreed that repeated falls by the same person and serious injuries, resulting from a fall should be reported under safeguarding procedures and statutory notifications submitted to CQC. However, all un-witnessed falls do not require a safeguarding referral, dependent on the individual circumstances.

We found that the provider had not always safeguarded service users from abuse and improper treatment, because they had not reported a series of falls sustained by the same person and a serious injury, as a result of one of these falls. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager of the home informed us that the safeguarding team had contacted her and informed her that they had closed the case, as they were satisfied with action the home had taken.

One staff member we spoke with told us that there were not always enough staff on duty, particularly at night. We looked at a random selection of duty rotas for May 2017 for each unit. There were 35 people living at the home. The duty rotas we saw showed that each night one carer worked a twilight shift and one care worker arrived for duty one hour prior to the day shift commencing. These extra hours were to facilitate additional support during busier periods. However, the rota for the first week of May showed that from the time the twilight shift ended until 7am there were routinely five members of staff in the building, including one registered nurse, to cover four separate units. There were several people, who required two members of staff to assist them with personal care, repositioning and continence needs. One person required extra support for moving and handling purposes. We recommended that the provider reassess the staffing levels at night time, taking in to consideration the layout of the building, the dependency needs of the people who live at Stocks Hall and how the night shift would be managed should emergency evacuation be needed. The Registered Manager subsequently informed us that there was an additional member of staff on night duty at that time. Therefore, the duty rotas we saw did not reflect an accurate picture. The Registered manager told us that the staffing levels at night time had been assessed and that an additional twilight shift had been introduced each night, which was considered by the home to be adequate for those who live at Stocks Hall.

During the course of our inspection we looked at the personnel records of four people who worked at Stocks Hall. We found that recruitment practices adopted by the home were satisfactory. Each potential employee had completed an application form with their CV and a medical questionnaire. Those who fulfilled the recruitment criteria were then invited for interview. Two references had been sought for each applicant prior to a position being offered and confirmation of Disclosure and Barring Service (DBS) checks were evident. DBS checks highlight if the prospective employee has received any criminal convictions or cautions. This helps the provider to decide if the individual is deemed fit to work with the vulnerable people, who live at the home.

We looked at how environmental safety was being managed. We saw documentation, which showed that a range of environmental risk assessments had been conducted. We tested the temperature of hot water being supplied in several locations, selected at random throughout the home and found it to be at safe temperatures at the time of this inspection. The environment was maintained to a very high standard throughout and it was clear that maintenance, cleanliness and hygiene were important aspects of the home's values. We noted a calm atmosphere to be evident throughout our inspection. People who lived at Stocks Hall were able to move around the home freely and were supported by staff members, when help was needed.

We saw that a business continuity plan was in place at the home, which outlined action that needed to be taken in the event of an environmental emergency, such as power failure, gas leak, water shortage, severe

weather conditions, fire or flood. Some regular internal checks and environmental audits had also been introduced, which helped to maintain the safety of the premises.

Accident records were completed appropriately and were retained in accordance with data protection, so that personal information was kept in a confidential manner. Records showed that systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations. This helped to ensure they were safe for use.

Fire prevention policies were in place and these were prominently displayed within the home. A fire risk assessment had been developed and five members of staff had completed fire marshal training, which helped to ensure fire safety within the home. However, a Personal Emergency Evacuation Plan (PEEP) had not been implemented for each person who used the service. The PEEPs we did see did not always contain person centred guidance about how people should be evacuated from the premises, should the need arise. For example, the care records for one person who lived at the home showed that they were none compliant with moving out of bed and that they required four staff members to assist with specialised equipment. However, this important information was not detailed within the individual's PEEP, so that any attending emergency personnel could establish how best to support this person during evacuation procedures. The PEEPs, which had been completed, were retained within individual care files. On our second day of inspection the deputy manager informed us that a central PEEP folder had been introduced, which contained a PEEP for everyone who lived at the home and which outlined clear person centred guidance about how each person should be safely supported, in the event of evacuation procedures being necessary.

The care records we saw contained a wide range of risk assessments around people's health care needs, such as potential risks related to moving and handling, swallowing difficulties, the safe use of bed rails, medicines, communication, behaviours, falls, nutrition and tissue viability. These assessments contained some good information and provided staff with action they needed to take in order to reduce the element of risk.

Requires Improvement

Is the service effective?

