

Stoke House Care Home Ltd

Stoke House Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Stoke House is a nursing home and accommodates up to 46 people in one building over two floors, accessed by a passenger lift. On the day of our inspection, 20 people were present at the service. People had either nursing or residential care needs and some people were living with dementia.

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

People did not receive consistent safe care. Risks associated with people's individual needs lacked detailed and up to date guidance in places. Information was also contradictory and impacted on staff providing safe care.

Ongoing shortfalls were identified in the management of medicines. People's hydration needs were not sufficiently monitored or met effectively. Clinical equipment was not monitored to ensure it was safe to use. Equipment which was not working was not replaced in a timely manner.

Infection prevention and control best practice guidance were not followed by all staff. The provider's infection control risk assessment did not include a clinical procedure, that posed a risk to staff and others. Neither did the provider have a policy for this clinical procedure or provided staff with required training.

There was a high use of agency staff and they had not received an induction when they commenced, to ensure they were familiar with health and safety procedures at the service. Concerns were identified with the deployment of staff. Staff were not always present in communal areas which was expected of them due to the level of people's dependency needs.

Ongoing concerns were identified in the provider's ability to develop the service and make the required improvements. Since the last inspection, there had been significant changes in the management and senior leadership of the service. A lack of consistent oversight had a negative impact. Improvements since the last inspection were limited and slow, with repeated breaches in regulations.

There continued to be a poor staff culture that impacted on people's safety and wellbeing. Staff morale was low.

Staff recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. Improvements had been made to the management of incidents, including analysis for themes and patterns and lessons learnt following an incident occurring.

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 Requires Improvement (Published 1 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection, to show what they would do and by when to improve. At this inspection, we followed up on two of the breaches in regulation

identified at the last inspection. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

The overall rating for the service has changed following this focused inspection to Inadequate.

Why we inspected

We received concerns in relation to the management of the service and the care and treatment of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

Enforcement

We have identified breaches in relation to safe care and treatment and good governance.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Stoke House Care 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 by three inspectors and one assistant inspector. Three inspectors carried out a site visit, whilst the assistant inspector made telephone calls to relatives and staff.

Service and service type

Stoke House Care Home 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 is required to have 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. At the time of the inspection, the registered manager had left the service and a new manager was present. They were in the process of submitting their registered manager application. We will continue to monitor this.

Notice of inspection

This inspection was announced. We gave the provider 10 minutes notice because we needed to check the current Covid-19 status for people and staff in the service.

What we did before the inspection

Before the inspection we asked the provider to send us their Provider Information Return (PIR). 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 reviewed information we had received about the service since the last inspection. This included any notifications we had received from

the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We also sought feedback from the local authority and local clinical commissioning group. We used all of this information to plan our inspection.

During the inspection we spoke with one person who used the service and two relatives of people who used the service about their experience of the care provided. We also observed staff interaction with people. We spoke with the manager, deputy manager, regional manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the clinical lead, a nurse, two senior care staff, two housekeeping staff, the cook and kitchen assistant, activity coordinator and two agency staff.

We reviewed a range of records. This included in part, seven people's care records. We looked at three staff files and agency nurse staff profiles. We reviewed a variety of records relating to the management of the service, including accidents and incidents, medicine records, audits, and checks on health and safety.

After the inspection we continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records.

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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure people's prescribed medicines were safely managed, stored and administered. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made in the management of people's medicines. However, at this inspection, different issues were identified which impacted on people receiving their prescribed medicines safely.
- Prescribed topical creams were not administered at the frequency required. We reviewed three people's medicine administration records, and these showed for the last four days, no person had received their topical creams as required. This put people at potential risk of not having their individual needs met.

