

HC-One Limited

# Stockton Lodge Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection visit took place on the 9 March 2015 and was unannounced which meant the staff and provider did not know we were visiting.

Stockton Lodge Care Home is registered to provide nursing and personal care for up to 48 people. It caters for people with general nursing and residential care needs and is situated in the Stockton area.

We last inspected the service on 5 January 2014 and found the service was compliant with regulations at that time.

There was not a registered manager in post. They had recently left the service two weeks ago and the service was currently being managed by an experienced regional 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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty

# Summary of findings

Safeguards (DoLS). The acting manager had the appropriate knowledge to know when an application should be made and how to submit one. The manager also ensured that capacity assessments were completed and 'best interest' decisions were made in line with the MCA code of practice. This meant people were safeguarded.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Most people told us they felt safe at the service, although one person and one relative raised some concerns around staffing and care by agency staff and this was discussed with the acting manager at the time of the visit. Staff told us they felt there wasn't always enough staff on duty and people who used the service told us they sometimes had to wait for staff. We also noticed that call bells were ringing for extended periods during our visit which indicated that there were not enough staff on duty to meet the needs of people living at the service. The staff team were supportive of the acting manager and each other.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development. We spoke with kitchen staff who had a good awareness of people's dietary needs and

staff also knew people's food preferences well. One person told us that they had raised an issue regarding the food, it was dealt with immediately and they were very satisfied with the outcome.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service. We witnessed staff using a communication book with one person who had difficulties in verbalising. A visiting occupational therapist was highly impressed that the service had used their initiative to source this aid and implement it themselves.

The service encouraged people to maintain their independence and the activities co-ordinator ran a full programme of events which included accessing the community with people.

The service undertook regular questionnaires not only with people who lived at the home and their family but also with visiting professionals and staff members. We also saw a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. This showed the service listened to the views of people.

Any accidents and incidents were monitored by the interim manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Stockton Lodge.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service required improvements to be safe

Staff were recruited safely to meet the needs of the people living at the service.

Most people living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

People and staff told us they felt there were not enough staff at all times at the service. The service was using agency nurses mainly on night shifts. We noticed that buzzers were ringing almost continually throughout the morning of our visit.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Accidents and incidents were monitored by the acting manager to ensure any trends were identified and lessons learnt.

Requires improvement



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular supervision and training to meet the needs of the service.

The acting manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

Good



# Summary of findings

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the interim manager was approachable and listened to any concerns.

## **Is the service well-led?**

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the acting manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

**Good**



# Stockton Lodge Care 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.

The inspection visit took place over one day on 9 March 2015. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During our inspection we spoke with seven people who lived in the home, three visitors, three care staff, two ancillary staff, the deputy manager and acting manager. We observed care and support in communal areas and spoke with people in private. We also looked at care records of four people to see if their records matched with the care needs they said they had or staff told us about. We also looked at records that related to how the service was managed.

As part of the inspection process we also reviewed information received from the local authority who commissioned the service.

# Is the service safe?

## Our findings

People we spoke with had an understanding of abuse. We asked people if they felt safe at the service, they told us; “Oh yes definitely,” and “Yes, I feel safe.” Another person said; “I’d talk to the lasses or go and see the manager, I always have.” One person said; “The girls are lovely and very caring.” We spoke with one person and their relative who said they did not always feel safe. They raised some concerns over staffing levels and the use of agency nursing staff. We discussed these concerns with the acting manager who was aware of them and was dealing with them through the service’s complaints procedure.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; “I’d report it straight away.” Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. In the previous year we found that the previous registered manager had discussed any relevant issues with the Care Quality Commission.

We found the service to be clean and pleasant. One visitor told us; “I have helped re-furbish the bar area.” We spoke with three people who told us; “The cleaners come round every day, it’s always clean.” The acting manager told us the service was scheduled to have a major refurbishment which would improve the communal areas of the service.

We spoke to a member of the staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. They then went on to explain the procedure they followed if there was any outbreak of infectious disease at the service which would reduce the risk of infection spread.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at the service had been carried out. There had been a large turnover of managers working at Stockton Lodge. The most recent registered manager had left the service two weeks prior to the inspection and the service was being overseen by an experienced regional manager. People living at the service commented on the lack of consistency and continuity of having a stable manager at the service.

