

North East Care Homes Limited

Stainton Lodge Care Centre

Inspection report

Stainton Way
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29 June 2022

01 July 2022

13 July 2022

14 July 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stainton Lodge is a residential care home providing personal and nursing care to up to 73 people. The service provides support to people across two floors. The ground floor specialises in providing support to people with a mental health condition. The first floor accommodates older people and people living with dementia. At the time of our inspection there were 65 people using the service.

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

People's medicines were not always safely managed. People were exposed to risk of harm due to a lack of person-centred risk assessments. There were not always enough staff to ensure records were up to date and administration tasks were completed. Infection control was not always effectively managed in the home. Safeguarding investigations were not always done correctly and there was no evidence of lessons being learned following accidents and incidents.

People were not always supported to have maximum choice and control of their lives and the requirements of the Mental Capacity Act 2005 (MCA) were not always complied with. Staff supported people in the least restrictive way possible and in their best interests; however, the policies and records in the service did not always support this practice.

People were supported by staff who were not all up to date with necessary training. However, new staff did undertake a comprehensive induction. Staff knew the people they cared for and how to support them to make choices. The quality of care records was inconsistent. Some care plans were very detailed and person centred, but care plans for people staying in the home for a short period of time did not contain sufficient information. People received enough to eat and drink and there was a variety of dishes to choose from, however, people with dementia were not supported in the best way to make their choices. The home was pleasantly decorated and well maintained.

Quality checks of the service had not identified all of the issues we found. Staff told us morale was low and there was mixed feedback about how well they were supported by management. The manager understood the importance of sharing information when things went wrong. Staff had opportunity to raise concerns at staff meetings which were now being held regularly. People who used the service and their relatives were asked for their feedback via surveys and meetings. Most of the relatives we spoke with told us communication was good and they felt able to approach the manager or staff if they had any concerns.

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

Rating at last inspection

The last rating for this service was good (published 5 March 2019)

Why we inspected

We received concerns in relation to the management of medicines, the handling of safeguarding concerns and the duty of candour. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We inspected and found the provider was not always working in line with the Mental Capacity Act 2005. There was a concern with the way mental capacity assessments were completed and the way Deprivation of Liberty Safeguards (DoLS) were managed. As a result we widened the scope of the inspection to include the key question of effective.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Stainton Lodge Care Centre

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a medicines 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. The Expert by Experience contacted people by phone to request feedback.

Service and service type

Stainton Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stainton Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager had applied to be registered with the Commission and this process was ongoing.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2022 and ended on 14 July 2022. We visited the location's service on 29 June and 13 July 2022.

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 with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and 10 relatives over the telephone about their experience of the care provided. We spoke with 13 members of staff including the manager, clinical lead, team leader, nurses, care workers and domestic staff.

We reviewed a range of records. This included 10 people's care records. We looked at the governance arrangements for the safe handling of medicines including the providers policy and audits. We looked at medicine's records for eight people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not safely managed. The medicines policy was not fit for purpose and did not cover all aspects of medicines management.
- Controlled drug checks were not always taking place on a regular basis
- There was no robust process for the management of topical medicines and we could not be assured topical medicines were being applied as prescribed.
- The monitoring and recording of medicines administered by the application of a patch of application were not always completed. As a result, it was not possible to tell whether these had been placed correctly.
- Some people were prescribed thickening agents which were put in fluids to minimise risk of choking. These were not stored correctly, and the amount being added to fluids was not as prescribed.
- Stock of medicines were not correctly monitored. Signed medicine administration records and box counts did not always match up. This meant we could not be sure medicines were being administered as prescribed.
- Staff were not keeping adequate records for medicines administered 'when required' or covert medicines.
- Audits had identified some of the issues we had found but no actions had been taken.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People were exposed to risk as person-centred risk assessments were not always in place. We found care records did not always provide staff with the necessary information to mitigate known risks. For example, one person was using oxygen and there was no risk assessment in place despite a previous incident involving their oxygen use. We alerted the manager to this and a risk assessment was going to be put in place immediately.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire drills had been taking place regularly but the records from these did not include all necessary information. A fire risk assessment carried out in December 2021 had identified some necessary actions. Not all of these had been completed at the time of our inspection. The manager confirmed this work was now scheduled to be done as a priority.
- Maintenance staff had ensured environmental risks were addressed by undertaking regular tests of

equipment and monitoring water temperatures.

