

D Lalgée

# Stockdove House

## Inspection report

12 Stockdove Way  
Thornton Cleveleys  
Lancashire  
FY5 2AP

Tel: 01253855967

Date of inspection visit:  
27 February 2018

Date of publication:  
11 April 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Stockdove House Rest Home is a residential care home that can accommodate 10 older people. The home is a detached property that is close to the centre of Cleveleys. There is an accessible garden area, a communal lounge and a dining room. There are bedrooms on the ground and first floor of the home. The first floor is accessible via stairs or a passenger lift. At the time of the inspection visit there were 10 people who lived at the home.

Stockdove House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People we spoke with told us they felt well cared for and the staff were always friendly and attentive. One person who lived at the home said, "This is the best move I have made, I feel safe living here." We found people were protected from risks associated with their care because the registered provider had completed risk assessments.

People told us there were enough staff on duty and staff came quickly to any requests for support. We reviewed medicines administration and documentation and found this to be safe. We looked around the home and found it was clean and homely; however some parts of the home require refurbishment.

We found the home offered a choice of menu and had policies and procedures in place to ensure people had support to enjoy a balanced healthy diet. One person told us, "The food is very nice, but I am really fussy and [cook/provider] often makes me something different".

We received consistent positive feedback about care provided at Stockdove House Rest Home from people who lived at the home and their relatives. Staff were observed interacting in a patient and kind way. Nothing was rushed and they understood the needs of people they supported and it was apparent trusting relationships had been created.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. Stockdove House has been owned and managed by the same family for over 20 years.

There was recorded evidence that showed the registered provider worked in partnership with other agencies to provide safe care and treatment. The registered manager said they received good support from the local doctor's surgeries and the community nurses. During the inspection two district nurses visited the home; it was evident that there was a good relationship between them and the staff team.

Care plans we looked at were clear and informative. The registered manager had completed a comprehensive assessment of peoples support needs. People and family members spoken with during the inspection knew there was a care plan and had been asked about the care and support they needed.

People were free to live their chosen lifestyle and retain maximum choice and control of their lives. Staff were observed supporting people in the least restrictive way possible; the policies and systems in the service support this practice.

We found that the registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and clear guidance was provided for staff.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> This service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> This service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> This service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> This service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> This service remains Good	<b>Good</b> ●

# Stockdove House

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The house has 10 bedrooms, one lounge and a dining room. There are large accessible gardens.

Before the inspection visit we contacted the commissioning department at the local authority. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The inspection visit took place on 27 February 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

We closely examined the care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to

determine if people received the care and support they needed in an appropriate environment.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe. A relative told us, "This is the best move mum has made, she is really happy and so am I, the staff are really good."

People who lived at the home told us there were enough staff on duty to meet their needs. One person told us, "There is always someone around, all you have to do is shout or press your buzzer." A relative told us, "I've never seen an occasion where staff are not available and people have had to wait."

Staff also confirmed staffing levels were appropriate to meet people's needs in a timely way. One staff member said, "There are always plenty of staff around to help out. We can respond to people's needs quickly". Another staff member commented, "I am quite happy with staffing levels. If we need help we are always given it, the manager is here all the time and he supports me." We observed staff spending time with people and responding appropriately, people were not rushed and staff went at the pace of the person they were assisting.

Effective recruitment processes were in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Staff spoken to confirmed they were supported in their role by the registered manager who ensured that the rotas were fair with the right skill mix on duty at any one time.

People's medicines were safely managed. There were clear policies and procedures for the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Only the registered manager or senior staff administered medication. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication. All relatives were satisfied that people received their medicines as prescribed.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and the staff had received safeguarding vulnerable adults training. The registered manager was confident that he and his staff team would quickly identify poor and abusive practice and put measures in place to safeguard individuals. The registered manager was able to provide examples of when he had worked with the safeguarding team to protect vulnerable adults.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. There was a number of risk assessments, these included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. During the inspection we noted bed rails were in place, however there was no assessment of risk for the use of the bed rails. The registered manager was asked to assess the type of bed rails in use to ensure they meet current safety guidelines. The assessments were due for review and it is recommended that the reviews of care plans and risk assessments take place to ensure the support provided is appropriate to keep the person safe.