Our findings

People we spoke with felt that the food served was satisfactory. Comments we received included, "The food is alright. Yes, it is OK. We do get a choice" and "I get asked what I want. The food is OK." However, one person said, "You are lucky if you get anything to eat at night, as the kitchen is locked. Things have been going missing, so they now lock the kitchen. All you get offered is toast, as they lock the fridges too. I asked for crumpets and cheese, but got offered toast."

People we spoke with told us they had chosen their bedrooms and had been able to bring personal items with them to the home. This helped to make their space more personalised. One person told us, "It's comfortable here. The environment is fine." Another commented, "It's a lovely setting and a lovely place. You have some cracking staff here, but some are awful."

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 and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at the care files of five people who lived at Stocks Hall, of which two lacked capacity to make decisions. We found that mental capacity assessments were not always fully completed and were not always in line with the principals of the Mental Capacity Act 2005. Formal consent had not always been obtained prior to care and treatment being delivered. However, we did observe staff members asking people for their agreement before assisting them with activities of daily living. The deputy manager told us that she was aware of the shortfalls in assessing people's mental capacity and obtaining formal consent and that this was in the process of being addressed. We recommend that Mental Capacity Assessments are conducted when appropriate, particularly prior to DoLS applications being made to the local authority. Formal consent should also be obtained in areas, such as the use of bed rails or wheelchair belts, the administration of medicines and the provision of personal care and treatment.

The care file for one person showed that an urgent DoLS authorisation had expired on 18 November 2016, but an extension to this had not been put in place by the home. However, a request for a standard authorisation had been made, due to continuous supervision and because the individual was not free to leave the premises. Where DoLS applications were still awaiting assessment by the local authority, there was evidence available to demonstrate that these had been periodically followed up by the home.

We noted that Close Circuit Television [CCTV] was in operation at the home. We discussed this with the deputy manager at the time of our inspection. We were told that CCTV was used in the communal areas of Stocks Hall only, such as lounges and corridors. We were advised that people who lived at the home or their relatives were aware that this was in operation. However, we did not see any evidence that formal consent had been obtained for the use of CCTV within the home. The registered manager of the home subsequently informed us that formal consent had now been obtained and that the use of CCTV in communal areas was now highlighted within the home's Statement of Purpose, so that people considering a placement at the home were fully aware of the operation of CCTV, before deciding to live at Stocks Hall.

During our inspection we toured the premises and found the environment to be of an exceptionally high standard throughout. This purpose built home comprised of four separate units, each having spacious and well-designed lounges, dining rooms and kitchenettes. The bedrooms were also very spacious and comfortable, each having en-suite shower facilities and some with overhead tracking hoists. Information brochures informed people that there was access to broadband, sky and telephone points. Well-designed assisted bathrooms were located throughout the home and these also had overhead tracking hoists. A cinema was available within one unit and a hairdressing salon was also provided.

The décor throughout was elegant and contemporary, being equipped with high quality furnishings, suitable for those who lived at Stocks Hall. The home provides accommodation for adults requiring personal or nursing care, including younger adults. A specialised unit is available for those requiring bariatric support, which has been designed specifically for this type of care. Ceiling hoists are available, in order to make transfers safer and more comfortable for this client group. We noted that the provider had supplied necessary equipment, so that people's comfort and dignity was promoted, such as specialised mattresses, profile beds and mobility aids. The garden areas were all accessible by wheelchair users and a sensory garden area with raised flower beds was available, with attention given to aromas and colours. An external shelter was available for those who smoked.

We noted that the menu offered a choice of hot meals and a variety of dishes were available as alternatives. One of the inspectors assessed the management of meals and sampled the food served at lunch time on Willow unit. The lunch time experience was found to be pleasant and relaxed. The dining tables were pleasantly laid with condiments available, so people could help themselves. There were eight people who lived on Willow unit in the dining room, plus a family member. There were four staff members on hand in this dining room, should anyone require assistance. We saw several examples of good interactions by staff at meal times. Staff chatted with people during lunch time and were very attentive, laughing and joking with them in a pleasant and friendly manner. We saw a member of staff assist one person with their food, when help was needed. This was done in a discreet and dignified way.

People told us that they selected their choice of meal the previous day, but were unable to remember what they had chosen. However, we noted that people were offered the choices again at the time of dining and there was a choice of hot and cold beverages throughout the meal service. The meals were nutritious, tasty and well balanced and people were seen to be enjoying their food.

