

Stocks Hall Care Homes Limited







Stocks Hall Residential Home – Ormskirk

Inspection report

76a Nursery Avenue
Ormskirk L39 2DZ.
Tel: 01695 579842
Website: www.stockshall-care.co.uk

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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	

Overall summary

Stocks Hall Care Home 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. Ample car parking is provided at the front of the building and a pleasant garden area is available to the rear. All bedrooms are single 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.

We last inspected this location on 2nd October 2013, when we found the service to be compliant with all regulations we assessed at that time. This unannounced inspection was conducted on 15th April 2015. The registered manager was on duty when we visited Stocks Hall. She had managed the day-to-day operation of the service for three years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are

Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

At the time of this inspection there were 36 people who lived at Stocks Hall. We spoke with eight of them and two of their relatives. We asked people for their views about the services and facilities provided. In general, we received positive comments from everyone. We spoke with seven staff members and the registered manager of the home. We looked at a wide range of records, including the care files of five people, whose care we ‘tracked’ and the personnel records of four staff members. We observed the activity within the home and looked at how staff interacted with people they supported.

There were sufficient numbers of staff on duty to keep people safe. Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person’s safety and were competent to deliver the care and support needed by those who lived at the home. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

The premises were safe and maintained to a high standard. Equipment and systems had been serviced in accordance with the manufacturers’ recommendations, to ensure they were safe for use. This helped to promote people’s safety.

The planning of people’s care was based on an assessment of their needs, with information being gathered from a variety of sources. Regular reviews were conducted with any changes in circumstances being recorded well. A range of assessments had been conducted within a risk management framework and strategies had been implemented to promote people’s safety and well-being.

People were helped to maintain their independence. Staff were kind and caring towards those they supported and interacted well with the people who lived at Stocks Hall. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

Staff spoken with told us they felt exceptionally well supported by the registered manager of the home. They spoke in a complimentary way about her management style and described her as being, ‘approachable’ and ‘caring’.

The management of medications, in general promoted people’s safety. Medication records were well maintained and detailed policies and procedures were in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Stocks Hall. Recruitment practices were thorough enough to ensure only suitable people were appointed to work with this vulnerable client group.

Health care risks and medications were managed well by good record keeping and the involvement of a wide range of health care professionals. This meant that people were kept safe and protected from harm.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Stocks Hall. Everyone we spoke with told us they felt very safe living at the home and had every confidence in the staff team.

The premises were safe and maintained to a good standard. Environmental assessments had been conducted to identify areas of risk and infection control protocols were consistently followed.

Good



Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed.

The menu offered people a choice of meals and their nutritional requirements were met. Those who needed assistance with eating and drinking were provided with help in a discreet and caring manner.

Good



Is the service caring?

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

A person centred assessment of needs was done before a placement was arranged. Plans of care were well written and person centred. They accurately reflected people's needs and how these needs were to be best met, in accordance with individual preferences and wishes.

Staff were seen to anticipate people's needs well, which helped to ensure their needs were met and appropriate care and support was delivered. A holistic approach to care was evident.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

This service was well-led.

People who lived at the home were fully aware of the lines of accountability within Stocks Hall. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home was being run by the registered manager.

There were a wide range of systems in place for assessing and monitoring the quality of service provided and action plans were developed to address any shortfalls, so that improvements could be made where necessary.

The home worked in partnership with other agencies, such as a variety of community professionals, who were involved in the care and treatment of the people who lived at Stocks Hall.

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.

This unannounced inspection was carried out on 15th April 2015 by two adult social care inspectors from the Care Quality Commission, who were accompanied by an expert by experience. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service. At this inspection this was achieved through discussions with those who lived at Stocks Hall, their relatives and staff members, as well as observation of the day-to-day activity within the home.

At the time of our inspection of this service there were 36 people who lived at Stocks Hall. Some of them were unable to discuss what life was like at the home. However, we were able to ask eight of them and two of their relatives for their views about the services and facilities provided. In general, we received positive comments from those we spoke with.

We also spoke with five staff members, the registered manager of the home and two visiting community

professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of five people who used the service and the personnel records of four staff members.