Records confirmed health and safety related checks have been completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations. One person told us, "The fire alarms get tested regularly here."

People told us the home was clean and hygienic. One person said, "I would say it was very clean, the staff are always doing some cleaning." A relative commented, "Oh yes, it's lovely and clean and tidy, mums room is always fresh." The fabric of the home in relation to the carpets and decoration are now in need of some refurbishment. The registered manager did state he was aware that some upgrading was required and told us there were plans to carry this out in the near future.

Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This assisted staff to reduce the risk of infection to people they supported and themselves when providing personal care.

The registered manager explained how accidents and incidents were managed at the home. Where any incident, accident or 'near miss' occurred the registered manager reviewed them to see if lessons could be learnt. As a staff team they reflected on whether they could improve on how they managed the incident and if they could reduce the risk of similar incidents occurring.



## Is the service effective?

### Our findings

Staff felt well supported to carry out their role. One staff member said, "The manager is always around and he is even on call when not on duty, if you need help. Everyone tries to help each other as best we can". Another staff member commented, "Yes I do feel supported. They (management) are good people. They are there if we need them". Records confirmed regular appraisals were carried out.

People received effective care because they were supported by trained staff that knew them and had a good understanding of their assessed needs. We were able to establish through our observations people who lived at the home received care which was meeting their needs and protected their rights. All staff had achieved or was working towards national care qualifications. This ensured people were supported by staff that had the right competencies, knowledge, qualifications and skills.

Staff told us that the registered manager carried out 3 monthly appraisals, at which time they could discuss their role and any training needs they may have. Staff have been enrolled on the NVQ training programme and an external training provider carries out the work place assessments. Staff spoken with were happy with the level of support they receive. One person commented, "This is a really nice place to work, the people who live here come first but the manager is always available and will help in any way possible."

The service had a clear and consistent care planning system which ensured people's individual needs, aspirations and individual needs were met. This ensured people experienced positive outcomes. The relatives of people spoken with during the inspection were all positive about the service and the care their relative received. One person said, "This has been the best move, I could not be happier. It is a lovely little home. They keep me informed about everything."

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the second floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

People chose the food they wanted. People spoke positively about the food provided at the service. One person said, "It is fine. There are options if we don't like what's on the menu, [The Cook/provider] often makes me something special, I know I am fussy." A relative said, "The food is very good. Relatives can have a meal and they always do something special for birthday celebrations." Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed and, if needed plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk.

People were supported to live healthier lives. They had access to healthcare services and received on-going healthcare support. One person told us, "I see the doctor and the manager takes me to my hospital

appointments." We saw logs in care records of visits to a number of health professionals and outpatient appointments. We saw that the service had good community links with the local GP practices, opticians and chiropodists. Other health care professionals were requested to visit on an 'as needed' basis. This showed that the service supported people to maintain their health.

The registered manager explained the importance that people continue to remain involved in community activities. The service arranged group activities or supported people on a one to one basis, in addition a number of people enjoyed a weekly outing to a local coffee morning. During the inspection people who lived at the home were seen going out with friends and visiting the local hairdressers. Regular in-house activities were also arranged and an activity person visited regularly to encourage people to take part in chair aerobics and sing-a-longs.

People needs had been assessed and there was evidence on file that an assessment had been carried out on a person that had recently been admitted.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We looked at how the home gained people's consent to care and treatment in line with the MCA. The manager had a good understanding of the MCA and was able to explain his responsibilities however at this inspection, we found that none of the residents lacked mental capacity and all were able to consent to the care and treatment provided.

## Is the service caring?

### Our findings

The registered manager and staff told us they fully involved people and their families in their care planning. A comprehensive record of people's beliefs, likes and wishes were recorded within care records at the time of admission. Guidance in these records reflected what staff and people told us about their preferences. Each record contained a life history of each person. This helped staff to know what was important to the individual and help them to develop positive and meaningful relationships with people.