The care staff knew people and were able to discuss their needs well. We noted staff to be aware of peoples' dietary needs, encouraging and praising them in a supportive manner. They worked well as a team, demonstrating an efficient, but unrushed approach.

Staff members we spoke with told us that the training they received was good and they felt supported in obtaining the learning modules they needed. We established that new employees were issued with a range of information when they first started to work at the home, including Job descriptions and terms and

conditions of employment. An employees' handbook was issued to all new staff and this included topics, such as an introduction to the company and the home, the use of Personal Protective Equipment [PPE], staff conduct, confidentiality, equal opportunities, health and safety, discipline and grievance procedures, safeguarding adults and whistle-blowing and training and development. Together these documents informed new staff of what was expected of them whilst working at the home and outlined their duties specific to their individual roles.

Records showed that a detailed induction programme was provided for all new staff. Modules covered during this initial training included, policies and procedures of the home, Personal Protective Equipment [PPE], communication, reporting of accidents and injuries, care interventions, nutrition, confidentiality, moving and handling, health and safety, fire awareness, infection control and safeguarding adults. This helped new employees to gain some knowledge around important areas of care and to support them in carrying out their duties in an effective manner.

The probationary period for new employees lasted for a period of six months, although this could be extended, if needed. This enabled new staff members to decide if they wished to continue to work at the home and allowed managers to determine the suitability of each new employee.

Staff members we spoke with felt well supported by the managers of the home. Records showed that a wide range of training was provided, which included safeguarding adults, emergency first aid at work, health and safety, Control of Substances Hazardous to Health [COSHH], moving and handling, food safety and hygiene, fire safety, tissue viability, end of life care and information governance. One member of staff we spoke with talked us through their detailed induction programme. Other staff gave us some good examples of learning modules they had accomplished, such as safeguarding adults, infection control, fire awareness, moving and handling and whistle-blowing.

Records showed that although supervision sessions and appraisals for staff members had been completed these were somewhat sporadic and irregular. We recommend that a structured approach be adopted for the monitoring of the staff team, so that regular supervision and annual appraisals can be implemented.
We spoke with one community professional by telephone, who gave us a good example of how staff addressed some medical concerns on behalf of one person, in a most effective way. They said, "I must say how very impressed we are with Stocks Hall. The staff are superb. They are very friendly, caring and knowledgeable. The manager is wonderful. She addresses any issue straight away. We visit many care homes and we find that Stocks in Mawdsley is second to none."

Good

Is the service caring?

Our findings

People we spoke with felt that staff had a kind and caring approach. Comments we received included, "It's OK. It's nice"; "The staff here are lovely. My room and the building are lovely" and, "The staff are OK."

Our observations in relation to staff interacting with those who lived at the home were positive. We saw some good, sensitive and kind approaches had been developed by care workers towards the people who lived at Stocks Hall. Records we examined incorporated the need for privacy, dignity and independence, particularly during the provision of personal care and spiritual activity.

The records for one person showed that they managed their own finances and were able to do their banking online. We saw that people who lived at the home were treated equally and were able to express their views, which were listened to and acted upon by staff members.

People who lived at the home looked comfortable in the presence of staff members and everyone we spoke with said they felt able to talk with members of the staff team. It was evident that those who lived at Stocks Hall were helped to maintain support networks and good relationships with their loved ones.

We established that families were encouraged and supported to be involved in the care of their relatives, if they wished to be so. Family members we spoke with told us that they were kept informed of any changes in their relatives needs and that communication from the home was good.

Records showed that a range of community health care professionals were involved in the care and treatment of those who lived at Stocks Hall, such as GP's, district nurses, dieticians, opticians, Speech and Language Therapists [SALT] and Mental Health Teams [MHT].

We saw that urgent services, such as 111 were contacted for advice, as was required and Multi-Disciplinary Team [MDT] meetings were held to discuss the care and treatment of people who lived at Stocks Hall. This helped to ensure that people received the health care they needed.

We saw bedrooms to be personalised with pictures, ornaments and furniture belonging to the individual, which was pleasing to see. We saw those who lived at the home to be well presented and they looked happy in their environment.

Records relating to those who lived at the home were stored securely and information was available to demonstrate that people would be supported to access the services of an advocate, should they wish to do so. An advocate is an independent person, who would support people through the decision making processes, should the need arise.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with felt that the staff team was responsive to their needs and person centred care was provided. They did not feel restricted in any way. One person we spoke with told us they had visited the cinema to watch a film and they were aware of the building plans for a leisure centre on site.

