

Masterpalm Properties Limited

Stoneleigh House

Inspection report

Cooper Street
Oldham
Lancashire
OL4 4QS

Tel: 01616245983

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26 November 2020
10 December 2020
17 December 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stoneleigh House is a large stone-built property which has been converted and extended. Stoneleigh House provides accommodation and personal care for up to 31 people. There were 18 people accommodated at the home on the day of the inspection.

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

The registered manager had been absent from work for several weeks. An acting manager was in place and a provider support manager had been recruited. The provider support manager had identified several areas where improvement was needed and they were supporting the acting manager to implement new systems.

We found improvements were required in staffs understanding of controlled drugs and the recording of people's dietary requirements and daily records. Further support was needed in enabling staff to identify and speak up about improvements that could be implemented.

Quality assurance audits were not completed appropriately or carried out in accordance with the provider's policy. Several policies needed further development, although the provider support manager had begun to address this.

Staff had not been recruited safely, references were not always requested and DBS checks had been carried out several months after staff had been recruited. Newly recruited staff had not received a robust induction programme. Staff training had not been completed appropriately and several staff were out of date with mandatory training courses.

Daily records were not always completed accurately, were often disorganised and missing important information such as people's names, dietary intake and dates.

We have recommended the provider promote accurate record keeping and implement more organised systems.

We discussed improvement with the management team and they felt new appointments within the management structure, would promote transparency and staff feeling able to speak up, about improvements which could be implemented.

We have recommended the provider embed and promote an open and transparent culture at the home.

People received their medicines safely, however, staff's understanding of controlled drugs needed to be strengthened.

We have recommended the provider retrain staff and strengthen their understanding around the

management of controlled drugs.

Care plans had recently been updated by the provider support and acting manager to accurately identify risks to people and how these could be managed. Accidents and incidents had been reported to the appropriate bodies. We received limited feedback from people, due to them isolating in their rooms. However, relatives felt care was provided to a high standard and praised the staff team for their work during the coronavirus pandemic.

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 10 April 2019).

Why we inspected

We received concerns in relation to staff conduct and poor governance. 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.

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

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

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 coronavirus and other infection outbreaks effectively.

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

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance and staffing at this inspection.

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

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Stoneleigh House

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.

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 one inspector.

Service and service type

Stoneleigh House 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 had a manager registered with the Care Quality Commission but they were not in day to day control of the home. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 26 November 2020 and ended on 17 December 2020, at which point we had received and reviewed all information requested by the provider. We visited the home on the 26 November and 7 December 2020.

What we did before the inspection

Prior to the inspection we reviewed information we already held about the home, which had been collected via our ongoing monitoring of services. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

At the time of inspection we were unable to speak with people, due to them having to isolate in their rooms because of COVID-19. We spoke with five relatives about their experience of the care provided. We spoke with eight staff members including the nominated individual, provider support manager, acting manager, senior care and care staff, kitchen and domestic staff. The nominated individual and provider support manager were responsible for supervising the management of the service on behalf of the provider.

We observed staff providing care where possible, to help us understand the experience of people who used the service.

We reviewed a range of records, this included four people's care plans and daily records. We reviewed multiple medication records and looked at 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We looked at training data, quality assurance records, staff rotas and incident reports. We spoke again with the provider support and acting manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection it was identified staff were not always recruited safely. We recommended the provider ensured they followed their safe recruitment policies and procedures.

At this inspection the staff recruitment process had deteriorated further and the provider was now in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff were not recruited safely. Several staff had not received a robust induction and the provider had not requested references or carried out checks in a timely manner. Some newly recruited staff did not have a staff file. The provider support manager had begun to address this since becoming aware of the matter.
- Staff training was not always recorded. Staff feedback on training was mixed and we couldn't be sure of what training had been completed. One staff member said, "The mandatory training has been put off in the last twelve months." Another staff member said, "We've done our training courses every 12 months, the first aid, manual handling, infection control."
- Staff supervision and appraisal had not been recorded, the provider support manager acknowledged that supervisions had not been carried out appropriately. They explained this had been identified as one of several tasks, relating to governance that would be addressed within the next six months.

Staff were not recruited safely. Provision of staff training and support to ensure they could provide safe care was inconsistent. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Enough staff had been deployed to support people safely. Rota's reviewed evidenced staffing levels were sufficient to meet people's needs. One relative said, "There's always someone available."

Systems and processes to safeguard people from the risk of abuse

- We were unable to speak with people on inspection due to COVID-19 restrictions. However, relatives reported people felt safe at the home. One relative said, "Oh yes they're definitely safe. [Care staff] work so hard with [person], to make sure they minimise risk."
- Several staff reported they had not had any recent training in safeguarding. However, staff demonstrated a good understanding of what to do in the event of a safeguarding incident. One staff said, "I would go straight to my manager, the council or CQC."