We ‘pathway tracked’ the care of five people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people’s health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from 15 community professionals, such as GPs, community nurses, an optician and a dentist. We received six responses. Their comments are included within the body of this report.

Is the service safe?

Our findings

People told us they felt safe living at the home. Their comments included, “I feel safe here. I have only one son and no other relatives and there's always someone around to help me. My husband was a resident at this home for some years and I felt he was always kept safe.” “I feel safe because I'm not on my own. I fell a lot at home but I've only had two falls here.” “I'm well looked after. If I had a problem I'd talk to one of the carers and they would help me sort it out.”

We talked with one care worker about the safety of the home. She said, “It is safe. We have coded doors, window restrictors, detailed risk assessments for people, but mostly it's safe because everybody cares, even the cleaners and the handyman.” This information was confirmed by our observations during the course of our inspection.

The garden of the home had secure fencing with good, safe paving and seating and was easily accessible to people through a ground floor French window. Smoking was permitted in a designated area of the garden.

During our inspection we looked at the personnel records of four people who worked at Stocks Hall. We found all necessary checks had been conducted before people were employed, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

A record of any safeguarding concerns had been retained within the home, so that a clear audit trail was available to show details of the incident, reporting procedures, action taken following the event and the outcome of the investigation. Staff spoken with were fully aware of what to do should they be concerned about someone's safety or well being. They were confident in following the correct reporting procedures.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home.

The home was clean and hygienic throughout and there were no unpleasant smells noted. Clinical waste was disposed of safely and infection control policies were being

followed in day-to-day practice. Comments received from those who lived at the home and their relatives included, “It's very clean here and they (the staff) do the floors every day.” “This place is always spotless.”

“They clean my room every day.” A visiting professional told us, “On my visits I've always found the home clean and fresh smelling. There seems to be sufficient staff as I always see staff around.”

Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. Fire procedures, a wide range of risk assessment and contingency plans had all been implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home, visitors and staff members. Records showed that systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and therefore protected those who used the service from harm.

A contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions. Very detailed and easily accessible individual Personal Emergency Evacuation Plans (PEEPS) had been developed following a traffic light system, which showed the level of assistance people would need to be evacuated from the building, should the need arise. There were 26 appointed fire marshals on the staff team, who were responsible for ensuring good standards of fire safety were maintained and 13 designated first aiders, who had completed relevant training.

Corridors were wide, well lit and easily accessible by wheelchair users. Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner. Any serious injuries were reported to the appropriate authorities, including the Care Quality Commission (CQC).

All staff we spoke with said there were enough people employed to consistently care for those who lived at the home. Care staff were supported by volunteer workers, who assisted with various activities including outings. We saw that staff were present at all times in communal areas and they regularly checked on people in their bedrooms during the day of our inspection. We spoke with one volunteer

Is the service safe?

who said she usually came to the home on three days each week. She told us that she had received some training to support the staff, including moving and handling and health and safety. We noted call bells were answered within a reasonable time frame and we did not observe people having to wait for long periods of time for assistance to be provided. One relative commented, "There seems to be enough staff. There is always someone around, if you need them."

However, the views of people who lived at the home varied in relation to staffing levels. Their comments included, "I have to wait for staff to help me. There's going to be replacements because of people having maternity leave. There isn't enough staff. Lately there's been a lot of new faces in the carers." "The Bank Staff are polite, but they don't know what they are doing." And, "I don't often have to wait for help. They (the staff) tell me if it's going to be a minute or two because they are looking after someone else. They are short staffed sometimes but if I'm in a hurry they will see to me quickly." "I think they are short staffed, but they do cope and get things done. They need name badges. We don't know the agency staff and they don't introduce themselves to us." We discussed these comments with the registered manager, who has since informed us that she is addressing the concerns raised and that identification badges for staff have been ordered.

We found medicines to be managed safely. Good processes were in place for ordering, receiving medications in to the home and disposal of medicines. Medication training for staff had been updated every two years and competency assessments conducted by the manager annually.

Medicines were stored securely and good records were maintained. A drug fridge was used to store some medicines that required cold storage. Controlled medicines were stored and recorded appropriately. Tablet counts were accurate.

Two people had allergies recorded. On the other charts we examined, the space had been left blank. The carer said that was because those people did not have any known allergies. It is best practice to record this to show that allergy status has been checked.