People were at risk of not receiving their prescribed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The temperature of both the room and fridge used to store medicines, were not routinely checked to ensure medicines were stored at the correct temperature. The management team advised this was due to agency nurses not completing this task. This was a concern because the service had been heavily reliant on agency nurses.
- Whilst the management team told us they had addressed this by adding a note in the diary as a reminder for staff, this was not found to be effective. It is important temperatures are monitored daily to ensure they remain safe to use.
- Staff had access to a medicines policy and procedure and nursing staff had completed medicines management and administration training. Procedures for ordering and returning unused medicines followed best practice guidance.
- Staff had the required information about people's individual needs in relation to their medicines that reflected best practice guidance.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to adequately manage the risk of falls. People's individual risk assessments did not provide staff with enough guidance. Not every person had a personal emergency evacuation plan, and this put them at risk should they need to be evacuated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made in the management of falls. For example, an analysis of falls was regularly completed to enable the provider to consider any themes and patterns and actions required to reduce further risks. Personal emergency evacuation plans were in place and up to date. However, different risks were identified that put people at potential risk of harm.
- A person at risk of choking did not have this known care need effectively managed, impacting on their health and safety. Guidance for staff of how to meet this person's needs was contradictory.
- We saw this person's lunch had been prepared to a soft chewable consistency, we brought this to the attention of the management team, due to the risk this posed to the person. The management team confirmed a pureed diet was required. It was established guidance had been changed without the knowledge of the management team. Immediate action was taken to address this concern.
- Care records were not always updated when changes occurred to people's health conditions. For example, a person's care records dated July 2020, stated they had been diagnosed with diabetes. However, this had not been recorded in any care records used to guide staff of the person's individual care needs. This put the person at potential risk of harm.
- Concerns were identified in relation to hydration needs. For example, a person was at risk of dehydration and required regular fluids and their intake monitoring. This person's fluid intake recorded for the last three days, showed the recommended daily fluids required was not met by significant amounts. This put the person the risk of dehydration, a serious condition that can scientifically impact a person's health and well-being.
- A relative raised concern about staff not knowing about information recorded in their relations care plans and this was a concern to them. The management team were aware of this and had started to implement change, including introducing paper care records. However, information and guidance about people's individual needs were not consistently clear and detailed.
- Clinical equipment was not formally checked to ensure it was safe to use. A person required suction care to be administered four times day and relied on this equipment to be continually available and fit for purpose. The risk of this equipment not being available exposed the person to potential avoidable harm and an unnecessary hospital admission.
- People were exposed to potential harm due to a fridge being used to store food, including milk products was not working correctly. On the day of the inspection, the temperature of the fridge in the kitchen was recorded at 11 degrees and not the required safe temperature of between one and five degrees. The manager told us they had reported this to senior managers, but no action had been taken to replace this fridge and it was still being used.

Risks were insufficiently assessed, managed and monitored and placed people at potential risk of harm. This was a Breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.)

- Checks were completed on the premises and environment for health and safety, including fire risks and

the risk of legionella. We observed maintenance staff on duty completing checks on safety.

Preventing and controlling infection

- Personal Protective Equipment (PPE) was not seen to be consistently worn by staff, nor was the provider's Covid-19 risk assessment followed.
- Staff had a file with Covid-19 Government guidance and information. However, the management team were not completing any checks to assure themselves, staff were following this guidance.
- A daily nursing procedure increased the risk of cross contamination and required specific staff training. The management team confirmed staff had not received training of this procedure and advised staff followed Government guidance. However, there were no checks completed to ensure best practice guidance was followed. This was particularly important due to the Covid-19 pandemic.

Risks in relation to the prevention and control of the spread of infection were insufficiently assessed, managed and monitored and placed people at potential risk of harm. This was a Breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We saw domestic staff competing cleaning tasks following best practice guidance. The service was found to be generally clean with no malodour.
- A relative told us they had no concerns about cleanliness. Comments included, "Every time I use to visit [relation] I felt they were well cared for and the home looked immaculate. [Relation] looked clean and their room was always nice."

Staffing and recruitment

- The provider is required to ensure staff are competent and suitably skilled to deliver care and treatment. The provider was reliant on agency nurses to take responsibility and lead the staff team. However, agency nurses did not routinely complete an induction. The management team confirmed this was an expectation and requirement and were unable to give a reason as to why inductions had not been completed. This placed people at risk of potential harm.
- Agency care staff told us they had not read people's care plans and risk assessments. This put people at increased risk of not having their care and treatment known and understood.

People were at risk from staff not knowing their needs because the provider had not sufficiently supported and prepared staff. This was a Breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- A dependency tool assessed people's care needs, and this determined what staffing levels were required. The management team told us they were confident there were sufficient staff on duty. Some staff raised concerns about the high use of agency staff and the impact this had on them and people who used the service. The management team told us how they managed the use of agency staff to ensure it was safe and supportive.
- Staff told us there should be a staff member at all times in communal areas. We observed short periods throughout the day when no staff were present. People required support with their mobility needs and health conditions to remain safe. We were therefore concerned about the deployment of staff and raised this with the management team who agreed to follow this up.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Checks were completed to ensure nursing staff were registered with the Nursing and Midwifery Council to provide safe practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Pre inspection, we had received concerns from the local authority in how safeguarding incidents were managed. At this inspection, we found the management team had made improvements. Priority had been given to safeguarding incidents, including reporting to external agencies and taking action to protect people.
- Where safeguarding investigation recommendations had been, these had been completed, such as additional staff training in moving and handling and a review of risk management in relation to bed sides.
- Staff disciplinary action was taken if safeguarding concerns involved the poor practice of staff. The management team told us of ongoing concerns in relation to there being a poor staff culture and how this had a negative on people. An example was given how some staff were resistant to changes and had deliberately sabotaged documentation potentially putting people at risk. At the time of the inspection, safeguarding investigations were ongoing.
- The management team reviewed incidents for lessons learnt and made changes and improvements to reduce reoccurrence. As a result of recent learning, new systems had been introduced to increase monitoring of people's care needs. However, these needed further review and action to become more effective.

