

Care Homes UK Ltd

Stockingate Residential Home

Inspection report

61 Stockingate
South Kirby
Pontefract
West Yorkshire
WF9 3QX

Tel: 01977648683

Date of inspection visit:
17 October 2019
29 October 2019

Date of publication:
17 January 2020

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

About the service

Stockingate is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

The home is over two floors, with communal living spaces on the ground floor. People's bedrooms are on both floors.

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

People felt safe, and risks were known by staff, although not always thoroughly recorded and there were some inconsistencies between care records and practice. Medicines management was safe overall, although recording of medicines and written procedures lacked detail. Safe recruitment processes were followed and there were enough staff to meet people's needs. Accidents and incidents were monitored and staff understood safeguarding procedures.

People's needs and choices were assessed. Systems were in place to support staff in providing effective care and supervision meetings were being improved. Training information showed staff had completed a series of short reading modules with a knowledge check at the end, as well as some practical training. People's consent to care and support was obtained, monitored and reviewed in line with legal requirements and national guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Positive relationships with staff ensured people felt cared for and at home. Some planned activities took place, although people were not meaningfully occupied for long periods of time. Information in care plans was not always consistent and there were some gaps in records.

Staff felt supported through the way the home was managed and said the management team were actively involved in people's care. Systems were in place to assess and monitor the quality of the provision although these were not always effective and did not show clear actions taken when issues were identified. Electronic systems were being introduced to provide more rigorous and consistent audits. We made a recommendation to improve the quality of recording relating to people's care and treatment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 October 2018). The service remains requires improvement. This service has been rated requires improvement for the last three consecutive

inspections. In the provider's inspection history, the six previous inspections have been rated no better than requires improvement, with two of these being inadequate.

There was work being done to help the service to continuously improve, although progress was slow.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has not changed from Requires improvement.

We have found evidence that the provider needs to continue to make improvement. Please see all sections of this full report.

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

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our well led findings below.

Requires Improvement ●

Stockingate Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 on the first day by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. There was one inspector on the second day of the inspection.

Stockingate is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

This inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work within the service. We had not received a provider information return since before the previous inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, four care staff and cleaning staff. We reviewed a range of records. These included people's electronic care records, people's medicine records, two staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service.

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 remained the same.

This meant some aspects of the service were not always safe and assurance about safety was still being improved.

Assessing risk, safety monitoring and management

- Risks to people were known by staff but had not always been consistently recorded. One person needed staff to help them move from their chair to a wheelchair. Their care record showed they needed equipment to support them with this, although the person chose not to use the equipment. This was not evident in their care plan. However, the registered manager took immediate action to include the information.
- Risk assessments were not always recorded where people's care needed close monitoring, such as for the risk of choking or falling from their bed, although staff were aware of who was at risk and took action such as increased staffing, supervision and equipment.
- Premises and equipment were regularly checked. Lifting equipment had been checked as required, but where faults had been identified, such as broken parts on a bath hoist, action was not recorded. The registered manager gave assurances this was being addressed through the refurbishment programme.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to ensure people were protected from abuse and harm. Staff knew the kind of incidents which may need referral to the local authority safeguarding teams. Referrals were made where necessary.
- The safeguarding procedure was available to staff who told us they understood this and would be confident to report any concerns without delay.

Staffing and recruitment

- Care staff numbers were adequate and assessed according to people's individual dependency levels. One person we spoke with said, "There are enough staff, but they are always very busy and they don't always have time to do stuff like sit and chat to me."
- Recruitment procedures were followed to ensure staff were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed and stored safely and securely overall, although there were minor weaknesses in the recording of medicines where people needed time critical medicines, such as 30 minutes before food. Staff responsible for medicines understood the importance of giving these on time and agreed to improve the recording.
- People received their medicines when they needed them. Where people needed medicines 'as and when' such as for pain, guidance for staff was not consistently recorded, although staff understood people well

enough to know when they needed this medicine.

- Staff responsible for supporting people with medicines had recent or up to date training and competency checks for this.

Preventing and controlling infection

- The home was clean and staff understood their role in preventing the spread of infection. Some fixtures and fittings were in need of replacement and there was a refurbishment plan in place for the home.