Comments we received in relation to the provision of activities varied. These included, "There are things to do. There is enough to keep you occupied. I get outside when the weather is good and into the community with the help of my family"; "There was a lot going on at Christmas with people coming and going"; "It would be helpful to have more activities, although I do get involved in various activities"; "The activities are generally for older people. I just sit and watch TV all day"; "I like my own space, and I am given my own space and I am not pressurised to join in with others. The staff know me, which helps, due to my speech difficulties" and "I have no concerns or complaints about anything."

The deputy manager told us that learning modules for care planning were progressing well. During the course of our inspection we 'pathway' tracked the care of five people who lived at Stocks Hall. We found that plans of care contained some good information, but that they were not always person centred. For example, although no-one who lived at the home had a pressure wound, some people were prone to tissue damage, due to skin frailty and poor mobility. The records for one person we pathway tracked incorporated a plan of care for pressure relief. However, this had not been reviewed between January 2017 and April 2017, despite a risk assessment showing that they were at very high risk of developing pressure damage. The records of another person showed that their blood sugar readings were increased. Written instructions were to monitor this weekly. However, there was no evidence available to demonstrate that this was being done. It was evident that this individual chose to eat none-diabetic chocolate, despite their diabetes. However, this was not included in the relevant plan of care and a risk assessment had not been introduced. We recommend that the plans of care always reflect people's needs in a person centred way, to ensure appropriate care and support is consistently delivered. However, other care records we saw contained some good information and these reflected people's preferences and what they liked to do. This helped the staff team to develop a clear picture of individual likes, dislikes, preferences and interests, which was pleasing to see.

Pre-admission assessments had been conducted before a placement at the home was arranged. These incorporated people's health and social care needs. Information from other community professionals had also been sought; this helped to ensure that the staff team were confident they could deliver the care and support required by each individual who was planning to move into Stocks Hall.

Medical histories were clearly recorded and prescribed medication was included. There was evidence available to demonstrate that in some cases people had been involved in planning their own care or that of their loved one.

We established that there were two activity coordinators employed at the home and that an activity programme was in place. We discussed the provision of activities with the lead coordinator, who provided us with some good information around what was available for those who lived at Stocks Hall. A brochure

had been developed, which outlined a variety of leisure activities available at the home, such as a breakfast club, daily in-house activities, movie sessions and music activities, social experiences, quizzes covering music, movies, sport and general knowledge, as well as craft sessions, exercise classes, day trips and participation in fund raising events. However, we found that due to the wide age range of people who lived at the home, person centred activity was not always individualised and daily records we saw lacked information in relation to individual experiences of preferred lifestyles. The deputy manager and lead activity coordinator were both aware that this was an area that needed development and plans were in place to further explore future possibilities.

On the second day of our inspection we noted that people were enjoying a bar-b-cue in the sunshine. The activity coordinator told us that some musicians and singers visited the home to entertain people who lived there. He gave us an example of an event to celebrate Burns night, during which a Scotsman, who lived at the home 'blessed the haggis', which is a Scottish tradition on Burns night.

We noted that a complaints procedure was in place at Stocks Hall and a system was in place for the recording of complaints received by the home. We found that complaints were being well managed and detailed letters of response to complainants were retained with the complaints log. A good number of compliment letters had also been received by the home, as well as positive online feedback.

Requires Improvement

Is the service well-led?

Our findings

We asked people who lived at the home if they knew who the registered manager was. One person told us, "Yes I do and I wouldn't say a word against her. She is very hard working. I am very pleased with the home." Another person commented, "The staff are really good. The manager is amazing. She is on top of everything." And a third said, "They are good people – the manager and her deputy." A relative told us, "I am more than happy [with the home]."

One member of staff said, "There are staff meetings, when we discuss any issues we might have." Another told us that staff morale was sometimes an issue, mainly due to staff rotas and shift patterns, but felt that this would improve in time, once all the units at the home are set up and 'self-sufficient'.

The registered manager was on leave at the time of this unannounced inspection. The deputy manager was on duty. She was very co-operative and helpful throughout the inspection process, as were other members of the staff team.

