

Stocks Hall Care Homes Limited

Stocks Hall Residential Home - Ormskirk

Inspection report

76a Nursery Avenue
Ormskirk
Lancashire
L39 2DZ

Tel: 01695579842
Website: www.stockshall-care.co.uk

Date of inspection visit:
05 December 2017

Date of publication:
02 February 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Stocks Hall Residential Home – Ormskirk provides accommodation on two floors for up to 45 adults, who require help with personal care needs. A dedicated unit is available for those living with dementia. The home is situated in a quiet area of Ormskirk, close to all amenities. Public transport links are within easy reach for access to the surrounding areas. Ample car parking is provided at the front of the building and a pleasant garden area is available to the rear. All bedrooms are of single occupancy and several of these rooms have ensuite facilities. Accessible toilets and bathrooms are located on both floors, as well as comfortable lounges and dining areas.

At the last inspection, the service was rated as good.

At this inspection we found the service remained good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems of the service supported this practice. However, Mental Capacity Assessments had not always been completed by the home for those who lacked the capacity to make decisions or prior to making applications to deprive someone of their liberty for their own safety. We made a recommendation about this. The registered manager acted quickly to mitigate any risk. She sent us an action plan and copy of the mental capacity assessment document being used at the home.

People were safe using the services of Stocks Hall Residential Home - Ormskirk. The environment was, in general well maintained and good infection control practices had been adopted by the home. Emergency contingency plans had been implemented. Recruitment practices and safeguarding policies helped to protect people from harm. Detailed assessments provided good guidance for staff about how health and social care risks could be minimised.

Personal development for staff was an important aspect of the organisation's ethos. This was supported by detailed induction programmes, regular supervisions and annual appraisals. A varied training schedule was in place for all those who were employed. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed.

Staff members were kind and caring towards those who used the service. People's privacy, dignity and independence were consistently promoted. The policies and practices of the home helped to ensure that everyone was treated equally and were afforded the same opportunities. Staff members considered the importance of equality, diversity and human rights.

Complaints were being well managed and people were offered appropriate choices at all times. The plans of care were person centred; providing staff with clear guidance about people's assessed needs and how these needs were to be best met. This helped to ensure people received the care and support relevant to their individual health and social care needs.

Regular audits, surveys and environmental risk assessments had been conducted, so the quality of service could be closely monitored. Meetings for staff and service users were held at regular intervals. This enabled people to be involved in decisions about how the service was run and supported the staff team to focus on lessons learned.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Stocks Hall Residential Home - Ormskirk

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Stocks Hall Residential Home – Ormskirk 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. Both were looked at during this inspection.

Stocks Hall Residential Home – Ormskirk accommodates 45 people across three separate units, each of which has separate adapted facilities. One of the units specialised in providing care for people living with dementia and another six bedded unit supported people in rehabilitation, so that they were able to return to community living. There were 41 people living at Stocks Hall Residential Home - Ormskirk on the day of our inspection.

This comprehensive inspection was conducted on 5 December 2017 and it was unannounced. This meant that people did not know we were going to visit.

Two Adult Social Care Inspectors from CQC and an expert by experience conducted this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience has experience of caring for elderly family members, who have used regulated services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to this inspection we looked at all the information we held about this service, including information the provider had told us about, such as significant events. We listened to what people had to tell us, such as

those who used the service, their relatives, staff members and community professionals. We also asked for feedback from local commissioners about the services provided by Stocks Hall Residential Home – Ormskirk.

The provider had sent us their Provider Information Return (PIR) within the timeframes requested. A PIR gives us key information about the service and tells us about improvements they intend to make.

