Stoke House Care Home Ltd

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Inspection report

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Date of inspection visit:
12 May 2016

Date of publication:
04 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 and 12 May 2016 and was unannounced. Stoke House Care Home provides accommodation over two floors for up to 46 older people who require residential and nursing care and treatment, some of whom are living with dementia. On the day of our inspection 20 people were using the service.

The service did not have a registered manager at the time of our inspection. The service had been without a registered manager for approximately 18 months. A new manager had been at the service for approximately three months prior to our inspection and had made an application to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection of the service on 27 July 2015 we identified five breaches of legal regulations and deemed the service to be inadequate. The service was placed in special measures to be kept under review. We returned to the service on 26 November 2015 to follow up requirements resulting from three of these breaches and found that improvements had been made although further improvements were required in relation to the safe care and treatment of people. During this inspection we found that the service demonstrated further improvement and is no longer rated as inadequate for any of the five key questions, therefore the service will no longer be in special measures.

Following our last comprehensive inspection on 27 July 2015 we asked the provider to take action to ensure there were sufficient staff on duty to meet people's needs. During this inspection we found that people were cared for by sufficient numbers of staff. However, improvements were required to ensure that recruitment processes were robust and ensured staff were safe to work with people.

Following our last comprehensive inspection on 27 July 2015, we asked the provider to take action to ensure that concerns for people's safety were responded to appropriately. During this inspection we found that people were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening.

Risks to people's health and safety were identified and assessed and action taken to reduce risks were recorded in people's care plans, however, we found that risk assessments had not always been completed correctly. People received their medicines as prescribed and these were managed safely.

People told us they were not always asked for their consent prior to support and treatment being provided. Decisions were being made appropriately in people's best interests in the event they lacked capacity. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. People were protected from the risks of inadequate nutrition and specialist diets were provided if needed. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were at risk of receiving support which did not reflect their individual preferences as staff did not always ask people how they wished to be supported and people were not routinely involved in care planning. We observed that staff had friendly relationships with people and respected their privacy and dignity.

People's care records did not always reflect that they were receiving care and support in line with care plans. At times we witnessed a lack of staff interaction with people; however, improvements had been made to the stimulation and activities available to people since our previous inspection.

People and their relatives felt able to raise concerns and complaints and records confirmed that these were dealt with appropriately.

People's relatives told us they were involved in the development of the service and the manager told us of plans to further involve people who used the service.

We saw that staff worked well as a team and were supported by management to drive improvements in the service. The manager had a good understanding of effective quality monitoring systems and these were effective in identifying and acting upon issues within the service. However there were still some areas for improvement and the provider needs to demonstrate that the improvements can be sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were cared for by sufficient numbers of staff. However, improvements were required to ensure that recruitment processes were robust and ensure staff were safe to work with people using the service.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening.

Risks to people's health and safety were identified and assessed and action taken to reduce risks were recorded in people's care plans, however, we found that risk assessments had not always been completed correctly.

People received their medicines as prescribed and these were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People told us they were not always asked for their consent prior to support and treatment being provided. However, decisions were being made appropriately in people's best interests in the event they lacked capacity.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

People were protected from the risks of inadequate nutrition and specialist diets were provided if needed.

Referrals were made to health care professionals for additional support or guidance if people's health changed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were at risk of receiving support which did not reflect their individual preferences as staff did not always ask people how they wished to be supported and people were not routinely involved in care planning.

We observed that staff had friendly relationships with people and respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care records did not always reflect that they were receiving care and support in line with care plans.

At times we witnessed a lack of staff interaction with people; however, improvements had been made to the stimulation and activities available to people since our previous inspection.

People and their relatives felt able to raise concerns and complaints and records confirmed that these were dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's relatives told us they were involved in the development of the service and the manager told us of plans to further involve people who used the service.

We saw that staff worked well as a team and were supported by management to drive improvements in the service.

The manager had a good understanding of effective quality monitoring systems and these were effective in identifying and acting upon issues within the service. However there were still some areas for improvement and the provider needs to demonstrate that the improvements can be sustained.

Stoke House Care Home

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 inspection took place on 11 and 12 May 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the service such as previous inspection reports, information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with six people who used the service, five relatives, three members of care staff, the cook, one nurse, the activities co-ordinator, the facilities manager and the manager. We observed care and support in communal areas. We looked at the care records of five people who used the service, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider's representative.

Requires Improvement

Is the service safe?