We observed the morning medication round. We found that medicines were administered appropriately. Most medicines were administered in the dining room, during breakfast. These were given according to the time individuals awoke and preferred to get up. Some medications needed to be administered early in the morning. These had been given by the night staff. At 10.20 am, five people were still in bed. The care worker showed us that the medicines they required were not time sensitive and told us they would be given when people got up.

We saw a list of names and signatures of care workers who were competent to administer medicines and this was checked and signed by the manager each month. A medicines policy was in place and national guidance was available to support staff with the management of medications.

One care worker said that up-to-date information was available on line and most staff referred to that if they needed to. Information about the indications for 'as and when required' medications was held electronically. Best practice is for this information to be available in the Medication Administration Records (MARs), so that staff can access required information whilst administering medicines. This was discussed with the manager at the time of our inspection.

One person remarked on having bedtime medication delivered late and having to be awakened for her tablets and then not being able to go back to sleep. She said this had happened on more than one occasion by the same person giving out the medications. Another person commented, "I'm on an unbelievable amount of medicines, but they do have regular checks on my medications."

Is the service effective?

Our findings

Prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy.

Successful applicants were supplied with a wide range of relevant information, such as employee handbooks, codes of conduct, job descriptions specific to their roles, terms and conditions of employment and numerous policies, including discipline and grievance procedures. They were also supported through a detailed induction programme, which included the completion of a variety of workbooks. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them. Records showed that one member of staff had recently moved from working night duty to taking up post on the rehabilitation unit during the day time. It was pleasing to see that this individual had received another induction programme, relevant to their new position.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. These included areas such as fire safety and fire marshal training, infection control, emergency first aid, food hygiene, health and safety, safeguarding adults and moving and handling. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, diabetes, dementia awareness, conflict resolution and end of life care were topics built into training programmes. Some training modules were supported by workbooks for staff, so that their knowledge within different areas could be checked. The staff we spoke with were extremely positive and enthusiastic. It was evident that the company considered training for staff to be an important aspect of their personal development programmes.

A senior care worker told us she had received training about caring for people living with dementia, mental capacity and managing challenging behaviour. This person said, "We get loads of training and are always encouraged." She had asked the registered manager for training in relation to diabetes and this had been arranged.

Records showed that regular formal supervision was provided for all staff and appraisals were conducted each year. These meetings between staff and managers, encouraged discussions about an individual's work performance, achievements, strengths, weaknesses and training needs. Staff we spoke with confirmed annual appraisals and regular supervisions were conducted.

Although it was evident that staff training was an important aspect of working at Stocks Hall, it would be beneficial for the induction programme for all new staff to clearly include an overview of dementia care, safeguarding adults and the MCA, particularly for those staff employed to work on the dementia care unit. In discussion the registered manager told us that individual needs of people were explained to new staff members, including those living on the dementia care unit. She told us that care workers did complete daily progress notes under supervision, but only more experienced staff entered information in the plans of care.

We toured the premises, viewing all communal areas of the home and a selection of private accommodation. We found the environment to be safe and maintained to a very high standard. Good quality furnishings were provided throughout and the atmosphere was warm and friendly, proving comfortable and homely surroundings for people to live in.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA. People were not unnecessarily deprived of their freedom because legal requirements were followed. Where DoLS applications had been made, this was recorded and the Care Quality Commission had been notified of any approvals received.

Is the service effective?

Records showed that one person had a DoLS in place. This person's mental capacity had been assessed by a medical practitioner. An independent mental health advocate (IMCA) had been involved in making the decision for the person to live in the home.

Records showed that a wide range of community professionals were involved in the care and support of those who lived at Stocks Hall. At the time of our inspection a General Practitioner (GP) visited the home. The registered manager told us he visited three times a week to see any new admissions and any others who require medical advice. This helped to ensure people received the health care they required.

We spoke with a visiting health care professional who was very complimentary about the service. They told us they were extremely confident in the registered manager and staff to provide safe, effective care. They felt staff were able to identify when a person who used the service may require some external health care support and always followed any advice they gave.

We observed lunch being served in both dining rooms. There was a pleasant and relaxed atmosphere. Dining tables were pleasantly laid with white cloth tablecloths, paper napkins, cutlery and condiments.