Other methods we used for gathering evidence included observations and looking at the care files of six people who used the service. We pathway tracked the care and support of four of them. Pathway tracking enables us to establish if people are receiving the care and support they need. We also looked at a wide range of records, including a variety of policies and procedures, medication records, quality monitoring systems and the personnel files of four staff members.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Stocks Hall Residential Home – Ormskirk. Their comments included; "The girls are very good at checking up and seeing how you are. They watch you and say, 'Where's your walking frame?' They're very observant" and "They're marvellous here and I feel much safer here than I was at home." However, one person told us they felt anxious, particularly at night. They explained the reason for this, which we discussed with the registered manager with the individual's agreement and action was taken to address this.

Relatives we spoke with told us; "[Name] is completely safe here. [Name] can't stand without support and there's always someone there when needed. The security's good too – doors locked and checked" and "Yes. They are safe here. [Name] has a pressure alarm on their chair and bed because of the risk of falls."

One community health care professional told us, "I don't have any concerns. The residents are very safe at Stocks." Everyone expressed confidence that staff would listen and respond to any concerns they raised.

During our inspection we assessed the management of medicines. A computerised system was installed for the management of medicines and this was, in general satisfactory, which helped to protect people from harm. We observed a medicine round, which was conducted in a confident, safe and dignified manner. People were offered positive reassurance when taking their medicines.

Medicines were disposed of in an appropriate manner. Stocks were checked thoroughly, alongside a comprehensive medicine audit and the computerised system was designed to alert staff when stocks of medicines ran low. This promoted good medicines management.

We found that detailed policies and procedures were in place, which provided staff with clear guidance about their responsibilities in relation to the safe management of medicines. Staff responsible for the administration of medicines had received training in this area and had undergone competency assessments. This helped to ensure they were competent to administer medications safely.

Controlled drugs were being managed in accordance with NICE (National Institute for Health and Care Excellence) guidance. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.

We made a few minor observations, in relation to medicines management, which we discussed with the registered manager at the time of our inspection. We were assured that these would be addressed without delay. Records showed that following one medication error a detailed competency assessment had been conducted and additional training provided. This demonstrated medicines optimisation and it was clear that lessons were learned when things went wrong.

A wide range of detailed assessments had been conducted within a risk management framework and strategies had been implemented, in order to protect people from harm. We saw that input had been sought

from external professionals and advice from them had, in general been recorded accurately. This helped to ensure people's specific needs were assessed and appropriately met. We saw comprehensive management plans had been developed in response to potential health care risks and clear guidance was provided for staff around how to manage these risks. We observed people being transferred with equipment in a safe and competent manner.

Records showed that regular maintenance checks of the environment were undertaken and any areas in need of improvement were addressed quickly. During the course of our inspection we toured the premises. We noted the environment to be clean and hygienic throughout. This helped to ensure those who lived at Stocks Hall Residential Home – Ormskirk were protected from the possibility of cross infection. An infection control champion was appointed on the staff team and infection control policies were being followed in day to day practice.

The environment was, in general safe, although some areas needed minor adjustments. These were discussed with the registered manager, who assured us that these areas would be addressed without delay. Specialised equipment was in place in order to protect people from harm, such as sensor mats and pressure mattresses. Certificates were also available to show that external contractors had serviced systems and equipment to ensure it was safe for use, in accordance with manufacturers' recommendations.

Personal Emergency Evacuation Plans (PEEPs) had been developed for those who lived at the home. These described how people should be evacuated in the event of an emergency situation. However, it may be beneficial if these incorporated people's anxiety levels and possible behaviours, which could be triggered in response to possible evacuation procedures being implemented. This would help staff and the emergency services to assist people to safety in the most effective way.

There were eleven fire marshals appointed on the staff team and detailed fire procedures were in place. Records showed a variety of internal routine safety checks were conducted regularly in order to protect people from harm. Evidence was available to highlight any defects reported and the action taken was recorded.

Nine qualified first aiders were appointed and accidents and incidents had been recorded appropriately, in line with data protection guidelines. A business contingency plan had been developed, which provided staff with actions they needed to take in the event of environmental emergency. This also allowed for subsequent debriefings and lessons learnt about how things could be improved moving the service forward.