Our findings

Following our last comprehensive inspection on 27 July 2015, we asked the provider to take action to ensure there were sufficient staff on duty to meet people's needs. This was because people, their relatives and staff told us that staffing levels were insufficient and our observations had confirmed this to be the case. During this inspection, we found that the provider had taken the required action to ensure that sufficient staffing levels were monitored and maintained, however improvements were required to recruitment practices to ensure these were safe.

People could not be assured that safe recruitment processes had been properly applied. We checked the recruitment records for three members of staff. One staff member's records did not account for gaps in their employment history and references had not been sought from their two most recent employers. In addition, there was no record that information received during the recruitment process had been considered and used to determine whether the person was suitable to work with people using the service. Therefore people were at risk of staff being recruited without their suitability to work in a health and social care setting being properly considered. We discussed this issue with the manager, who had not been post at the time the staff member had been recruited. The manager was aware of safe recruitment practices and sent us information following the inspection to confirm that they had carried out an audit of recruitment files and actions to address issues were recorded. Records confirmed that disciplinary procedures were followed when there were concerns about unsafe staff practice.

People who lived at the service and their relatives told us there were enough staff to respond to their needs. One person's relative told us they thought there were enough staff and that, "You can usually get hold of someone if you want to." We spoke to two people who remained in bed for much of their time who confirmed that they were able to request staff support by using a call bell. Both people told us that the call bell produced a variable response; that sometimes staff came straight away and other times they had to wait for staff to respond.

We observed that there were sufficient staff to meet people's needs and that people did not wait for excessive periods of time to receive support. Staff responded quickly when people asked for assistance to visit the bathroom or return to their bedroom. The staff we spoke with told us that they felt there were generally enough staff to meet people's needs in a timely manner. We observed staff were busy and worked well as a team. We examined staff rotas and sign in sheets and saw planned staffing levels were usually achieved. Staffing levels were monitored by the manager and absences were generally covered by permanent staff or the use of agency staff.

Following our last comprehensive inspection on 27 July 2015, we asked the provider to take action to ensure that concerns for people's safety were responded to appropriately. This was because staff had been unclear about the procedure for reporting safeguarding concerns and some concerns had not been shared with the local authority's safeguarding team when they should have been. During this inspection, we found that the provider had taken appropriate action to ensure that the necessary improvements were made.

People could be assured that staff knew how to respond to any allegations of abuse. We saw that information posters about safeguarding were displayed in prominent places around the home. This gave clear information about the process to follow should people, visitors or staff have any concerns. The staff we spoke with had a good understanding of what may constitute abuse and knew what action they would need to take to report it. We reviewed our records and found that the provider had shared information with the local authority and us, as appropriate, when they had concerns for someone's safety within the service.

People told us they felt safe at the service. One person told us, "I feel safe. The staff are no threat to me, nor are there any threats from outside the home, it is secure." Another person, when asked if they felt safe, told us, "Oh yes – they (staff) are very good." All of the relatives we spoke with felt that their relation was safe in the service.

Risks to people's health and safety were identified and assessed and action taken to reduce risks were recorded in people's care plans. We saw that appropriate action had been taken to reduce the risks to people, for example, by referring to external healthcare professionals and maintaining regular monitoring of people's weight. However, we found that risk assessments had not always been completed correctly. For example, one person had lost approximately 7% of their body weight over a five month period. Their malnutrition risk assessment score had not been calculated correctly because it hadn't taken this weight loss into account. However, this person was still receiving appropriate support and their weight had recently started to increase.

We observed that equipment was available and was being used safely to assist people to move around the service. Staff told us they had sufficient amounts of equipment to meet people's needs. People had risk assessments in place to determine whether the use of bed rails was safe and equipment and safety checks were in place to reduce the risk of harm to people. For example, checks were carried out on a regular basis to ensure that pressure relieving mattresses were at the correct setting for the person. This reduced the risk of the person getting a pressure ulcer.

People had care plans to describe the support they needed to ensure their safety and wellbeing in the event of an emergency situation which would require evacuation. Equipment and safety checks were in place to reduce the risk of harm to people in the event of a fire.

People who lived at the service and their relatives told us that people received support to take their medicines. We observed the administration of medicines and saw that staff followed safe procedures when giving people their medicines. We found that people's medicine administration records (MARs) were completed and contained appropriate information to aid the safe administration of medicines such as a photo of the person, a record of any allergies and how the person preferred to take their medicine.

