

Stokeleigh Lodge Retirement Home Limited

Stokeleigh Lodge

Inspection report

3 Downs Park West
Westbury Park
Bristol
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Date of inspection visit:
06 July 2021

Date of publication:
20 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stokeleigh Lodge is a residential care home providing accommodation and personal care for up to 15 people. At the time of the inspection there were 15 people living at the home. The home is a converted and extended building with rooms over three floors. There were two communal lounge areas and a dining room in the conservatory. People also have access to a garden area.

People's experience of using this service and what we found

There had been significant improvements following the inspection of February 2021. We saw positive changes had been made to the home's infection control procedures. Staffing levels had been reviewed and increased. Quality assurance processes had improved.

People felt safe living in the home, they were protected from abuse and had their risks assessed, planned for and mitigated. There were enough safely recruited staff to meet people's needs. Lessons were learned when things had gone wrong. Medicines were safely managed and stored. Infection control measures were in place to keep people protected. The risks from cross contamination had been reduced due to the effective changes that had been put in place.

Effective quality assurance systems were in place to monitor the quality and safety of care. Audits had improved which helped to identify any shortfalls. There was an open and inclusive culture in the home. The registered manager worked closely with the deputy manager and area manager. The provider had oversight of the home by visiting the home and attending meetings with the area and registered manager.

People and staff felt positive about the registered manager and the management of the home. People and staff were asked for their feedback. The registered manager was aware of their duty of candour. Audits were in place to check people's care and an action plan was in place to continue to improve the home. The home worked in partnership with other organisations.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 20 March 2021). There were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service on 15 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stokeleigh Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the home until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our well-Led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stokeleigh Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Stokeleigh Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave 24 hours' notice to ensure the registered manager was available.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, area manager, two care staff and four people. We observed staff practices and how they interacted with people. We considered all this information to help us to make a judgement about the home. We reviewed a range of records relating to the management of the home and medicines records.

After the inspection

We requested a range of records including risk assessments, maintenance records and quality monitoring and assurance documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the inspection of February 2021, we found people were not always protected from the risk of infection in accordance with this regulation and the service were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

Preventing and controlling infection

- We found at this inspection changes had been made to the home's infection control procedures. The risks from cross contamination had been reduced.
- We were satisfied that people were protected by the home's infection prevention and control measures. Domestic hours were now deployed separate to the care staff. A domestic was now in post to enhance cleaning seven days a week. Regular cleaning of the home was taking place over a twenty-four-hour day.
- One staff member told us, "Things are so much better with cleaning since you last visited". We observed cleaning was taking place during the inspection. The home was clean and tidy.
- Personal Protective Equipment (PPE) was now stored safely in PPE stations which were wall mounted. Regular walk arounds of the home were undertaken by the management team to check that PPE was stored safely. Hand gels had been moved away from radiator covers.
- Improvements had been made to interior fixtures, fittings and furnishings. New commodes and toilet seat raisers had been purchased. Those which were not in a good state of repair were removed. Flooring within toilets, bathrooms and some people's rooms had been replaced.
- Improvements had been made to the laundry facilities to help prevent the risks from cross infection. An industrial washing machine and dryer had been purchased. A dividing wall had been built within the basement to create a separate laundry area. A new handwash basin was in place. Staff now accessed the laundry area through a separate door and were no longer walking through the kitchen.
- Improvements had been made to visiting arrangements. The provider had installed a pod within the garden. Since the last inspection the department of health's guidance had been updated. People were able to receive close contact visits inside of the home. This was taking place in a lounge.
- Visitors were required to take a lateral flow test before entering. Temperature checks were undertaken, and masks were worn to reduce the risk of viral transmission.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. This was because we observed one staff member wearing a visor and not a mask. We brought this to the attention of the management team who took prompt action. We observed other staff wearing PPE safely. We have also signposted the provider to resources to develop their approach
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

At the inspection of February 2021 we found the provider did not have enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