Health and safety policies covered a wide range of areas. Relevant training had been provided for the staff team. Those we spoke with had good knowledge of actions they needed to take should they be concerned about the safety of someone in their care. Systems were in place for reporting any potential safeguarding issues and these were appropriately recorded within the service. Information was clearly displayed within the home about safeguarding procedures and how people should report any concerns.

People we spoke with felt that, in general there were enough staff on duty to meet their needs. We were told that call bells were answered quickly and that people never had long to wait for assistance. This we observed during our inspection. People told us that if the home was short staffed, which wasn't often, then additional staff were drafted in quickly.

We spoke with a new member of staff about their recruitment. This person confirmed that all relevant checks had been conducted before they were able to start work. We looked at the personnel records of four staff members. These showed that recruitment practices adopted by the home were robust.

The policies of the agency showed that appropriate action would be taken in response to staff misconduct, if required. This helped to ensure people who used the service were kept safe. Where things had gone wrong it was evident that consideration had been given to lessons learned.

Is the service effective?

Our findings

People who lived at Stocks Hall Residential Home – Ormskirk told us; "These girls are marvellous"; "They never make you do anything you don't want to do. They always ask, 'Would you like to have a shower now, and I'll come and help you?' And "They do [ask for your consent] and even with the men [carers]. You don't feel embarrassed."

When asked about the meals, beverages and snacks, all responses were positive. People told us, "The meals are just unbelievable. Lovely" and "You can have anything you like for breakfast, then tea and biscuits at 11am, a 3-course lunch and tea, then supper as well."

One relative we spoke with told us; "The carers [staff] here are well-trained. I spend two hours a day here and the standard never varies; they give the best they can possibly give."

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 the mental capacity to make 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at the care files of six people who used the service. We found that mental capacity assessments had not always been conducted by the home for those who lacked the capacity to make decisions or prior to submitting applications to deprive someone of their liberty. The registered manager of the home told us that some had been completed for other people who lived at Stocks Hall Residential Home – Ormskirk and some had been completed by community professionals, such as social workers. It is recommended that the home completes their own mental capacity assessments for those who lack the capacity to make decisions and prior to making applications to deprive someone of their liberty for their own safety. The registered manager subsequently sent us an action plan and copy of the mental capacity assessment document being used at the home.

Consent to care and treatment had been obtained from those who lived at the home, where possible. We observed people being asked for their verbal consent before any intervention was commenced. This was consistent throughout the day and staff allowed people time to absorb the information and consider their reply.

All staff members demonstrated their skills in communicating with people who were living with dementia.

Simple explanations were given, which provided people with reassurance. One person who was at risk of falling and who had some limitations with understanding was provided with one to one support for part of the afternoon, when it was found they had mislaid the portable motion sensor that had been provided to keep them safe. This demonstrated effective support.

Without exception everybody we spoke with said they felt the staff to be correctly trained and experienced enough to meet their needs or those of their loved one.

Records we saw demonstrated a multi-disciplinary approach to care and support helped to ensure people's health and social care needs were being appropriately met by a variety of community professionals. People told us staff contacted the doctor, if they were not well. Onsite physiotherapists were on duty each weekday in order to support people with rehabilitation programmes and a therapy room was available, which contained specialised physiotherapy equipment, such as walking bars and a therapy bed.

Hospital passports had been developed, which provided emergency services with important information about people, should they need to be transferred to hospital. This promoted a smooth transition between services and demonstrated good working relationships between health and social care professionals.

We spoke with a new member of staff about their induction programme, who told us that this was detailed and covered a wide range of areas. We looked at the personnel records of four members of staff, which showed relevant information was provided to new employees. Interview records were detailed and once people commenced employment they were assisted through a three month detailed induction programme.