Staff ensured that the medicines were managed in a way to ensure effectiveness. For example, we found that liquid medicines and external creams were labelled with the date of opening which ensured that medicine was being used within the correct time period. In addition, the site of applications of medicine patches were recorded to enable staff to rotate the site of administration.

Staff had received training in the safe handling and administration of medicines and had their competency assessed. Medicines were stored safely in locked cupboards and trolleys within locked rooms. Daily temperature checks of the storage areas were documented and were mostly within acceptable limits. Regular medicines audits were also being undertaken and were effective in identifying issues, such as recent temperatures outside of acceptable limits and recorded action taken, such as feedback to staff.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People expressed mixed views on whether staff asked for consent before carrying out care interventions. One person told us that staff did not ask for their consent and stated, "They (staff) just get on with what they need to do." We saw people were usually asked for their consent before staff provided them with any care and support, although on occasions staff did not wait for a response from the person before providing support.

People's care plans considered whether people were able to make their own decisions. However, consent had been obtained from one person's relative when it was documented that the person had capacity in relation to the decision. The manager told us that they would ensure that documentation was signed by the person if they had capacity and consent from relatives only sought in the event the person lacked capacity.

Where people lacked the capacity to make their own decision, capacity assessments had been carried out for specific decisions where required. A best interest decision had then been made and documented. We saw that some people had appointed representatives to make decisions on their behalf and information was contained within care records to evidence that they had the legal authority to make certain decisions. On one occasion, this information was not always clear throughout the person's care records and the manager told us that they would amend documentation to reflect that the person's relative could make decisions on their behalf. We reviewed the care plans of three people who had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in place and found these to be completed appropriately.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us, and records confirmed that applications for DoLS had been made for people who were at risk of being deprived of their liberty. Two of these applications had been authorised, there were no conditions attached to the authorisations and the service was adhering to legislation. The staff we spoke with were knowledgeable about the principles of the MCA, although they were not sure whether anyone at the service was deprived of their liberty.

People were supported by staff who had received relevant training and recent supervision from the new manager in order to ensure they were able to carry out their roles and responsibilities effectively. One

person's relative told us, "The staff know what they are doing and they are very helpful." Another person's relative said, "I am impressed by their (staff) sheer hard work and personability."

A recently recruited member of staff told us they had received an induction when they started working at the service which they felt was sufficient to enable them to carry out their role. All of the staff we spoke with felt that they received the training they needed to work effectively. We observed staff using the skills they had developed, for example, we saw staff safely assisting people to transfer using a hoist.

We accessed training records and saw that staff had recently attended a number of training courses relevant to their role. These included health and safety, infection control, moving and handling and fire training. We saw records which confirmed that the manager had implemented a process of regular supervision and annual appraisals for staff. Staff confirmed that they received regular supervision and felt able to be open and honest with the new manager and make suggestions or talk about any concerns they had.

People told us that they enjoyed the meals provided at the service and told us that the food was "Good." One person's relative told us, "I think nutritious food is served. Breakfast is staggered, but lunch and tea are more of less at a set time." People told us, and our observations confirmed that their individual needs were catered for. One person told us that they required a soft diet and a liking for a particular food and they confirmed that this was given as required.

People were supported by staff to maintain their nutritional intake. We observed a mealtime and saw that staff supported people to eat their meal if required. The manager told us that one person was currently refusing all food offered to them and would only accept nutritional supplements. This was confirmed in the person's care records and staff. A daily food chart was in place which showed the person was being offered a variety of different foods several times a day but continued to refuse. A referral had been made to a dietician for further advice. We saw that the person had access to drinks and were provided with nutritional supplements as required.

We spoke to the cook who was provided with relevant and up to date information about people's dietary requirements. A recent audit had highlighted the need for people to be provided with choices at mealtimes. We were shown a sheet used to record people's choice of meal.

People were supported to maintain their healthcare and to see healthcare professionals if required. One person's relative told us, "If [relative] is not well they (staff) will get a doctor and let me know. They (staff) summon the doctor early rather than later when things have got out of hand." Another person's relative told us, "There is a lot more interaction with other agencies (since our last inspection)."

Staff told us that they felt that the support of doctors and external healthcare professionals was sought without delay when required. We spoke to a visiting healthcare professional who told us that staff were knowledgeable about the people they were supporting and acted upon advice given.

We saw from care records that input was sought from a range of external healthcare professionals such as occupational therapists and dieticians when required. We saw that advice given had been implemented and that equipment was being used in line with recommendations made. People were supported to maintain healthcare appointments with chiropodists and opticians and one person told us that staff had recently supported them to attend an appointment at the hearing clinic.