Eight people were seated in the ground floor dining room. Some people wore protection for their clothes. Two staff were assisting two people with their food. The member of staff serving food wore a head net, disposable gloves and an apron. This helped to promote good food hygiene. A choice of meals were available and a selection of desserts were offered to people. One person commented, "I stay in my room a lot, but I go into the dining room to eat my meals. They've changed the layout and have tables for four people. I like sitting with the same people and it makes a change for me." Another told us, "Some of the food I like, but some I don't. They usually come and ask me what I'd

like for the next day. The puddings are very nice. The cook does lovely, light puddings." And a third said, "The food is lovely. I go down to the dining room for meals, but I could have them in my room if I wanted to. I like the soup. It's homemade and lovely soup. The menu is very good. You always get an alternative. I like all the food they give me. There's plenty of drinks on offer. I like to drink apple juice."

We spoke with two care workers who had recently been appointed. They told us an induction programme had been completed, which included training about fire safety, confidentiality and theoretical moving and handling techniques. However, we were told they had not had any training in relation to safeguarding people from abuse, dementia or mental capacity. Both these members of staff were working on the dementia care unit and both said they regularly completed electronic documentation within the plans of care for those who lived with dementia. Records showed that arrangements had already been made for these members of staff to attend training around dementia care, the Mental Capacity Act (MCA) and safeguarding adults.

The information submitted by the provider before our inspection showed that plans were in place to allocate additional positions of responsibility within the staff team. For example, the creation of 'champions' in such areas as dignity, falls prevention and infection control. This would allow for staff ownership and would enable members of the team to commit to a specific area of interest and to pass on any relevant information about their area of expertise.

People's specific dietary needs and preferences were recorded in the kitchen area. This helped the catering staff to ensure people received appropriate nutrition to suit their needs and tastes. Food and fluid intake charts were completed for those people who were at risk of malnutrition or dehydration.

Is the service caring?

Our findings

People who lived at the home felt that they were being well looked after. Their comments included, “I like the staff. They are mostly pleasant. Some staff are nicer than others. They do their best for us. I think the staff know me pretty well.” “The carers are all friends. They are truthful and I completely trust them. Staff always knock on my door and respect my privacy. The staff are lovely. I like them very much. I can't find fault with them.” “I think the staff are kind and caring. They always have a laugh with me and a joke. I have no problems with the staff's attitude towards me.”

“I'm quite happy with the staff. I enjoy the banter we have together.” A visiting professional told us, “I would allow my mother to be in here.”

Good information was provided for people who were interested in moving in to the home. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of Stocks Hall. This enabled people to make an informed decision about accepting a place at the home.

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. One of the community professionals wrote on their feedback to us, ‘Stocks Hall have always been incredibly helpful when we have been in. We do visit this home quite regularly and can confirm the staff are always helpful and attentive.’

We observed staff on the day of our inspection treating people in a kind and respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences. Some people clearly preferred a quieter approach, whilst others enjoyed a jovial laugh and joke with staff members.

One relative told us, “The care is excellent. The staff are brilliant. They are very kind, caring and mannerly. They keep us well informed even though we visit four times a week. They ring us with positive feedback too – just to tell us mum has had a good day and that she has been singing and dancing!”

Staff interaction with people throughout the day was without exception, cheerful and pleasant. Staff addressed people by the names they preferred. We saw that staff were gentle and patient when supporting people to take

medicines or eat and drink or simply to walk to their bedrooms. All care staff responded to individual people in a way that showed they knew them well and were concerned for their welfare.

We asked one of the care staff why they worked at the home. She said, “I love it here. It's really rewarding knowing you can improve someone's day.” She also said that the atmosphere in the home was very friendly and relaxed, “Everyone says hello to each other. Families are very involved. We (the staff) feel part of their family.”

At the time of our visit to this location we ‘pathway tracked’ one person who was receiving end of life care. The plan of care was very detailed and provided staff with clear guidance about the individual's assessed needs and wishes and how these were to be best met. Records showed the district nursing service and other external professionals were very involved with the care of this person. Community health care workers had agreed to continue to provide support at Stocks Hall at the request of the family, who wished their loved one to spend her final days at the home, amongst people she knew.