Staff we spoke with gave us some good examples of training modules they had completed and records we saw confirmed this information as being accurate. Records showed a wide range of training had been completed by the staff team. Knowledge checks and reflective practice was conducted following each training module. This helped to ensure staff had absorbed the information provided during the training sessions. A new staff member confirmed that she was not able to be involved with any moving and handling of people until she had completed the appropriate course.

Records we saw and care workers we spoke with confirmed they received supervision and annual appraisals. One member of staff said, "Oh yes supervision is regular. I had one two weeks ago." Staff we spoke with confirmed that their supervisions helped to improve their personal development, highlight any concerns they may have and identify any additional training needs.

The home had achieved the highest level available from the Environmental Health Officer, in relation to food hygiene. We observed the management of meals and sampled the food served. We found the dining experience to be a positive one. The tables were pleasantly set, with condiments, cutlery and serviettes being available. People were able to choose where they wanted to sit. A good range of healthy dietary options were available and people enjoyed the food served at lunch time. We noted that staff on the dementia care unit could have possibly chatted more with people at lunch time, to enhance the social aspect of dining.

We spoke with the chef, who was evidently committed to her work. She was fully aware of people's individual dietary needs and preferences. This helped to ensure people received an appropriate diet. She told us there were no restrictions on food budgets and that she was well supported by the management of the home. We noted a plentiful supply of fresh food was available and food stocks were stored appropriately. Nutritional assessments had been conducted for those identified as being at risk of malnutrition. Food and fluid intake was monitored to ensure everyone received a nutritious diet and

sufficient drinks.

During our tour of the premises we noted a marked difference between the environments of the units. The ground floor was pleasantly decorated and very suitable for those who lived in this area of the home. Whereas the dementia care unit was in need of upgrading and modernising. However, we were told by the registered manager that this was planned within the programme of routine maintenance and would commence shortly. A supervisor had been enrolled on a specific course for suitable environments for people living with dementia. This would help to enhance the environment for those who lived on the dementia care unit.

Is the service caring?

Our findings

People we spoke with provided us with positive feedback about the care provided. Comments we received included; "I have settled in well. The staff are lovely. They are really nice."; "This place! You wouldn't want to live anywhere else"; "They're [staff] just marvellous. I've never known one to be nasty"; "The staff are kind and sympathetic" and "They [staff] will knock on my door and ask if I want anything. They're fantastic like that."

One family member told us, "I am very happy with the care and support my relative receives and I am made to feel very welcome to the home." Another had sent an email to the home, which stated, 'I am writing to express my gratitude for the work of the staff on your rehab unit. All the staff we met were friendly, caring and highly professional. The warmth of the support, the efforts to improve [name's] physical condition and the care shown to us can only be described as exemplary.'

Good information was available for people in the form of a service user's guide and statement of purpose, which outlined the facilities and services available.

We observed some lovely, caring interactions between staff members and those who used the service. Staff were able to discuss people's needs well. We saw staff members knocking on people's bedroom doors and waiting to be invited in before entering.

Staff communicated well with people. They were enthusiastic and approached people in a gentle and caring manner, with their privacy and dignity being respected at all times. However, one staff member could have been mindful of meaningful interactions with one person who lived at the home. This was an isolated observation, as all other staff members communicated very well with those who lived at the home, providing good explanations of care interventions and activities of daily living in a confidential manner.

The policies of the home and the plans of care we saw highlighted the importance of promoting people's independence and protecting people's privacy and dignity, particularly during the provision of personal care. Records showed that people were involved in planning their care. This helped to ensure they were able to make some decisions about the support they received.

People were being well supported and positive relationships with the staff team were evident. Information was readily available about the use of advocacy services, should people wish to take up this opportunity. An advocate is an independent person, who helps to ensure decisions are made in people's best interest.

It was evident people were supported to maintain good relationships with friends and family and that people were involved in planning their own care and support, or that of their loved ones.

The policies of the home demonstrated the importance of equality and diversity, in order to support people's human rights and during our inspection we observed that everyone was treated equally.