Requires Improvement

Is the service caring?

Our findings

Most of the people we spoke with told us that staff were kind to them. One person said, "Oh yes, they (staff) are definitely caring." Two of the people we spoke with told us that some staff members were not always caring as support was not always provided in a timely and person centred way. One of these people told us that some staff were, "Very good and respectful" and asked lots of questions about how they wished to be supported but others did not. The relatives we spoke with told us that they thought that staff were caring.

We observed that staff had friendly relationships with people and the staff used appropriate communication methods to engage with people. People's care plans contained a good level of information about people's communication needs. We saw that people were comfortable with the presence and support of staff. We witnessed that staff responded to people's requests for support and anticipated their needs in a timely and caring manner. For example, one person was supported to get comfortable by staff providing them with a foot stall, reclining their chair and giving them a blanket when the person told staff they were tired. However, at other times, staff were task focused and interactions with people were limited to those times when staff were providing direct assistance. One person told us that although staff were present in communal areas of the service they were not always, "Involving the residents, or else they are doing paperwork."

People's care records contained some information about their life history and interests. The staff we spoke with told us that they had only recently been able to access care plans and had found this to be useful. Staff told us that having knowledge of people's backgrounds, family relationships and preferences helped them provide better care for people. They told us that they gained this knowledge primarily by speaking with people. A key worker system had recently been introduced by the new manager and staff were aware of who they were keyworkers for. We attended a senior staff meeting at the service and people were spoken about knowledgeably and warmly.

People's religious needs were identified but may not have been met. It was recorded in one person's care plan they previously attended religious services, however, there were limited opportunities for people to continue practising their religion within the service should they wish to. One person told us, "There are no church services here, but I think if I asked, the activities person would arrange for me to either go to church or have them come here". We spoke to the activities co-ordinator and manager who told us this was something they were looking to improve upon. An audit had picked up a lack of opportunity for people to practice their religion and we were told of ideas to address this issue.

People were not always supported to be involved in planning their care, however one person told us, "The care that I receive is what I want." The people we spoke with did not have any knowledge of being involved in their care plans or reviews. People's care records did not reflect that people were routinely involved, when able, in planning their own care. Therefore it could not be assured that care and support was delivered in line with people's individual requirements. However, we saw that people's relatives had been involved, where appropriate, in decisions and recent reviews of their relations care and had signed care plans. There were set visiting times for relatives however, one relative told us, "If you can't get at any other time then you can negotiate to come at a different time."

Requires Improvement

Is the service responsive?

Our findings

Following our last focused inspection on 26 November 2016, we asked the provider to take action to ensure there people's healthcare was monitored effectively. This was because records did not confirm that people were receiving care in line with their care plans. During this inspection, we found that improvements had been made in the management of people's healthcare but that further improvements were required.

People did not always receive person centred care. For example, one person's care plan stated that the person needed to have their position changed at two hourly intervals in order to maintain their skin integrity. The records for this person showed that this had not always happened and there had been occasions where they had not been repositioned for three hours. Although people had pressure ulcer and wound management plans in place when required, these had not always been followed. For example, one person had developed a pressure ulcer and their care plan confirmed this should have been redressed every week. Their records showed there had only been one dressing change ten days after the original dressing was applied. A nurse confirmed that the pressure ulcer had healed and that records had not been updated to confirm this.

The service was in the process of transferring people's care records to an electronic system. The records we viewed which had been transferred to the new system contained accurate and up to date information about how people should be supported with their care needs. We looked at two people's care records which had yet to be transferred to the new system and found these did not always accurately reflect people's care needs. For example, one person's care plan guided staff to place pillows at their side to stop them from leaning to one side. We saw that pillows were available but not being used. Staff told us that the person did not normally need the pillows in place, only if they started to lean to one side. This meant there was a risk that people may not always receive appropriate care because their care plans were not always reflective of their care needs.

People's care plans did contain information about people's preferences such as when people wished to get up and go to bed and gave consideration to people's level of independence. Adjustments to care provision were also made to ensure people's individual and specific needs were accommodated for. For example, one person had no sense of smell so it was recorded that the visual appearance and texture of food was important. We saw that the person was provided with a meal which reflected their needs.