A detailed and well written end of life care plan had been developed, which with the family's agreement, was available within this person's bedroom. It was evident the family were supported to be involved in any decision making about the care provided for their loved one. Records showed that the night staff team had been given individual training to assist them in providing person centred care and support for this person and her family.

The registered manager told us that some members of the staff team were allocated the role of end of life ‘champions’. This helped to ensure any new information about caring for people at the end of their life was disseminated to all relevant personnel. These ‘champions’ were also responsible for ensuring staff members were appropriately trained in this area and that people were provided with compassion and empathy during their end of life journey.

Records showed that the home had been accredited with ‘Six Steps’. This involved demonstrating that the service met a number of specific standards including enhanced training for all care staff. An extract from one thank you note read, ‘We send you all our heartfelt thanks for all that you have done in caring for (name removed) throughout her last days of life. She was kept so comfortable. The quality of care being paramount.’

Is the service caring?

One community professional provided written feedback, which read, 'Stocks Hall has been very active in developing services for patients at the end of life. The manager of the home is an excellent role model to her staff, very supportive and encourages her staff to attend all additional courses at the Hospice. The staff are a credit to the organisation. They are caring and committed to the residents and very supportive to the families. I can also confirm that the manager is prepared to challenge decisions to affect first class care for residents in her care. The residents always look well cared for and the home is very clean.'

Our SOFI lasted for thirty minutes, during which time we observed the interaction between staff members and five people, who were spending time in one of the communal rooms on the dementia care unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We found interaction from staff to be regular and positive approaches were consistently demonstrated. People looked happy and were evidently comfortable in the presence of staff members.

Is the service responsive?

Our findings

People told us that they were offered a range of choices, such as being able to choose their own clothes, selecting what they wanted to eat from the menu and making decisions about personal hygiene matters. One person said, "I'm not an early bird and staff leave me alone in the mornings. I like the bath with the air bubbles in it. I can have one when I like, if there's someone to help me."

During the course of our inspection we established that the home responded well to people transferring between services. One person was being transferred to a sister home due to their general condition deteriorating, which meant they now required nursing care, rather than residential care support. The manager from the sister home had conducted a needs assessment and arrangements had been made for a staff member from the current care team to accompany the individual to their new care facility and help them to settle in for the first few hours of their stay. This was considered to be good practice.

We spoke with one person who had very recently been admitted to the home. He told us that he was able to spend some time at Stocks Hall before he made a decision to accept a placement. He told us he had been invited for afternoon tea and an evening meal before he moved in. He said, "The meals are fantastic."

We spoke with two community professionals who were on site at the time of our inspection. One told us, "The respite side of care here is very good. There is physio and rehabilitation staff on hand." The other commented, "I have no concerns with this place. The staff are always co-operative. (Name removed) is a good manager. We have had some good results from the rehab unit. There are no concerns."

We examined the care files of five people, who lived at Stocks Hall. We saw that needs assessments had been conducted before a placement was arranged. This helped to ensure the staff team were confident they could provide the care and support people required. Personalised risk assessments and care plans were all in an electronic format. We found these to be, in general person centred documents, which provided staff with sufficient guidance about people's assessed needs and how these were to be best met. People's life histories had been recorded, which helped the staff team to familiarise themselves with what

people liked and disliked and also what their hobbies and interests were. The plans of care had been reviewed at regular intervals and any changes in needs had been recorded well. One relative commented, "Mum's key worker is fantastic. We are very much involved in helping to plan her care. Mum's key worker knows mum well. She knows exactly what mum needs."

We spoke with a senior care worker about the assessed needs of one person. She explained to us how the staff team supported the individual to ensure their needs were being met. We saw that the plan of care for this person accurately reflected what the carer had told us.

Detailed assessments were in place within a risk management framework. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition and falls. These had been updated each month. A high risk of malnutrition for one person had led to a referral being made to a dietician and advice about diet and fluids was recorded within the plan of care.