Care files we saw reflected life's choices and showed that consideration had been given to communication

methods, equality, diversity and human rights. For example, people were asked about their preferred gender of staff attending to their intimate care needs.

One community health care professional told us, "The staff are very helpful. I have never heard anyone say they didn't want to come back to Stocks after they have been in hospital. In-fact they ask to come back." Another said, "The staff are all kind, caring and attentive."

Is the service responsive?

Our findings

Most people we spoke with talked about there being a variety of activities, including visits to places of interest using the company minibus. Several people expressed appreciation and enjoyment of these activities. One person told us they sometimes go to the cinema at Mawdesley Stocks Hall (a sister home).

Comments received included; "They [Clergy] always come to see me and they give Communion if we want it"; "There's Bingo once a week if we want to take part and we get taken out; they're very good"; "There are two ladies; one is very keen and organises all sorts – a guitar band, choir, Bingo. We have regular trips to garden centres, Blackpool lights – two or three bus trips per week for people who are capable of going."

Relatives we spoke with told us they would be confident in making a complaint, should they need to do so. When we asked people who lived at the home about making a complaint, their responses included; "I would go to whoever was in charge" and "I think I'd just go to [manager's name]. They're nice to talk to, but I have no intention of making any complaint."

We looked at the care files of six people who lived at Stocks Hall Residential Home - Ormskirk. We found that information about people's health and social care needs and their medical history had been gathered before a placement at the home was arranged. This helped to ensure the staff team were confident in meeting individual needs.

The plans of care we saw were very well written, person centred documents and provided staff with clear guidance about people's needs and how these were to be best met. Records had been reviewed and updated regularly and any changes in people's needs had been recorded. The risk assessments were linked to the care plans, so that all information was consistent. This helped to ensure those who used the service received the care and support they required.

The plans of care had been developed with those who used the service, where possible and their relatives, as appropriate. This helped people to make decisions about how they wished care and support to be delivered. We observed a range of choices being offered throughout the day and people's likes and dislikes were recorded well.

Stocks Hall Residential Home - Ormskirk had achieved a recognised accreditation for end of life care and the policies of the home demonstrated that people and their families would be appropriately supported at this time. We observed a member of staff discussing arrangements with one family to review the plan of care for their loved one, who was on end of life care.

The policies and practices of the home helped to ensure people were protected from discrimination and when making decisions about care and support they were afforded the same opportunities.

Computerised systems were installed for assessing people's needs and planning care and treatment. This helped to ensure information was easily accessible and helped in moving the service forward by the use of

assisted technology, although some staff members remarked about the age of the systems and limited accessibility. Specialised equipment was available at the home, so that people were kept comfortable and were supported to remain as independent as possible.

We noted that three activity coordinators were appointed at the home and a mini bus was available for the Stocks Hall group of homes. This enabled people to enjoy community activities and trips out to places of interest. On the day of our inspection we did not see many activities taking place on the ground floor. However, those we spoke with who lived on this unit did not raise this as a concern and staff were seen engaging well with people throughout the day.

The environment was relaxed and age appropriate background music created a pleasant and homely atmosphere. The hairdresser was on site on the day of our inspection and a lovely hairdressing salon was available for people to visit, should they wish to do so.

During our SOFI observation on the dementia care unit we noted some really positive interactions with those who lived on the unit and staff members. People were playing scrabble and enjoying a jovial sing song.

A system had been established for the recording of comments, compliments and complaints and a procedure was in place, which contained clear guidance for people about how to make a complaint, should the need arise. People and their relatives we spoke with told us they would know how to make a complaint, if they felt it necessary.

We saw a good amount of positive feedback from people who lived at the home and their relatives. The 'Friends of Stocks Hall' board was prominent and eye-catching. This displayed some of those positive comments, extracts of which included; 'I have been coming here for a number of years. The staff are wonderful; so kind and caring to everyone who lives here. I'd highly recommend it to everyone'; 'To thank you all for all your help and kindness whilst [name] has been with you. You've all really looked after [name]. Thank you again for your care and support and 'Thank you so much for all the care, attention and love you gave to [name]. I know he felt safe with you. What a wonderful team you are.'