- Relatives we spoke with were happy that their family members were cared for safely. One relative told us, "Staff are very good with [my relative]. They're always safe. They have an alarm in their room they can press for staff to come and they come straight away."

Learning lessons when things go wrong

- Accidents and incidents were not being adequately reviewed and analysed. There was a spreadsheet in place, but this was not being fully completed or reviewed. The manager told us new paperwork was being introduced to ensure falls were correctly recorded and monitored.
- Learning lessons when things go wrong was identified as a development area following the last provider report in April 2022, but no action had been taken since then.
- The manager had created an action plan after she came into post. This highlighted the need to improve accident and incident reporting and reflective practice to ensure lessons learned. At the time of our inspection the changes had not yet been implemented.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding investigations were not always robust. An up to date policy was not in place and suitable processes were not always correctly followed by management. Safeguarding incidents were reported and correctly raised with the local authority but we found one occasion where statements were not taken from relevant people and key issues were not looked into.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a good understanding of their responsibilities around safeguarding and how to report concerns.

Staffing and recruitment

- There were not enough staff on duty to ensure all tasks were completed. Whilst we found no evidence that people were not receiving their care due to staffing levels, other areas such as record keeping had fallen behind. One person told us, "There are not always enough staff, nine times out of ten they are short, but it doesn't really impact on me. I have a call bell and they come pretty quick."
- All of the staff we spoke with felt the home was short staffed. One member of staff told us, "We use a lot of agency [staff]. I feel staff are all under pressure and not happy".
- Staffing levels meant it was not always possible to keep staff working in one area of the home, even during an outbreak of COVID-19. A relative we spoke to confirmed this. They told us, "They are pulling staff from other units where they have [COVID-19] and now there are three residents on [my relative's] unit with it." Following our feedback, the provider told us they would review the staff structure within the home in order to make improvements where necessary.
- Safe recruitment processes were seen in most cases, but we found one person had been recruited without adequate scrutiny. This had occurred prior to the current manager coming in to post and they assured us all necessary checks would be completed in future.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention and control (IPC) policies were not always followed. Checks done when visitors arrived at the home were not consistent. Staff did not always wear PPE in line with government guidance.
- We observed the home to be clean and tidy. However, cleaning records were not always kept. Care staff were responsible for cleaning in the home when the domestic team had left for the day but did not always record what tasks they had undertaken. There was no record of high use areas such as door handles and light switches being cleaned between 3pm and 8am daily.
- The home had appointed an IPC champion but had not ensured they had the appropriate training for the role. Following our feedback the manager made arrangements with a specialist IPC nurse to assist with this.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's approach to visiting was in line with current government guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working in line with the MCA. Capacity assessments were not decision specific. One generic assessment of capacity was done to enable all further decisions to be made in a person's best interest. The manager demonstrated a good understanding of MCA, but people's records did not reflect this.
- The manager did not have good oversight of DoLS. As a result, some authorisations had expired, and people were being deprived of their liberty without correct legal paperwork in place. We did not observe anyone trying to leave or expressing a wish to during our inspection. However, more robust processes were required to prevent a situation where staff needed to prevent a person leaving without legal authorisation.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff training was not up to date. Several training courses were out of date meaning staff had not had refresher training in a number of key areas such as moving and handling. Some additional training had been booked and we were told a plan would be put in place to bring all outstanding training back up to date.
- Staff supervision was out of date. The manager told us the target was to have six supervisions per year. Most staff had not had any supervision for six months.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff undertook an induction which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans for people on short term respite stays at the home did not include a comprehensive assessment of their care needs. The manager confirmed they had already identified this, and a plan was in place to make improvements going forward.
- Care plans for people who were permanent residents of the home reflected a good understanding of people's needs, including relevant assessments of people's communication support needs. From conversations with staff and interactions between staff and people we observed staff knew the people they cared for and how to support them to make choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People with Dementia were not adequately supported to make food choices. There were picture cards available, but staff did not use them when asking what they would like to eat. There were no visual prompts in dining areas to remind people what the food options were. We fed this back to the manager who told us they would review how menu choices were made.
- There was a four-week menu in place and a good variety of food available. Kitchen staff had received training about undernutrition from the local authority and demonstrated a good knowledge of how to ensure each person received food that was suitable for their needs. One relative told us, "[My relative] is on a controlled diet, and I'm always checking with staff what they are eating and their portion size. It is working and they are losing weight."