A care worker told us that each person who lived at the home was assigned a keyworker, who updated assessments and plans of care. All care staff had access to the electronic files and they completed progress notes of daily events. We saw that the home had received positive feedback from families, including a recent letter which said their relative was 'settled up here (the dementia care unit) - it's a sign that things are going well.' A senior care worker explained that staff had received training about 'memory boxes', which could be used to stimulate conversation and reminiscence with people, particularly those living with dementia. Many memory boxes were in the process of being filled with memorabilia.

One person had complex care needs and we saw that appropriate risk assessments had been completed and care plans were detailed, which included a goal and action plan. For example, where a person had challenging behaviour, the goal was to ensure that the person was occupied and any triggers, which may escalate their behaviour, were quickly identified. The action plan included using distraction techniques and de-escalating situations. These plans helped staff to respond to people's individual needs and were detailed and thorough.

We looked at the records for one person who had arrived at the home in the previous 24 hours. These were in paper format and a pre-admission assessment had been

Is the service responsive?

undertaken with the person and a relative. Although all risk assessments had not been completed for this person at the time of our inspection, the documents seen included enough information for staff to understand and manage the risks of falls, medical conditions and medication.

The complaints policy was clearly displayed within the home, which identified the procedure to follow in order to make a complaint. This was also included in the service users' guide provided to people when they first moved in to the home. A system was in place for recording complaints received by the home. This record identified the nature of the complaint, action taken and the outcome following an internal investigation, including the response provided to the complainant. Staff we spoke with were fully aware of what to do should someone wish to make a complaint.

People we spoke with or their relatives told us they were confident in raising any concerns with the registered manager. A box was sited in the entrance hall with a sign inviting people and visitors to post suggestions or complaints anonymously, if they preferred to use this method. Care staff we spoke with said they were confident the manager would respond to any issues raised, but they knew how to escalate concerns to the provider or the Care Quality Commission if it was ever required.

The notice boards within the home displayed a wide variety of leisure activities, which were provided. For example, sessions entitled, 'Fruity Friday', 'Knit and Natter' and 'April at Ormskirk' were regular features within the activity programme. People who lived at the home were offered outings twice a week in the company minibus to places of interest, within the local community or further afield, such as trips to Scarisbrick Manor, Skipton, Acorn Farm and Llandudno. Other activities included movement to music, bingo, cheese and wine evening and film afternoons, as well as celebrations of significant events, such as ladies day, the Grand National, Easter and Dementia awareness week.

After lunch we observed a movement to music activity within a communal area of the home. The door was open and a sign was placed on the door which said, 'Chair based exercises; all welcome.' Three relatives joined eight people, who lived at the home in this activity. Some people chose to wave brightly coloured pom-poms, whilst others joined in singing along to the music. People looked happy and appeared to enjoy this in-house activity.

A staff member told us that a young person undertaking the Duke of Edinburgh award had been visiting the home once a week for a few months and organising quizzes and talking to "our gentlemen about football, which they love."

We observed a member of staff sitting with one person in the privacy of their bedroom whilst encouraging daily exercises, which had been prescribed by the physiotherapist.

One relative told us, "They had a Burns night. We came to that and it was fabulous. The chef made some lovely little pasties and the residents made some short bread, supported by the chef. Everyone joined in and it was a very jolly occasion." Another said, "The activities lady is fantastic. Even the kitchen staff come and chat with us and ask us what we think of the meals. It is superb here. Everyone is friendly. We looked at a lot of care homes and we chose carefully and we don't regret choosing Stocks at all. We certainly made the right decision. We walked in and the atmosphere was friendly. It was warm and welcoming. We knew this was the place as soon as we came in."

People we spoke with about the provision of leisure activities told us they were very satisfied with what was available to them. Their comments were: "Yesterday we were playing scrabble. They have a mini bus and take us out. Sometimes the mini bus is a bit jerky and makes me feel sick. The roads are not very well maintained. We have had a nice drive to Liverpool Docks recently." "The carers take me out in the park. I like that. We have exercise classes and I go to all of them. I need the exercises to keep me going." "I go to the shops with staff. I went with them last Saturday." "They do have bingo and things, but I don't like bingo. People come and sing to us. I like it when the children come and sing for us or when they play instruments." "I don't go on the trips. I like to sit reading or watching TV. I'd like to be wheeled into town. They've said if I want to go into town then I have to pay for a taxi and I'd need a carer. So, I'm quite happy watching TV."