Is the service well-led?

Our findings

People we spoke with expressed their satisfaction about the service they received. When asked about the atmosphere in the home and the management their comments included; "I give it full marks"; "It's very good. Everybody tries to make everyone laugh and things like that"; "The manager is very supportive" and "It's quiet and calming here."

A relative we spoke with told us; "It's like a family feeling; a friendly atmosphere as soon as you walk in. I can sleep at night knowing [name] is looked after."

The Statement of Purpose and Service User's Guide told readers of the facilities and services available at Stocks Hall Residential Home - Ormskirk. It also outlined the home's philosophy of care, visions and values. This helped people, who were considering a placement at the home to make a decision about staying there.

The registered manager of Stocks Hall Residential Home - Ormskirk had been in post for six years, although had worked for the company for 15 years. She was cooperative and helpful throughout the inspection process. Staff we spoke with told us they felt well supported by the registered manager and were confident in reporting any concerns.

There was a calm, relaxed environment at Stocks Hall Residential Home - Ormskirk and the registered manager was visible around the home. She was well aware of the needs of those who used the service and people were evidently comfortable in her presence.

Risk assessments had been conducted and systems had been established to effectively assess and monitor the staff team and the quality of service provided through a structured, detailed monthly auditing process. These covered areas, such as medicines management, bed rails, nutrition, pressure care and care planning. A wheelchair audit had also been conducted periodically, although this was not done as often as the internal auditing system advised.

Evidence was available to show action plans were developed and changes had been made in response to feedback from people involved in the service and the findings of the monthly auditing systems. This helped in moving the service forward. The home worked well with other agencies, such as community professionals and commissioners of the service. One visiting health care professional told us, "Staff communicate well with us and we have a good relationship with the home."

Records we saw demonstrated representatives from the home attended a variety of external meetings with organisations, such as the local authority and Clinical Commissioning Groups (CCG). This helped the home to maintain good working relationships with community professionals and to keep abreast of any relevant changes in legislation or good practice guidelines.

Good links were maintained with the local community, including charity work and fund raising events.

Regular meetings were held for a variety of staff teams, so any relevant information could be disseminated throughout the workforce. During the year staff had been given the opportunity to express their views about working at the home via a survey. Lessons learnt were then discussed in response to these meetings to look at better ways of working.

Records we saw demonstrated an open and honest approach towards those who used the service. People who lived at the home and their relatives had been afforded the opportunity to express their views about the service provided. The responses we saw provided consistently positive comments. One person wrote, 'We speak very highly to friends about the excellent level of care given to our relative.'

The last rating of the service judged by the Care Quality Commission was displayed within the home and on the website. This helped to ensure any interested parties could access this information, if needed.

A business plan was in place at the home, which outlined the objectives of the company against measurable, achievable and realistic goals. The company had been accredited with a gold external quality award, which meant that an independent professional organisation periodically assessed the quality of service provided.

The values and philosophy of the organisation were clearly displayed in the reception area of the home and a wide range of updated policies and procedures were in place. This helped to ensure the staff team were kept abreast of current guidelines and any changes in legislation.

Members of staff we spoke with told us that the provider and senior personnel from the company visited regularly and were very visible around the home. One member of staff commented, "The area manager is very hands on" and another told us, "This job is my life. I love working on this unit." A staff member who had previously left the home and then had returned told us, "Coming back home has been really good. I have had full support. It is wonderful to be back."

One relative had written to the provider expressing their satisfaction with the service and had made very positive comments about the kind and caring attitude of one particular member of staff. The provider then wrote to the member of staff concerned to personally commend her and thank her for the good work she does at Stocks Hall Residential Home – Ormskirk. This demonstrates that staff are kept informed of any positive comments about them.