Stocks Hall Care Homes Limited

Stocks Hall Care Home - St Helens

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook a focused inspection of Stocks Hall Care Home in St. Helens. This inspection was unannounced and took place on the 15 June 2017.

We carried out this inspection as a result of an incident involving an individual. We therefore focused our inspection around whether people's care was safe and the service well-led.

We last inspected the service in April 2016. At that inspection we found the service was meeting all the legal requirements which were assessed at the time and was rated as good.

Stocks Hall Care Home St Helens provides accommodation for up to 54 adults who need assistance with personal or nursing care. Both younger and older people were accommodated at the service whose needs included physical, psychological, communication and emotional support. In addition a number of people using the service were living with dementia. Accommodation comprises of four separate units. Jade and Opal are nursing units and are situated on the ground floor. Coral is a dementia unit situated on the first floor together with Amethyst which is a residential unit. The service is situated in a residential area of St Helens with a range of amenities close by. St Helen's town centre is within easy reach and there are local bus and train links to nearby cities. The service has its own mini bus with wheelchair access. All bedrooms have en-suite facilities. Lounge and dining areas are located on each of the four units.

There were 53 people living in the home at the time of our visit.

At the time of the inspection there was a registered manager at Stocks Hall. 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.

The registered manager was present during our inspection and was supported by two quality monitoring managers who held responsibility for quality monitoring, training and support. They were open and transparent throughout the inspection process, supportive towards the inspector and were seen to interact well with people using the service, their representatives and staff in a caring and helpful manner.

We saw that people living at Stocks Hall presented as clean, appropriately dressed and happy in their appearance. Staff demonstrated an understanding of the need to safeguard people's dignity, individuality and human rights and the importance of providing person centred and compassionate care. We saw lots of positive interactions, banter and humour being exchanged between staff and people living in the home and people presented as being comfortable and relaxed.

Holistic assessments of need had been undertaken and care plans and risk assessments produced to ensure staff understood how to meet the needs of people living in Stocks Hall and keep them safe.

Recruitment practices were robust and relevant checks had been completed before staff commenced work which helped to safeguard the welfare of vulnerable people. Staff also received training, supervision and support to enable them to understand their role and how to deliver person centred care.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed. This provided guidance to staff on how to protect the rights of people who may lack capacity. Likewise, systems were in place to safeguard people from abuse and to ensure complaints were listened to and acted upon in a timely manner.

There was a quality monitoring system in place which involved seeking feedback from stakeholders and people who used the service and their relatives. This consisted of surveys and a range of audits.

Medicines were ordered, stored, administered and disposed of safely.

Maintenance records were clear and well managed and identified that checks were in place for all essential services, equipment and fire safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received safeguarding training and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure that the staff recruited were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service well-led?

Good

The service was well led.

The home had a registered manager who provided leadership and direction.

A range of robust auditing systems had been established so that the service could be monitored and developed.

There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

The registered manager and staff worked hard to ensure the home was run in the very best interests of the people who lived there.

Stocks Hall Care Home - St Helens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check whether the provider was 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.

We undertook a focused inspection of Stocks Hall Care Home in St. Helens on 15 June 2017. We carried out this inspection in response to concerns raised about the standard of care provided at the home.

We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This was because the concerns raised recently had highlighted a risk that registered persons may not be meeting the legal requirements in relation to these questions.

The inspection was undertaken by an adult social care inspector.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Stocks Hall Care Home. We took any information they provided into account.

During the inspection we met with 24 people who used the service. We spent time with people who lived in the home who all appeared relaxed and comfortable within their home environment. People were not always able to communicate verbally with us because of their complex needs. However they expressed

themselves in other ways such as by gesture or expression.

We undertook a Short Observational Framework for Inspection (SOFI) observation during a lunch time meal. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We also met with the registered manager, two quality managers, three nurses, eight care staff members and four visiting relatives.

We looked at a range of records including: six care plans; four staff files; staff training; minutes of meetings; rotas; menus; complaint and safeguarding records; medication; maintenance and a range of audit documents.

We looked around the building and the grounds and by invitation looked at four people's bedrooms.

Good

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at the home to be safe. Comments included "It's so good here, the staff look after us well and keep us safe", "Staff know what they are doing we are all fine here", "They (staff) do safety checks with us to make sure we know what to do if there is a fire or something" and "They (staff) are always making sure everything is safe".