During this inspection we observed a positive culture, which enhanced the quality of service provided. Staff we spoke with provided us with positive feedback about the management of the home. We were told that an open door policy was in place at Stocks Hall, so that people involved in the home could speak with any member of the management team to discuss any concerns they may have or to highlight any areas of good practice. This helped to promote a management system of openness and transparency.

We were shown some internal audits, which covered areas, such as care planning, personalised assessments, risk assessments and incidents and accidents. Some good information was recorded with issues being highlighted well and action plans drawn up following the audits. This helped to ensure that areas for improvement were identified. The deputy manager told us that a new auditing system, in relation to care planning and medicine management was to be introduced in the near future.
However, we did not always see recorded evidence of action having being completed, in order to address the areas identified as being in need of improvement. A full care plan audit had been conducted on 25 October 2016 by a company representative. This identified shortfalls in the care planning process and actions needed were recorded well. Actions which had been taken to address the shortfalls however were handwritten on the audit, some of which was difficult to decipher and did not match the points highlighted in any structured format. Therefore, it was difficult to follow a clear audit trail in this instance.

An annual business plan had been developed covering set objectives which were specific, measurable, achievable, realistic and timely [S.M.A.R.T.]. This incorporated an analysis of the objectives and how these were to be met. The Statement of Purpose had been reviewed and updated this year and included a significant amount of information about the service and the facilities available. This helped prospective service users to make a decision about accepting a placement at Stocks Hall.

A wide range of policies and procedures were in place at the home. These included areas, such as safeguarding adults, privacy and dignity, health and safety, infection control, fire awareness, complaints,

confidentiality, data protection and the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure that the staff team were kept up to date with current legislation and good practice guidelines. The company had achieved an external quality award, which showed that a professional organisation had assessed the quality of service provided.

Staff we spoke with had a good understanding of their roles and responsibilities towards those who lived at Stocks Hall.

Records showed that residents and relatives meetings were held periodically. This allowed people the opportunity to discuss various topics in an open forum, should they wish to do so. A range of regular meetings were also held for the varied disciplines of the staff team, so that any important information could be disseminated throughout the workforce. This enabled those who worked at the home to discuss any relevant topics and to keep up to date with any changes in the care practice industry.

We saw that surveys for those who lived at the home and their relatives had been conducted last year. The results were produced in a bar chart format for easy reference. This helped the management team to seek people's views about the quality of service provided. The responses received at that time were mixed. Examples, of what people had written included, ' The food is very good'; 'Care is of a high level'; 'Medication is haphazard'; 'Lack of activities'; 'Clothes go missing' and 'Every single member of staff is friendly, caring and approachable.' Staff surveys had also been conducted recently. This helped the management team to assess what it was like to work at Stocks Hall.

We were told that the provider was very supportive and visited the home regularly. The provider had forwarded the required notifications to CQC, in relation to allegations of abuse and deaths of service users. Copies of these were also retained on site for easy reference. Accidents and incidents were documented appropriately and these records were retained in line with data protection guidelines. However, serious injuries and repeated falls had not been appropriately reported under safeguarding procedures by the management of the home. A safeguarding referral was subsequently made by the lead inspector on behalf of one person who lived at the home.

We did receive some adverse comments from one person who lived at Stocks Hall, around areas, such as staffing levels and the provision of activities. However, these areas were discussed with the management of the home and any relevant issues had been addressed by the local authority. We were satisfied that concerns raised were being appropriately dealt with.

One person, who was involved with the care and treatment of those who lived at Stocks Hall, provided us with written feedback from a group of healthcare professionals. They told us of some positive aspects of the home, such as the cleanliness of the environment, the politeness and helpfulness of all members of staff and the dedication of staff, who treat people with respect and always act in a caring and professional manner. They told us that improvements had been made since the home had opened. However, some areas still needed to be developed further, such as the management of medicines, professional visit requests, referral requests and communication.

At this first inspection of this location we found shortfalls in the management of medicines, person centred care planning, reporting safeguarding incidents, implementing the principals of the Mental Capacity Act and obtaining consent. On discussion with the deputy manager, it was evident that she was fully aware of improvements which were needed, many of which were highlighted during our inspection. These areas were being addressed, in order to promote continuous development of the home, so that people who lived at Stocks Hall benefitted from a well-managed 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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found that the provider had not ensured that safe care and treatment was always provided for service users, because the management of medicines was not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment We found that the provider had not always safeguarded service users from abuse and improper treatment, because they had failed to report a series of falls sustained by the same person and a serious injury, as a result of one of these falls.