

Elysium Care Limited

# Stockton Lodge Care Home

## Inspection report

Harrowgate Lane  
Stockton On Tees  
Cleveland  
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Tel: 01642617335

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Stockton Lodge is a residential care home providing personal care to adults and older people, some of whom were living with dementia. At the time of the inspection there were 29 people living at Stockton Lodge but the service can support up to 42 people.

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

Medicines were not always managed safely. Risks to people were assessed but records were not always fully complete. Effective infection prevention and control systems were in place.

People received person centred care but care records were not always up to date or accurate. One person told us, "I'm quite satisfied with my care. They are all good, I can talk to them about anything, what I like and don't like".

Quality assurances processes had not identified or resolved the issues we found during our inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 19 August 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the breaches of regulation and other concerns identified at the last inspection had been addressed. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

### 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 have identified continuing breaches of regulation in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stockton Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Stockton Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and other concerns identified at the last inspection had been addressed.

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

This inspection was carried out by one inspector. A medicines inspector and Expert by Experience supported the inspection remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stockton Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. Having consideration of the coronavirus pandemic, we gave the registered manager a short period of notice of our arrival. This was to ensure safe systems were in place to protect everyone.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within

required timescales. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

We spoke with five people and six relatives about their experience of the care provided over the telephone. We made observations around the service.

We reviewed a range of records. This included four people's care records. We checked medicines stock and storage and reviewed medicines records. We spoke with seven members of staff, including the registered manager, deputy manager, two senior care staff, two care staff and a member of the domestic team.

#### After the inspection

We reviewed a number of records that had been sent to us and continued to seek clarification from the provider to validate evidence found. We also looked at further medicine records the provider sent us.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check whether the breaches of regulation identified at the last inspection had been addressed. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Topical medicines such as creams and gels were not always handled in a way that ensured they were removed for disposal when no longer in use or when they had expired after being opened. Some had exceeded their limited life after opening.
- There was not always sufficient information for staff to refer to when applying people's topical medicines to ensure they knew where to apply them. Body maps in use were often incomplete.
- We found that where medicines were prescribed for occasional use, there was often insufficient written information available for staff to refer to enable them to give people these medicines appropriately and consistently.
- Medicines audits had not identified the issues we found.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection in relation to the assessment, management and monitoring of risk.

- Risk assessments had improved since our last inspection. They instructed staff what actions they should

take to minimise identified risks. Some risk assessments however lacked specific detail.

- Staff had been trained to support people who displayed behaviours that challenge. Care records contained information to support staff to manage behaviours but this was not always up to date or complete.
- The environment was secure and all doors that should be locked were.
- Identity checks were carried out prior to entering the building.

### Staffing and recruitment

At our last inspection we recommended the provider took action to review dependency levels and staffing levels during night shift and updated their practice accordingly. The provider had made improvements.

- There were sufficient staff deployed to meet people's needs. When the registered manager came into post they changed the way staffing levels were calculated. They reviewed and made changes to shift patterns which reduced the pressure on night staff.
- Staff told us there were enough staff to meet people's needs. One member of staff said, "There are enough staff for both days and nights, I work both."
- People felt there were enough staff on duty and did not have to wait long for assistance. One person told us, "I think there seems enough staff. I have a buzzer. They (staff) come quite quickly, especially at night time."
- Safe recruitment procedures were followed to ensure suitable staff were employed.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the breaches of regulation identified at the last inspection had been addressed. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to ensure care records were accurate and reflected current needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found not enough improvement had been made.

- Care records were not always up to date or accurate. Information we were told verbally was not always reflected in people's care plans. Important updates were not always transferred from review notes to care plans in order to support staff.
- Reviews of care were now taking place more regularly. However, the provider's policy stated reviews should take place at least once a month and records we looked at showed this was not always the case.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People receive individualised care and support from staff. One relative told us, "They give her pain killers and a ginger biscuit at 2am, we agreed it between us."

End of life care and support

At the last inspection the provider had failed to ensure end of life plans contained sufficient information to provide individualised care for people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made in end of life records.

- End of life care plans were detailed and person centred. People who used the service, their relatives and external professionals were all involved in ensuring people's end of life wishes and needs were met.
- Staff had all received training on end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the breaches of regulation identified at the last inspection had been addressed. We will assess all of the key question at the next comprehensive inspection of the service.

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

At the last inspection the provider had failed to ensure records were accurate and up to date. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found not enough improvement had been made.

- During the inspection, we identified continuing shortfalls with the maintenance of records across a range of contexts. This increased the risk of harm for people.

This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had confidence in the management team and told us they would be happy to go to them with any issues they had. One person said, "I know [the registered manager] and [the deputy manager]. They would deal with any problem. I'd give the place ten out of ten. I don't think they could do anything any better."
- Staff said they worked well together as a team. One member of staff told us, "I love it, we have a great management team now, things have improved and I can see a difference. All staff are very supported. Even new staff, new to care, get full support."
- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.

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

At the last inspection the provider had failed to have an effective quality assurance system in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found not enough improvement had been made.

- Audit systems were in place but were not always effective. Work had been done to improve these since the last inspection, however, they had still not identified the concerns found during inspection. Following feedback, the registered manager began work immediately to make further improvements.
- There was a new registered manager in post and they now had the support of a deputy manager. Several new practices had been introduced and some improvements made, however, the pandemic had stretched resources and there had not been time to make and embed all of the necessary improvements.

The provider had not ensured new quality assurance systems were effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Records were not always accurate or sufficiently detailed. Topical medicines were not disposed of appropriately when out of date or no longer required. 12(1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  An effective system of audits was not in place to fully monitor the safety and quality of the service. 17(1)(2)(a)  Records were not always accurate, up to date, or complete. 17(1)(2)(c)(f)