One person, who was a regular visitor to the home, in relation to the provision of activities wrote on their feedback to us, 'I was recently working in the home, when gradually I became aware of the nature of interactions between staff (including cleaning staff) and residents. I was struck by the kindness of staff as they spoke to residents, without exception. I mentioned this to the manager, and

Is the service responsive?

also said that it reminded me of a quote that I had just noted down from a music therapy text about kindness - 'kindness - a balm of great potency' (Pickering 1997). This was so striking.'

A community professional wrote, 'I have worked with Stocks Hall for a number of years and over that time they

have supported people to achieve their goals in a person centred way. Initially there were some issues (a few years ago). However, they have worked in partnership with us and health colleagues to develop the effective service they now deliver.'

Is the service well-led?

Our findings

We spoke with four people who lived at Stocks Hall about the management of the home. They all said they knew who the manager was and that the home was being well managed. A visiting professional told us, “I do know the manager and she is very approachable.”

At the time of our inspection the registered manager was on duty. She was extremely organised and very positive about providing a high standard of service for those who lived at Stocks Hall. She told us she was in the process of achieving a nationally recognised qualification in management systems at level 7, which is recognised as being equivalent to degree level. This demonstrates a commitment to personal development and improved management skills.

On arrival at Stocks Hall we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.

Records showed that meetings were held for those who lived at the home and their relatives. This allowed people to talk about things they felt were important to them in an open forum and to make suggestions, as well as provide feedback about the services and facilities available. One relative told us, “We come to the residents’ meetings, when we can. They are very good and informative.”

We saw minutes of a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce. Agenda items included, staff training, health and safety, clinical governance and the management of safeguarding concerns. One care worker told us that supervisors met with the manager once a week and that all staff were invited to a staff meeting every six to eight weeks. We saw minutes of disciplinary meetings, which had been held with individual staff members, in line with the policies and procedures of the home. This helped to ensure any misconduct displayed by staff was dealt with in the most appropriate manner.

We observed the registered manager speaking with people in a respectful and courteous manner. The staff team were all very co-operative during the inspection. We found them

to be passionate, very enthusiastic and dedicated to their work. We spoke with the relative of one person who had moved in to the home on the day of our inspection. She said, “The manager has been very helpful throughout, since the moment I phoned her. She made (name removed) feel relaxed when she visited him. She put him at ease with her friendly approach.” The philosophy of the home offered people who lived with dementia a meaningful and purposeful life style. This was observed at the time of our inspection.

The home had been accredited with an external quality award, which meant that a professional organisation visited the service periodically to conduct detailed audits, in order to ensure the quality of service was maintained to an acceptable standard. The registered manager had notified the Care Quality Commission of any reportable events, such as deaths, safeguarding concerns or serious injuries. This demonstrated an open and transparent service.

A wide range of internal audits were conducted regularly in order to monitor the quality of service provided. Some areas were audited on a daily basis. The registered manager told us that massive improvements had been made since the more in depth auditing process had been established. A company representative conducted unannounced inspections on a regular basis and formally recorded their findings, with action plans developed to make improvements in response to issues identified. We recognised that additional staff training had been provided in relation to person centred care planning, as a result of the auditing process.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. These covered all areas provided by the service. The results were subsequently produced in a bar chart format, for easy reference. Any suggestions or areas for improvement were identified and action plans were developed, so that shortfalls were appropriately addressed. We saw evidence of this in relation to nutrition. However, one person told us, “I don't think I've ever been asked if I'm happy with the care I get.” Staff surveys were conducted annually and these had recently been circulated, in order for the registered manager to gather the views of staff members, as to what it was like to work at Stocks Hall.

Is the service well-led?

The registered manager informed us of a recent power failure, from which lessons had been learned by the review of the contingency plan and the implementation of an easily accessible emergency box, containing equipment, such as torches, thermal blankets and fluorescent jackets. Records showed that development meetings were regularly held, which were company led and involved all senior personnel. This helped to ensure that the service moved forward and any areas for improvement were addressed.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with

current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

A care worker told us, “The manager is really good. She is approachable and listens. She provides both professional and personal support for the staff and is respected and liked by everyone.”