Without exception, people and relatives we spoke with found staff kind and caring. One person said, "They're very good. They always chat to us, its lovely. " Another person told us, "Staff are marvellous they made me feel very welcome when I first came here." They are so nice with people. Nothing is a problem at all. I cannot fault them".

People were actively encouraged to personalise their rooms. The rooms seen by the inspector were furnished with personal items that suited the person's individual taste.

Staff had a good understanding of protecting and respecting people's human rights. As part of the NVQ some staff had received training which included guidance in equality and diversity, which was underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff respected people's dignity and privacy. The registered manager was mindful about the security of people's records. People's care records were stored in an office which was only accessible by staff members. We saw staff speaking respectfully to people and we were told that staff respected people's privacy by knocking on doors and waiting for a response before entering.

People were encouraged to be as independent as possible and were free to come and go as they pleased. Staff would support them to go out if they felt a little unsure or nervous. People who used the service and their relatives were positive about the amount of support available. One person said "The attitude of the staff is so good, they are patient and kind, attentive actually."

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One person told us, "The staff listen to me and what I want". Another person responded, "Yes the staff know what I want and how I like it." A visitor said yes [a relative] can do as she pleases she truly sees this as her home. Staff told us and we saw throughout the inspection that people's requests were granted and they were enabled to spend the day as they chose.

People's care records were person centred and detailed their physical, emotional, religious and cultural needs. Care plans were in need of reviewing as the stated date for reviews had passed. The registered manager was aware of this and gave his assurance that he would address this issue to ensure that the care plans remained current and reflective of the individual's needs.

Staff we spoke with told us they found the care plans easy to follow and informative about people's support needs. They told us everyone had a care plan. Staff said that if they needed training to be able to meet someone's needs the registered manager would arrange some training in order that they could respond and care for the person. This showed the manager had ensured staff were equipped to meet people's personalised needs.

People were enabled to take part in activities as they chose. On the day of our visit one person was visiting the local hairdresser and people were going out with friends in the afternoon. People told us they had no restrictions placed upon them they were free to do as pleased. One person said she enjoyed the chair aerobics especially in the summer when we can do the class in the garden.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time. Everyone we spoke with felt the registered manager and staff would listen to them if they raised anything and that issues would be addressed. One person said, "I would have no hesitation in saying if things were not right, but they are really good at sorting out problems, not that we have many". One relative said, "They are very receptive. I feel listened to and if I'm visiting I feel able to tell them any worries and they come quickly". At the time of the inspection there were no complaints under investigation.

At the time of our inspection there was nobody receiving end of life care. The registered manager told us about previous example of how they had cared for a family member in the home. It was evident that they were able to support the person and the rest of the family at a difficult time.

## Is the service well-led?

### Our findings

People staying at the service told us they were happy with the way in which the service was managed. One person said, "Joshua [the manager] is a lovely lad, he will do anything for you."

There was a registered manager in place. 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.

This is a family run service, the provider used to manage the home himself prior to passing on the day to day management to his son who is now the registered manager. We found the service had clear lines of responsibility and accountability. The provider continues to support the registered manager and is in the home on a daily basis supporting the registered manager and also acting as cook. The registered manager and his staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The registered manager actively sought people's and relative's views about the quality of the care provided at the home. We observed the registered manager and staff interacting with relatives and people who used the service, constantly checking if they needed anything. One relative said "Nothing is too much trouble, the staff will bend over backwards to make sure mum has everything she needs."

Staff described the home as having a good atmosphere. One staff member said, "We all get on." Another staff member commented, "We all work together, I love coming to work." Staff confirmed that they had the opportunity to discuss any issue they may have through their appraisal or by raising it at a staff meeting. All staff spoken with confirmed that the provider and the registered manager were approachable and supportive. One member of staff said "The manager is always available, even when on not duty he is on call and we can ring him for guidance and advice."

The registered manager and the staff team worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.

The service had procedures in place to monitor the quality of the service provided. Daily audits are in place and act as a checklist to ensure nothing is missed and standards are maintained

Care documentation and risk assessments were comprehensive and detailed. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and how to access them. People's care records and staff personal records were stored securely away from public areas which meant people could be assured that their

personal information remained confidential.