Assessing risk, safety monitoring and management

- Daily records did not always clearly state whether people with a modified diet, such as pureed food or thickened fluids, had received these in accordance with information recorded in their care plans. Although, staff demonstrated a good understanding of people's dietary requirements.

We recommend the provider continue to review people's records and ensure dietary information is recorded accurately.

- Fire equipment had been serviced and people had evacuation plans and risk assessments in place which clearly identified the support they would need in the event of a fire. A review of these had not been recorded since admission. However, the management team had identified this and planned to review them as soon as possible.
- Care plans provided staff with clear guidance on how to minimise risks to people and keep them safe.
- The provider had effective systems in place to ensure the premises and equipment were fit for purpose. Safety certificates were in place and up to date for gas, electricity and hoists.

Using medicines safely

- Staff were not clear on the controlled drugs processes at the home. The service's records relating to controlled drugs, had medicines recorded which are not classed as controlled drugs.

We recommend the provider reviews current guidance around the management of controlled drugs and staffs understanding is strengthened with training,

- Medication was administered safely. Staff had a good understanding around the timely administration of medication and there were no gaps in medication administration records. However, staff had not been competency checked and several staff were not recorded as completing medication training. The management team planned to address this, as part of their improvement plan.
- Medicines were stored safely. Fridge's used for medicines that needed to be stored at specific temperatures were checked regularly.
- Clear guidance was in place for 'when required' medicines, such as paracetamol. These detailed how, when and why these medicines should be given.

Preventing and controlling infection

- Systems in place to manage the risk of infection were not always robust. However, the provider had recognised they needed support to improve effectiveness; support had been accessed through the local authority's infection control team and new policies had been implemented.
- Staff used personal protective equipment (PPE) appropriately and supplies were good; staff reported they had received training and further training had been arranged.

Learning lessons when things go wrong

- Accidents and incidents had not been audited or analysed to identify any trends or lessons which could inform improved care. Further information on this is recorded in the well-led section of this report.
- The provider had recently employed a provider support manager, after identifying deficiencies in quality assurance. The provider support manager had evidenced areas where improvements had already been made. These included, policies, staff recruitment checks and updating care plans.

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 good. At this inspection this key question has now deteriorated 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.

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

- The provider had not worked in accordance with its own quality assurance policy and procedure. Provider oversight of internal practices at the home had not been carried out.
- The provider's auditing process had not been completed robustly. Audit completion was inconsistent and where audits had been completed, they were not robust and did not reflect the issues found at this inspection.
- Records were not always completed accurately and were often disorganised. Daily care records had important information missing; people's names and dates were missing or recorded incorrectly and older records had not been archived.
- Feedback on support from the provider was mixed, with some staff feeling the provider could further support the care staff. One staff said, "I wouldn't say they fully know the staff; I feel sometimes were just a number, they don't have too much daily impact."

Auditing and quality monitoring was not robust. Record keeping was not accurate or consistent. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Continuous learning and improving care

- Learning and improvement was not always identified or implemented by the provider.
- We discussed improvement with the nominated individual. They said, "We're aware that improvements are needed in this area and that has led to us creating new roles; part of which will be to promote staff feeling comfortable to speak up."

We recommend the provider continue to embed a culture of openness and transparency, using this to inform and identify improvements.

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

- Notifications had not been sent to CQC in a timely manner. However, the provider support manager had addressed this and since doing so, this had improved.
- Relatives were informed if something went wrong. One relative said to us, "[Care staff] always keep us

informed."

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

- Person centred care was evident in people's care plans and from feedback provided by relatives and staff.
- When asked about person centred care, one relative said, "It's spot on, it's brilliant, absolutely brilliant, [care staff] are very good with [person]. They work around who she is and what she needs."

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

- Staff demonstrated a good understanding of how to support people with specific cultural needs. One staff said, "It's considering how the persons religion or culture can impact their care. Things like meals, when someone gets up, when they want to pray and helping them with accessing services or support."
- Relatives praised the homes staff for individualised care. One relative said, "[Care staff] worked around [person's] needs, even though it didn't fit with how other people did things. [Care staff] didn't let it impact them either though, I can't fault the staff at all."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Breach of Regulation 17(2)(a) and (c) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; the provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Breach of Regulation 18 (2)(a) and (c) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p> <p>The provider had failed to ensure that persons employed had received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform; the provider had failed to recruit staff while ensuring they met the professional standards which are a condition of their ability or a requirement of their role.</p>