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 deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection, the provider had failed to notify CQC of certain reportable incidents. This meant the provider had not met their legal requirements. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Reportable incidents had been notified as required.

At the last inspection, records relating to the care and treatment people received was found to be inconsistent and not accurately kept up to date. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvements had been made and additional areas under good governance were identified. In addition, the provider has historically been unable to sustain improvements at the service. The provider remains in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Concerns in relation to care records as described in this report under Key Question Safe, demonstrates continued concerns identified during this inspection of poor record keeping.
- Limited and slow progress had been made at the service since our last inspection. This had been impacted upon by changes to the management and senior oversight of the service. There has been a lack of consistent leadership. Within the last 16 months, there had been two nominated individuals, five regional managers, two managers and two deputies.
- On the day of the inspection, the manager told us they were in the process of resigning. The management team told us five staff were in the process of leaving and this may increase. A new nurse had been appointed, but there was no start date. We were concerned of the impact this placed upon the service and post inspection, will continue to monitor the service and work with external agencies such as the local authority and local clinical commissioning group.
- The provider has a history of poor compliance. Since 2015, and including this inspection, the service has

had eight inspections. This will be the provider's third overall rating of Inadequate and has been non-compliant in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 five times, with repeated non-compliance in areas of safety and governance.

- At this inspection, the management team had recently made changes and implemented new documentation, however, these were found to not be fully effective.
- Nursing staff told us they were responsible for the review and development of care plans and risk assessments but expressed concerns how they were struggling to have time to complete these.
- Staff were not completing, and monitoring records expected of them to ensure people's health and well-being.
- There was an ongoing poor staff culture and the management team expressed difficulties in managing this. The management team told us how staff were resistant to changes being introduced and were not following procedures expected of them. Allegations of staff deliberately removing documentation was made. This placed people at potential risk of harm.
- The absence of audits on clinical equipment and the replacement of equipment not working in a timely manner, is of concern and exposed people to potential harm.
- The provider had no generating procedure policy and staff had not received 'fit mask training'. This is a requirement of this clinical procedure to ensure the masks fits correctly and not exposing any risk to the wearer.
- The service was heavily reliant on agency care and nursing staff. The provider had not ensured agency staff completed an induction, and agency nurses were not provided with clear instruction and guidance of what was expected of them.

Significant and ongoing concerns were identified in the governance of the service. Improvements were limited and slow, and the current staffing position at the service increases the level of risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a poor staff culture that impacted on people receiving person centred and inclusive care where people achieved good outcomes.
- Staff did not always work together as a cohesive team. Staff morale was low, and they did not always feel listened to. This had a negative impact on people.
- The management team expressed significant difficulties they were experiencing with making improvements to the staff culture. The staff team had little regard for the management team, impacting on improvements that were required at the service.
- Staff did not always have access to current information about people's care needs. Both paper and electronic records were used and not all staff had access to the electronic records. Paper records were found to be contradictory in places and this placed people at risk of not having their individual needs known, understood and met.
- The CQC and external commissioners were contacted by staff including agency staff, using whistle blowing procedures because they had no confidence in the provider listening to them or taking action.

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

- Pre inspection, concerns had been raised about the management team being slow to respond to safeguarding incidents and investigation recommendations. The management team acknowledged this and had made improvements.

- Relatives told us they found the management team to be supportive and any concerns about their relations care was shared and investigated.

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

- The manager had recently arranged a meeting with relatives and was in the process of making improvements in the contact with them. This was in response to concerns raised about relatives experiencing difficulties trying to contact the service.

- Annual quality assurance surveys were used, and a feedback form was available in reception to enable relatives and visitors to share their experience of the service and make suggestions.

- Relatives told us how they had been supported to maintain contact with their loved ones during the Covid-19 pandemic. They were now being supported to have face to face contact under strict measures.

- Various staff meetings, such as heads of department, nurses and care staff were arranged regularly. Since the manager had commenced in June 2020, they had met with all staff at least once either face to face or as a group and others more so.

Continuous learning and improving care

- The provider had a quality improvement plan that was ongoing. The regional manager completed audits and checks and actions from these and internal daily, weekly and monthly audits were added to the overall improvement plan.

- Whilst improvements were being made, further time was required for these to be fully embedded. We were concerned in the length of time it was taking for improvements to be made at the service.

- The management team accepted improvements were slow and expressed their continuing difficulty and frustration, in bringing about improvements.

- Improvements had been made to the review and monitoring of incidents and investigations, and lessons learnt were reviewed and action taken to reduce incidents from reoccurring.

Working in partnership with others

- The management team told us they felt well supported by the local GP practice.

- At the time of our inspection, the management team were working with the local authority and local clinical commissioning group who were monitoring the service and the action being taken to make improvements.