We looked at two staff files and saw that before commencing employment, the provider carried out checks in relation to staff’s identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The registered manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was an acting manager, a deputy manager (who was also a nurse), one senior carer and three other care staff duty for 14 nursing clients and 22 residential clients. We saw that any call bells were ringing almost continually for long periods during the morning. We discussed this with care staff who told us often people rang just to ask a question or to change the TV channel rather than requiring assistance. Staff told us; “No we are very short staffed,” and “we have to prioritise, I don’t get time to talk to people.” Staff also told us that use of agency nurses had been high but was now mainly relegated to night duty as two nurses had recently been employed. One staff member told us; “On Saturday there was only three staff on the floor and I felt guilty going home when my shift finished.” Four people we spoke with told us there were not

## Is the service safe?

enough staff, comments included; “No I sometimes have to wait,” and “no, there aren’t enough staff at the moment.” One visitor told us; “There are sometimes enough staff but not always,” and another said; “One Saturday just gone there were only four staff on duty altogether, it meant there was no drinks trolley.” We looked at the staff rota and confirmed that there were usually one nurse and four care staff on duty and sometimes five care staff. On Saturday 7th March the rota showed there was one senior carer, one nurse and three carers on duty and staff we spoke with confirmed there were 10 people with low dependency needs and 26 people who needed two people to help them mobilise or perform some aspects of direct care. The interim manager confirmed with us after the inspection that they had investigated Saturday 7th March and found that 2 members of staff had rung in sick at the last minute and so staffing was affected on that day. We asked the service to review its staffing levels and dependency needs of people using the service and they provided this to us after the inspection and this was satisfactory.

Nurses and senior care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training chart provided by the interim manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered. One person told us; “Yes, I know what they are all for,” and another person said; “Yes the girls know them all and know what they are doing.”

We discussed the ordering, receipt and storage of medicines with one of the senior carers who was

responsible for administering medicines on the day of our visit. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. We noticed that some topical medicine records in people’s rooms did not match what was documented on the Medicine Administration Record (MAR). We discussed this with the senior carer who said; “It should be recorded on the MAR but the topical sheets in people’s rooms are what’s more truthful.” We fed back to the interim manager that they needed to confirm which medicine record they would use to confirm that people received their topical medicines appropriately.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the interim manager. The four care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Any accidents and incidents were monitored by the interim manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; “They are a lovely set of girls and we have a good laugh.” Another person said; “I had a bit of a row with one but the manager sorted it out.” Relatives told us, “Yes, the girls all know what they are doing.”

The interim manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, dignity, safeguarding, falls awareness, oral hygiene, mental capacity, equality and diversity and fire safety. We saw the interim manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. We saw that a formal induction programme was undertaken by the provider. One member of staff told us; “We do training on the computer but sometimes it’s difficult to find the time.”

All staff we spoke with said they had regular supervisions with the current manager but this had been intermittent during the previous managers’ regimes. Every staff member we spoke with said they felt able to raise any issues or concerns to the interim manager. One staff member said; “I feel able to go to X (the manager) with stuff.”

We looked at supervision and appraisal records for all staff members. We saw supervision was planned to occur regularly and that records for 2015 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and safeguarding.

We also saw records of other regular staff meetings and staff told us about the most recent meeting on 18 February 2015. We saw from the minutes that new appointments were discussed as well as training, health and safety, issues relating to people and safeguarding.

We observed breakfast and saw it was unhurried and relaxed with people coming and going at different times depending on when they got up. One person was enjoying poached eggs and someone else was having bacon and mushrooms which they said they always enjoyed.

We observed the lunchtime meal in the dining room. Staff took their time when asking people about their choice to

ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. One person said; “The food is alright,” and another said; “It could be a little better, we seem to have the same menu each week.” Where people needed assistance with their food the staff were very patient with them. Staff spoke nicely to everyone.

One person told us; “I’ve started to put weight on and I get weighed every so often.” We asked people if they were asked about their nutritional needs. One person told us; “Yes they know I am diabetic.”

Staff told us about how they monitored people’s nutritional needs. One staff member said; “We write down people’s diet and weigh them regularly”. We noted that there were some gaps in the food and fluid charts that we viewed. This meant that people could be at risk of not having their nutritional intake monitored. We saw snacks, including fortified snacks were provided to people along with hot drinks throughout the day. We saw everyone had a care plan for monitoring their food and nutritional intake.

The interim manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The interim manager was aware of the process for people with lasting powers of attorney in place and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, four people at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The registered manager had submitted an urgent referral for one person and was awaiting the local authorising body to confirm they were happy to receive another seven applications. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict people who lack the capacity freedom to leave the care home unless it is in their best interests.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “Oh yes, I see



## Is the service effective?

the GP if I need to,” and another person said; “If I don’t feel well, I just say. They’ll see to you and do your blood pressure.” People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

The service was well laid out but communal areas were looking a little “tired” in décor. The interim manager told us the environment was due a major refurbishment that would hopefully happen in 2015.

# Is the service caring?

## Our findings

We asked people if they were happy with their care at the service and received the following responses; “They know what everybody wants,” and “The girls are lovely and very caring.” One person said to us; “There is only one bad thing about living here – they can’t make the beds properly,” we shared this feedback with the interim manager. A staff member told us; “It’s a lovely home and residents and I love working here.”

One relative told us; “I’m here every day and I looked at a lot of places before my relative came here and I’m happy.” Another relative said; “The carers here are very respectful.”

One person told us how they liked to go out to the local pub for a pint and enjoyed the dominoes and bingo at the home.