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

- The home was pleasantly decorated, well maintained and suitable for the needs of people living there.
- In the main people's rooms were personalised and decorated in line with their wishes. One relative told us, "I have personalised [family member]'s room, bedding, curtains, pictures on their wall. It is always nice and clean".
- There was a relaxed and calm atmosphere in the home, and we observed positive interactions between staff and people using the service. One relative told us, "There is a lovely atmosphere, I truly couldn't fault it. They are lovely staff, there is a lovely large foyer you can go to, it's very welcoming."

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

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. People saw a range of health and social care professionals, to achieve the best outcomes for them. One relative told us, "The doctor is coming out today to review [my family member's] medication."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. A new manager had been in post since April 2022. They had identified some areas where improvements were needed but had not yet implemented changes. Following our feedback, the provider told us the manager would be given full support to ensure the necessary work was completed.

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

- The systems in place for checking on the quality and safety of the service were not always effective. Audits failed to identify the concerns highlighted on this inspection, particularly around medicines management and accurate care planning. There was poor managerial oversight of falls, accidents and incidents.
- Policies were out of date or not suitable. The provider confirmed all policies and procedures were being replaced with improved and updated versions within the next few weeks.
- The manager had failed to ensure staff were up to date with all necessary training. Spreadsheets had been put in place to manage this but were not being used effectively.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Our inspection was prompted in part by concerns regarding the way duty of candour had been acted on previously. The new manager demonstrated a good understanding of their responsibilities and good knowledge around what duty of candour meant.

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

- Several staff we spoke with told us morale was low in the home. One member of staff told us, "Things aren't very good at the moment. Morale is low and staff levels are bad. The new manager can't really be blamed."
- We received mixed feedback about how well staff were supported. Staff in some areas of the home felt they were more supported than others. One member of staff told us, "I see quite a bit of [the manager]. They were really, really busy when they first started. They're very approachable as far as I'm concerned, and they're making a lot of positive changes." Another told us, "[The manager] does listen and does make notes

but sometimes I never hear anything back."

- The majority of relatives told us communication was good and they felt able to approach the manager or staff if they had any concerns. One relative said, "It's good, there are a few odd little issues, but they are soon rectified. I just tell [staff] and they are responsive."

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

- Feedback was sought from staff, people using the service and their relatives. Annual surveys were conducted. Regular staff meetings were taking place and drop-in coffee mornings were being introduced for relatives.
- Referrals were made appropriately to other health care professionals. One member of staff told us, "We have good relationships with Intensive Community Liaison Service (ICLS), psychologists and GPs."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were exposed to risk as person-centred risk assessments were not always in place. 12(2)(a)(b) Infection prevention and control (IPC) policies were not always followed. Staff did not always wear PPE in line with government guidance. 12(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Internal investigations were not always robust and there was no robust system in place to monitor risk or introduce measures to reduce or remove risk. 17(2)(b) Records relating to the care and treatment of people were not always fit for purpose. Capacity assessments were not decision specific. 17(2)(c) The systems in place for checking on the quality and safety of the service were not always effective. The manager did not have good oversight of DoLS. 17(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff training was not up to date and staff had not been receiving regular supervision. 18(2)(a) There were not enough staff on duty to ensure all tasks were completed. 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely. 12(2)(g)

The enforcement action we took:

warning notice