An activities co-ordinator worked at the service four days a week who provided some organised and some spontaneous activities within the service. People and staff were complimentary of the activities co-ordinator and staff told us that people enjoyed the activities on offer. One person's relative told us that, since our last visit to the service, "Staff interact more with people. I have had a discussion regarding activities and feel more involved in the development of the home."

We observed people in communal areas of the home during the morning of our inspection and found there was little interaction with staff during this time. Staff told us that, because some people required a high level of supervision and support, this limited the time they could spend with other people. We did see that some

improvements had been made since our last visit to the stimulation people were provided with. We observed that people had access to newspapers and sensory items and that television and music were playing at different times of the day. On the afternoon of one of our visits we observed that an activity was taking place in a communal area of the service whilst another member of staff was sat with people in the garden supporting people to paint their nails.

We spoke to the activities co-ordinator about how they gathered ideas and feedback on the activities they offered. They told us that they spoke with people and asked if they had any ideas or suggestions for future activities. The activities co-ordinator told us that they felt supported to develop their role by the new manager and was supported with a budget and by other staff members to provide activities and had plans to make links with the local community.

People told us that they had not raised any complaints about the service and could not describe what they would do if they had any. However, people told us that they felt that the new manager would be responsive to concerns. The relatives we spoke with told us they felt comfortable to approach the manager with any concerns. One person's relative told us, "I would go straight to the top, the manager." Another person's relative said that they felt that the manager does, "Respond to issues."

We saw that a copy of the complaints procedure was on display in the service. Staff were aware of the procedure and told us the action they would take if somebody raised a complaint and felt that the manager would respond appropriately to any concerns.

We reviewed complaints received since our previous inspection. We saw that complaints had been investigated in a timely manner and the manager had provided a response to the complainant. The outcome of each complaint was document and an apology offered to the person making the complaint, which reflected an openness and transparency in the service.

Requires Improvement

Is the service well-led?

Our findings

People could be assured systems to ensure their safety were robust and effectively monitored by the manager and the provider's representative. For example, the manager had carried out a monthly analysis of accidents and falls. This had identified people who fell frequently and the manager had then made referrals to healthcare professionals for additional support. Records also showed that a number of regular audits were being undertaken at the service including health and safety, medication and infection control audits. We saw that these were effective in identifying issues within the service and the required action was documented and shared with relevant staff to address any issues and drive improvements within the service. Therefore the quality monitoring of the service was more effective since our last inspection. However, we identified some areas within the service that required further improvement and the provider needs to demonstrate that improvements can be sustained.

People who lived at the service and their relatives, were positive about the manager of the service. One person told us that the manager "Seems to be very effective." Another person told us, "The new manager is good, he may make a difference." People's relatives were also complimentary about the manager, one relative told us, "The new manager is making many changes and he seems to me to have a handle on things." Another relative said, "I think the new manager is good. I have met up with him a few times and he has been honest and open and given me the sense that his leadership will create a good atmosphere." The majority of people and all of the relatives we spoke with told us that improvements had been made since our last visit.

People were supported by clear and visible leadership within the service. We saw that the manager spent periods of time at the service speaking with people and staff. The staff we spoke with were positive about the manager and told us they felt confident raising issues with them. Staff told us that the atmosphere within the service had improved, with one staff member commenting, "I enjoy coming to work again."

Staff told us there had been regular staff meetings where the manager had made their expectations of staff very clear. We observed a management meeting at the service which helped ensure that pertinent information about people's changing needs and the running of the service was shared appropriately. During our visit we saw that the atmosphere within the service was calm and relaxed and staff worked well as a team. We saw that the manager had an overview of the culture of the organisation and addressed issues of concern with staff, either individually or as a group, as required.

One person told us that they were aware of monthly meetings they could attend to discuss the running of the service. Relatives also confirmed that regular meetings took place which they felt able to contribute to. One person's relative commented that they felt more involved in the development of the service since our last inspection. The manager told us that quality monitoring surveys had recently been sent out and they were awaiting responses before analysing information and producing an action plan. We discussed with the manager other opportunities to involve people in the running of the service and the planning of their care and the manager told us that it was planned this would be facilitated through the care plan review process.

The manager had been in post for approximately three months at the time of our inspection. Although they were not yet registered, they provided evidence that an application form to become the registered manager for the service had been submitted and was being progressed. We checked our records and saw that we had received notifications as required following incidents within the service. Providers have a legal obligation to notify us of such incidents to assist with our monitoring of the service. The manager told us they received the support and resources required to manage the service. We saw records which confirmed that the manager was effectively supported and monitored in their role by the provider's representative.