Learning lessons when things go wrong

- There was opportunity to identify where lessons could be learned, such as through accidents and incidents.
- Case studies were developed to identify patterns and trends and understand behaviour where this challenged the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training provided limited opportunities for staff to develop skills and knowledge. Staff completed training by reading a booklet on different subjects and answering questions in an initial knowledge check. Training in moving and handling, first aid and fire safety was face to face. Staff competency had been checked to make sure they supported people effectively, although this was not always consistently recorded.
- The provider required all staff to update training they deemed as mandatory, each year and the registered manager ensured this was continuously updated.
- Systems to support staff through supervision were not robustly in place. Some staff said they had supervision, although not all staff could remember how frequently. They told us the management team was approachable at any time to discuss aspects of their work and they felt supported. The supervision system was being reviewed by the registered manager and we saw written plans for this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs and choices were assessed and their preferences were recorded in their care and support plans.
- People had enough to eat and drink, although they gave us mixed opinions on the quality of their meals. One person said, "Why would I want to eat a toastie for lunch when I had toast for breakfast?" and another person said, "We get plenty to eat, it's not bad really."
- Staff knew which people needed support with their meals and who was at risk of losing weight. Where people spent time walking round, staff encouraged them to have regular snacks.
- Tables were not set with cutlery or condiments before people ate in the dining room. This had been raised at the last inspection and the registered manager said they had tried to improve this, but it had not worked. They agreed to continue to monitor this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff involved other professionals in people's care, such as district nurses, dieticians, speech and language therapists and GPs. However, there had been no referral for a seating assessment for two people who were seated and their posture in the chairs was awkward and unlikely to be comfortable. The registered manager

agreed to review this.

- People and relatives were confident staff would seek relevant professional advice and support if needed, although some relatives said they were not always informed in a timely way if their family member needed a doctor or hospital.

Adapting service, design, decoration to meet people's needs

- There was some signage in place to promote people's independence.
- A refurbishment plan was in place to ensure the home was suitably maintained and decorated.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff showed understanding about the legislation and guidance around consent and they supported people to make choices and decisions about their care.
- Consent to care was sought and people's capacity to make decisions was assessed.
- People were supported in the least restrictive way possible.
- Systems for ensuring DoLS were in place and the registered manager had oversight of DoLS which had expired and were being followed up.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were patient, kind and caring. People told us staff were friendly. One person told us, "Staff are decent, you can have a laugh with them." People and staff shared spontaneous hugs and affection and there was respectful general banter.
- Staff understood people's backgrounds and spoke with them about their individual preferences and personal histories. Activities staff had compiled booklets which recorded people's memories of the weather and of bonfire night.

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

- People were involved in decisions about their care. Where some people could not easily make their views known verbally, staff responded to their non-verbal signs, such as facial expressions and gestures.
- People were encouraged to make decisions. One person told us, "Staff have made me very welcome and I can please myself what I do." Meetings were held for groups of people to discuss ideas and express their views."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's right to privacy and independence. People were dressed appropriately and staff helped them adjust their clothing if needed, such as to cover their legs. Staff supported people to move at their own pace without them feeling rushed.
- Relatives told us they always felt welcome to visit their family members. Staff knew people's visitors and greeted them in a friendly way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not always consistently met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's life histories and backgrounds although these were not always detailed in the electronic care plans. Some care plans lacked information and guidance for staff which was important to people's, care and support.
- There was a review system in place which helped to ensure care delivery was responsive to people's needs. One relative told us, "We go through everything with them and if [my family member] wants anything changing we just speak to them to let them know."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had implemented some ways in which people's diverse communication needs were identified, recorded and met. Staff knew which people were hard of hearing or could not see well. Pictures were available if people needed help to choose their meals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were supported to follow their interests. At times, although some people joined in with activities, we saw other people spent long periods of time in their chairs with little to do. The activities staff was considering ways in which to include more people in meaningful ways.
- People's visitors were welcomed and children from the local community visited people in the home. One person said their family visited all the time and the staff were helping them celebrate a birthday with a party.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. People and their relatives knew how to make a complaint. The complaints procedure was displayed in the entrance and staff told us they would support people to make their concerns known. People were confident their concerns would be dealt with quickly.
- The registered manager welcomed feedback about the service and considered how this could improve the quality of care.

End of life care and support

- People's end of life wishes were not always discussed in advance of deteriorating health, although staff were responsive to people's changing situations. There was not enough information about people's end of life wishes in care records, for staff to understand people's needs. The registered manager told us plans for end of life care and support were being reviewed.

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 remained the same.

This meant there were inconsistencies in the way the service was managed. Although systems and processes were in place to monitor the quality of the provision, these did not consistently identify areas to improve.

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

- The registered manager understood the challenges of their role and had oversight of many aspects of the service provision. They were enthusiastic about driving improvement and proactive when issues came to light at the inspection. However, recording of people's care, support and risks was not always consistent.
- Quality audits were carried out, but these did not identify weaknesses highlighted during the inspection, such as gaps in recording and care plans. The registered manager showed us how audits were being developed with the use of an electronic system. We recommend the quality of recording relating to people's care and treatment is improved to ensure there is more consistency with practice.
- The registered manager felt supported by the nominated individual, who regularly visited the home.

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

- The registered manager established a culture in which staff felt able to approach each other and were supported in a transparent way.
- Relatives said staff gave good information when accidents and incidents had happened involving their family members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives were consulted and encouraged to express their views and felt involved in how the service was run.
- Staff were happy working in the service and felt motivated in their work.
- The registered manager worked closely with the provider's other home management teams and shared ideas for practice.