People's relatives told us they felt the home was safe and secure. Comments included "We cannot fault it. The maintenance man is very good and always making sure the building is safe. Lots of checks done and if anything needs doing it is done quickly" and "I am very pleased with the way the home looks. There are key pads to ensure people are safe and everything appears to be working well. Clean, tidy, no clutter, no bad smells, I am very happy thank you".

People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

We looked at six care files for people who lived at the home. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. A fire risk assessment, personal emergency evacuation plans and a basic emergency plan were also in place to ensure an appropriate response in the event of a fire or major incident. This information helped staff to be aware of people's risks and the action they should take to minimise and manage them.
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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

The registered manager demonstrated a detailed knowledge of the Mental Capacity Act 2005 and what the service needed to do to ensure that people's rights under the MCA were maintained. When appropriate the service had carried out assessments of people's ability to make specific decisions. In addition, when required, applications had been made to the local authority in relation to Deprivation of Liberty Safeguard authorisations.

We saw that there was an individual risk assessment in place for people who smoked. We noted that the risk assessments detailed the home's smoking policy, people's capacity to manage risk and the actions necessary to enable people to be supported to smoke safely. For example one risk assessment recorded that as the person was living with dementia they were unable to retain information about the home providing them with a none chemical and odourless fire retardant protective spray for use on clothing to offer protection when smoking. As a consequence staff offered this option to the person each time they

wished to smoke a cigarette. The assessment also detailed that staff would store the cigarettes and provide them when requested. Staff would also light the cigarette for the person and monitor them whilst smoking.

Additionally, records of accidents, incidents and falls had been maintained by the registered manager which included actions taken for each individual. This information enabled the management team to analyse trends and to take further action where necessary.

At the time of the visit there were 53 people living at the home who required different levels of care and support. The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. Two internal quality managers, fourteen nurses, care staff, activities co-ordinators and holistic therapists formed part of the care and support team. Ancillary staff were employed for domestic; laundry; catering and maintenance tasks.

We looked at the staffing rotas with the registered manager in order to review how the home was being staffed. We noted that the rotas detailed the hours worked by staff on each of the four units.
There were sufficient amounts of staff on duty to meet people's needs. Each unit was separately staffed. Staff told us that they generally worked on the same unit which they felt was important for people as it provided them with consistency and helped them form trusting relationships with staff.

We were provided with a four week advanced planning staff rota which showed that staffing levels were planned in advance. Staff told us that in the event of any unplanned staff absences regular staff covered wherever possible but agency staff were called upon when needed to maintain safe staffing levels.

A staffing tool was in use by the provider and systems were in place to monitor the dependency levels of the people using the service and to deploy staffing resources accordingly. The
registered manager confirmed that that she had approval from the provider to increase staffing subject to the changing needs of the people using the service.

Overall, feedback received from staff and people who used the service confirmed there were sufficient staff on duty to meet people's needs.

We looked at a sample of four staff personnel files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; two references; interview assessment forms; medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. This helped to provide protection to people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding Service Users from Abuse or Harm' and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for staff to reference.

Training records viewed confirmed that all staff had completed safeguarding vulnerable adults training. Furthermore, discussion with the registered manager and staff confirmed they understood their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We saw a thorough safeguarding training module had been developed by the training officer. Staff told us that all training provided was interesting, valuable and fun.

We spoke to staff during the inspection who confirmed they had access to and completed a range of training relevant to their roles and responsibilities such as: induction training linked to the care certificate (this is a nationally recognised set of induction standards which was officially launched in March 2015. It aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care); first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; mental capacity / deprivation of liberty safeguards and health and safety. Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls; nutrition and dignity training had also been completed by the majority of staff. This training helped staff to acquire the necessary learning, skills and knowledge to care for people safely.

We observed people eating their lunchtime meal and saw staff providing discrete assistance to enable people to safely enjoy their dining experience.

We looked at the safeguarding records for the service. The safeguarding log for the home highlighted that there had been six safeguarding incidents in the last 12 months. Records viewed confirmed that safeguarding incidents had been referred to the local authority safeguarding team in accordance with local policies and procedures.

We checked the arrangements for the management of medicines with relevant nursing/care staff. We were informed that only designated staff were responsible for administering medication and that they had completed appropriate training to help them understand how to manage medication safely. An assessment of competency was also undertaken to check staff knowledge and understanding.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed policies for the administration of medication, drugs errors, homely remedies and 'taken as required' medication.

Each unit had a dedicated room for storing people's medication. The rooms were very clean and well organised. We checked the arrangements for the ordering, storage, recording, administration and disposal of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication.