Everyone said they got privacy. We saw staff using people’s preferred names and knocking before entering rooms. One person told us; “Yes I am treated with dignity when they are bathing me,” and another person said; “They always knock before they come in my room.” We asked a staff member about maintaining people’s privacy and dignity and they explained how the staff said exactly what they were doing with any type of care with people and “It’s about letting the person be in control as much as possible.”

We saw staff interacting with people over the course of the visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. One person told us; “The girls make me laugh popping their heads round the door all the time, they aren’t surly at all.”

During the course of the inspection there was lots of very positive interaction by all staff in the service towards people. We saw everyone from the kitchen staff to housekeeping staff spend time talking to people and helping them if needed. We observed a member of the housekeeping staff talking to a lady who was upset. She gave her immediate reassurance in a very caring and friendly manner and promised to come back and visit the

lady later to have a chat which we found she did. The domestic had only been at the home for six weeks but told us about her training in moving and handling and fire amongst others and she said; “I love it here.”

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes.

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including self-medicating, going out into the community and carrying out tasks such as dressing and washing with staff support if needed.

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; “People can visit anytime and my daughter talks to the manager if anything is wrong.”

We saw people signed where they were able, to show their consent and involvement in their plan of care and if not a family member who had lasting power of attorney care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a ‘best interest’ meeting was undertaken. One person told us; “Yes I have looked through it,” and another person said; “Oh yes, the care plan is about when and how things are done for me, I’ve read it in fact.” This showed that people were involved in the planning and delivery of their care.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person. One person told us; “Oh yes they know us all well.”

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a weekly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded.

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

Risk assessments were in place where required. For example, where people were at risk of falls and these were reviewed and updated regularly.

The premises were spacious, well-furnished and pleasantly furnished. There was sufficient available space to allow people to spend time on their own if they wished or to join in activities that often took place in other areas of the home.

We observed people taking part in a lively chair exercise session with a member of activity staff. The game was fun and geared to people of all needs and even visiting relatives were joining in. People told us about activities and said; "The activity co-ordinator is a marvel, they do every mortal thing they can for us," and "We go to the local community centre once a week for bingo and dancing". Other people told us about entertainers who performed at the service and other regular sessions such as bingo and dominoes that were enjoyed in the fully furnished bar at the home. People told us that they had been out to Redcar for fish and chips and to Preston Park in the last year. We saw that other activities planned included Easter bonnet making, and a St Patrick's day celebration.

People told us they would complain to staff or the interim manager. Two people told us they had made complaints and they had been addressed immediately by the manager. Another person told us; "I'm the worst in the world for complaining. I get told off for not using the buzzer as that's what it's there for."

Records we looked at confirmed the service had a clear complaints policy and there was an "open door" system by the interim manager as well as "surgery" sessions, the most recent of which was on 4 March 2015. Information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There had been 13 complaints recorded within the last 12 months and there was a clear record of investigations and outcomes recorded. The interim manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.

We saw records of regular meetings that took place for people living at Stockton Lodge and their relatives. One person told us; "I always go to the residents meetings," and another person said their relative attended regularly.

People's care and support needs had been assessed before they moved into the service. Each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. We saw that there were personalised risk assessments in place and that these and the care plans were reviewed regularly with the person where possible or their representative. There was good evidence of communication with families or healthcare professionals and there was detailed information about people's lives prior to moving into Stockton Lodge that helped staff build relationships with people.

# Is the service well-led?

## Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the interim manager. However, everyone commented on the lack of consistency of the service not being able to retain a registered manager. One relative told us; "All the manager changes aren't good." There had been at least two registered managers in the last 12 months and other short term replacements. The interim manager confirmed the service was actively trying to recruit another permanent manager.

The interim manager showed and told us about their values which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The interim manager held regular meetings for staff, people using the service and visitors as well as regular "surgeries" where people could pop in to discuss anything. There were also regular newsletters so people were able to keep up to date with developments at the service. People told us that the interim manager was a regular presence at the service and they could discuss anything with them. This meant the manager was accessible and listened to the views of people and staff at the service. One staff member told us; "I can go to X and talk about anything." One person living at the service told us; "She's a brilliant manager, it's a shame there have been lots of other ones," and another said; "Yes, she's there if I want her."

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; "Yes it's good," and another told us; "It's a nice place to be

and people listen to you." One staff member told us; "I'm happy here and it's a nice home." The service used a satisfaction survey to gather feedback, and the interim manager showed us a form that had just been sent out as the last survey was done 12 months ago and the service was awaiting responses. We saw from the last survey that any issues identified were immediately actioned by the service and a documented response recorded.

We asked people what the service could improve and they told us; "The food could be better," and "More staff are needed." Staff we spoke with also said the service could be improved by more staff on duty at peak times. The service provided a response to us after the inspection that reviewed staffing levels and dependency levels of people using the service and this was satisfactory.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Stockton Lodge had complied with this regulation.

The interim manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, staffing, choices, health. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place. We saw that the provider had an annual development plan in place which showed how the service wanted to improve and it included such items as a planned refurbishment of the communal areas of the home and ensuring staff undertook mandatory training.