Staffing and recruitment

- Since the last inspection the provider had increased staffing levels at the home. This helped to ease the pressure on the care staff. A domestic post had been filled and an extra member of staff assisted with catering at teatime. An extra care assistant role had been introduced to help assist people in the evenings with personal care before bed.
- One staff member told us, "We have domestic staff working now which eases the pressure". One person told us they felt the home had adequate staffing. Another person told us, "Yes, I feel we have enough staff. They work hard".
- The registered manager told us the staffing levels took into consideration the level of needs and support people required. They met with the area manager weekly to discuss people's needs and if further staffing was required.
- The registered manager told us although they continued to assist people when needed, they had been able to fulfil other management duties and the pressure had eased.
- The home continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks were completed, and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Stokeleigh Lodge. One person told us, "I feel safe knowing the staff are around to call upon. They are all very caring".
- Staff had a good understanding of abuse and knew what to do to make sure people were protected.

People were supported by staff who knew how to raise safeguarding concerns.

- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.

Assessing risk, safety monitoring and management

- People's care records included risk assessments and guidance for staff on how risks were minimised. This included risks associated with falls and moving and handling.
- Regular checks were undertaken on equipment which reduced risks to people, including moving and handling equipment, and fire safety. Where shortfalls were identified these were reported and addressed.

Using medicines safely

- People received their medicines as prescribed and the home had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their medicine's records.
- Medicine administration records had been fully completed. These gave details of the medicines people were prescribed. Audits were undertaken.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.
- Accidents and incidents were reviewed by the management team to ensure appropriate actions had been taken.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the inspection of February 2021, we found systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection quality assurance monitoring and audits had improved with shortfalls identified addressed.
- The oversight of the provider had improved. We were told by the management team the provider visited regularly and met with the whole team. They carried out walk arounds of the home to address any shortfalls and prioritised this in an action plan.
- The provider completed audits during their visit which helped to drive improvements in the quality and safety of the home. This had a positive experience for people living at the home.
- Improvements had been made to the level of detail within audits. Actions were put into place to address any shortfalls. An example of this includes that it had been identified the hallway was in need of redecoration and carpets replacing. The work was planned to be carried out at the end of the summer.
- The registered manager had a good awareness of when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Concerns, incidents, and accidents continued to be reviewed. This was to help identify trends and risks to prevent recurrences and improve quality.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff were passionate about developing a person-centred culture within the home. A garden project was being undertaken. This involved people at the home making decisions about how they wanted the garden to look and changes that were needed.
- People and staff spoke positively about the leadership at the home. One person told us, "She is really approachable. I do like it here". One staff member told us. "She is good manager and very supportive. We

have a close team".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.
- There was clear leadership and regular audits were carried out by the registered manager to understand the quality and safety of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home actively engaged people to ensure they had a say in the running of the home. Feedback from people, staff and relatives was welcomed by the registered manager. They used any feedback to help make further improvements.
- Residents meetings were held monthly which gave people the opportunity to discuss the running of the home and any suggestions they had.
- Care review meetings continued to be carried out with people. With people's consent relatives were also invited to attend. We were told during the COVID-19 pandemic they were completed via video call and over the telephone.
- One person told us, "The manager always come to see me daily. I always know who is in charge. They are approachable".
- The registered manager told us they engaged with staff at hand over and staff meetings. This was confirmed during our observations and conversations with staff.
- We were told that the last inspection and the COVID-19 pandemic had brought the staff team even closer.

Continuous learning and improving care. Working in partnership with others

- We were told the last inspection had been a learning curve for the home. It was clear from our conversations with the management team this had a positive impact on the home.
- The area manager and registered manager had a strong focus on continuous learning at all levels of the organisation to improve care. The area manager told us the focus for the next 12 months was to become more outcome focussed in relation to people's planned care and care records.
- The registered manager worked effectively with external agencies to help achieve positive outcomes for people. This included commissioners, safeguarding teams and health and social care professionals.