Each person had a medication administration record (MAR) detailing each item of prescribed medication and the times they should be given. The allergy section of MARs had been completed to show any known or unknown allergies. Each person had a medication care plan and profile which included personal preferences and routines for taking medication and how people who were unable to verbalise communicated pain so that appropriate pain relief could be given.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

Staff had access to personal protective equipment and policies and procedures for infection control were in place. The environment was clean and hygienic and staff followed appropriate infection control procedures to help minimise the spread of infection. Staff had received infection control training and they knew what their responsibilities for ensuring a clean and safe environment were. Bins were located in appropriate areas for the disposal of clinical and none clinical waste. Soiled laundry was handled and laundered in line with infection control procedures. For example laundry was separated and placed in red dissolvable bags prior to

being put in the washing machine. The home had a robust programme for cleaning and infection control and records showed that daily audits were carried out to ensure the risk of infection control was minimised.

We found the environment safe and secure at the time of our visit. Environmental risk assessments and fire safety records for the premises were in place to support people's safety. The fire alarm records showed regular testing of alarm and emergency lighting systems were in place and certificates confirmed that routine servicing and inspection of equipment was being carried out. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people.

Good

Is the service well-led?

Our findings

We asked people who used the service what they thought about the way the home was run. Those who were able told us that the home was a great place to live. Comments included; "The staff know what they are doing, they are a great bunch", "The manager is great, she really cares about us all" and "The staff are very good. They all do their best to make sure we are happy and well cared for. They go out of their way to make sure we are ok".

Relatives told us they were more than happy with the way the home was managed. Comments included "Marvellous home. Very good management staff really care. I don't know what we would have done if we had not found this place. All the staff have a great desire to constantly improve people's lives. What a wonderful place" and "I was a bit concerned at first but was quickly won over by the lovely atmosphere and great staff. Nothing is too much trouble for them. They consider me as much as (name) who lives here. I know (name) is very happy with the wonderful are and support provided".

Staff told us how good it was to work at the home. Comments included "Wonderful supportive manager and great quality managers who are always around to listen", "Best place I have ever worked in. The management team are so supportive. We have regular supervision and staff meetings. Staff are always thinking of ways to get the best for people who live here. We are encouraged to pass on ideas for continuous improvement" and "What a great place this is. Staff are friendly and happy and everyone is so professional. I just love coming to work. It's not really like work as it's such a nice place to be".

The registered provider had a corporate responsibility policy. The service had implemented this policy by building relationships and working with local community groups that included a local football team, hospice, church, local schools and a neighbouring sheltered accommodation scheme. In addition, the service supported local charities which included Stroke Awareness and The Huntington's Association.

We also saw that staff had access to guidance from the National Institute for Health and Care Excellence (NICE). A quality monitoring manager said that because the home was always looking at ways to improve services, this guidance was read to ensure that current best practice was considered in any improvement planning.

A number of internal audits were carried out around the service on a regular basis. For example, the management team carried out daily ' walk abouts' to check on the environment and speak with staff and people living in the home about any concerns or updates.

We saw audits had been completed in relation to safeguarding, staffing, infection control, medicines, people's living environment and care planning records. The purpose of these audits was to ensure that systems in place for the safe delivery of care and support were effective. We saw action plans were in place to deal with any issues which had arisen via these audits.

The registered manager and the two internal quality managers were available throughout our inspection

and were able to provide clear and well written documentation and information about all aspects of the home.

We observed and were told that the registered manager was very approachable and people who lived in the home, their relatives and staff members were able to approach and speak with her at any time.

We saw that a monthly report was also produced to show the results of nutritional audits, falls, tissue viability, complaints etc.

The registered manager had ensured that all notifications of significant events that had occurred at the home had been sent to The Care Quality Commission. This meant that the registered manager was aware of and had complied with the legal obligations attached to this role.

The registered provider had developed a policy on 'quality assurance' which was based upon seeking the views of people who use the service or their representatives; external professionals and staff annually. We saw questionnaires had been sent to seek the views of a proportion of people using the service and their representatives throughout the year. We noted that a summary and action plan was drawn up to ensure that any feedback was used to develop the service.

The quality manager told us that the most recent surveys had been distributed early 2017. We saw some returned questionnaires which held most positive comments about the staff and service delivery

A range of audit tools had also been developed to enable periodic monitoring of medication; infection control; care plans and other key areas.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by St. Helens Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team undertook a core monitoring visit in 2016 and another visit in 2017. Feedback was positive.

We noted that health and safety meetings had also been completed throughout the year which enabled any issues related to the ongoing maintenance, security, safety and upkeep of the building to be discussed and acted upon.