

Stocksbridge Care Limited

Stocksbridge Neuro Rehabilitation Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stocksbridge Neuro Rehabilitation Centre is a care home providing personal and nursing care to up to 24 people. The service provides support to people who have a brain injury and require rehabilitation. At the time of our inspection there were 12 people using the service.

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

People, staff, and relatives told us more staff were needed and staff were rushed when completing tasks. The provider had not completed a dependency tool to determine staffing levels. Whilst improvements were made in relation to staff training and competencies, further improvement was needed to ensure staff completed all training relevant to their roles.

Risk assessments were in place for people and detailed how to keep them safe. However, staff did not always complete care records, to evidence that people received their care in line with their assessed needs. For example, where people required support with repositioning, catheter care and tracheostomy care, daily records did not always contain information that this was carried out at the specified times. Accidents and incidents were recorded and monitored by the management team. However, improvements were required to ensure all incidents were monitored, with lessons learned from them.

Whilst new systems were implemented to ensure overarching governance was in place, these had not identified all concerns found on the inspection. Staff told us they did not feel supported by the manager and some relatives told us communication was poor. We found the service worked closely with external professionals and this formed part of people's care planning. However, some relatives told us there had been delays in accessing healthcare appointments for their loved ones.

The manager was new to the service and had introduced some new systems and processes which had improved the overall organisation of how the service was working. The manager had recognised shortfalls and a service development plan was ongoing to drive improvements.

Staff were recruited safely, and people told us staff were kind and caring. Medicines were safely managed, and people received their medicines as prescribed. Staff understood their roles in relation to safeguarding people from the risk of abuse and the manager reported notifiable incidents to external agencies as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviews their systems in regards to the deployment of staff. At this inspection we found improvement was still required.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 COVID-19 and other infection outbreaks effectively.

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

Enforcement and Recommendations

We have identified breaches in relation to risks, staffing and governance.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stocksbridge Neuro Rehabilitation Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 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.

Service and service type

Stocksbridge Neuro Rehabilitation Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stocksbridge Neuro Rehabilitation Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 7 relatives about their experience and views of the service. We spoke with 9 staff including, the regional manager, the manager, the deputy manager, care staff, nursing staff, and members of the domestic staff team. We carried out observations of care. We reviewed a range of records. These included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We also spoke with a professional who worked regularly with the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider failed to implement adequate systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Risks to people were assessed and care records contained detail about how to keep people safe. However, improvements were required to ensure staff carried out peoples care in line with their needs and accurately recorded this.
- Daily records did not evidence that people had received support at the allocated times, to keep them safe. For example, one person's record was not completed to evidence that they had received pressure care, catheter care and tracheostomy care. Since our last inspection improvements had been made to what was recorded in daily records, however, audit systems were not effective in identifying where staff had failed to complete these records.
- We observed one person who was not repositioned at the correct time, in line with their care plan, which put them a risk of developing pressure wounds.
- Some slings which were required to move people safely, did not contain labels to enable staff to identify which sling belonged to who. The manager addressed this during the inspection.

The provider had not ensured that care and treatment was provided in a safe way. They did not ensure all risks to people were consistently recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded during the inspection and took action to address our concerns regarding slings.

- Since our last inspection, systems were put in place to manage nutritional risks to people and risk assessments were regularly updated. Peoples weight was closely monitored, and appropriate action taken to address any concerns.

Staffing and recruitment

At our last inspection, we recommend the provider reviews their systems and processes in respect of the deployment of staff and update their practice accordingly. At this inspection the provider had not made enough improvement.

- Most people, staff and relatives told us they did not feel there were enough staff to provide quality time and high levels of support. The provider did not use a dependency tool, which assists in calculating how many staff are needed, dependent on people's needs.
- People told us staff were rushed. One person said, "I don't always get my 1:1 care." Another person said, "Staff are lovely, but there is not enough, they are rushed of their feet, I had to wait 2 hours for staff to get me into bed."
- We received mixed feedback from relatives about staffing. One relative said, "They are short staffed, there have been times when [name] has had to wait too long." Another relative said, "There seems to be enough staff, they come and check on [name]."
- Staff told us they did not feel there were enough care staff and staff often had to stay over time and miss breaks to ensure people had their needs met. One staff told us they had to rush when providing feeding support as there was not enough time.
- Since our last inspection, improvements had been made to training and staff received competency assessments to ensure they were safe to carry out clinical tasks. Further training was required to ensure all staff completed training in epilepsy, mental health and dysphagia.

The provider had not ensured that people received support from sufficiently deployed and suitably qualified staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us staff were kind, friendly and treated them with dignity and respect.
- Staff were recruited safely, and appropriate pre-employment checks were in place.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The service was following current guidelines and people were receiving visitors.

Learning lessons when things go wrong

- Whilst most accidents and incidents were recorded and monitored, this required strengthening to ensure the management team had oversight of all incidences in the service.
- Incidents such as falls were monitored for themes and trends, with action taken to learn lessons from them. However, improvements were required to ensure incidents of emotional distress were accurately recorded. The manager was aware of this and told us they had taken action to address this.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff were trained and had a good understanding about how to safeguard people.
- The manager reported notifiable incidents to the relevant authorities when things went wrong and conducted audits, with actions taken to address concerns.
- Relatives told us their loved ones were safe. Comments included, "We feel [name] is safe" and, "No concerns about safety."

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed. Relatives told us people received their medicines on time.
- Medicines records were accurately completed. Where people were prescribed 'as required' medicines, protocols were in place to guide staff about how and when these should be given.
- Staff were trained and had their competency assessed to ensure they safely administered medicines to people. We observed people receiving their medicines safely.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider failed to implement adequate systems to assess, monitor and improve the quality and safety of the service and to ensure accurate, complete and contemporaneous records were made in respect of each service user. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Whilst some improvements were made to governance systems, these required further improving to ensure high quality and safe care was provided.
- Audits were in place; however, these were not always effective and did not identify concerns found during our inspection. Such as, Infection control, hoist slings, daily records and staff training.
- The manager had recently introduced daily walk rounds. Some immediate actions were taken to address concerns found on a daily basis. However, systems had failed to identify all environmental concerns. For example, we found a ripped bed rail bumper and soiled cushions. This was brought to the managers attention on the day of inspection and was immediately rectified.

The provider failed to implement adequate systems to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New systems had been implemented which helped ensure the service was operating in a more organised and structured way.

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

- Care plans were detailed, person centred and regularly audited. Improvements were required to ensure staff followed guidance in the care records, to enable people to achieve good outcomes.
- The management team provided staff with supervisions and staff meetings. However, staff told us they did

not feel supported by the manager and staff morale was low. One staff said, "Managers don't listen to us. We are fed up." Another staff said, "When I raise concerns, I don't feel listened to."

- The service benefited from an activity area and physiotherapy area for people to use. One person had been involved in a community fun run, which was a positive step in their rehabilitation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and relatives were not always provided with opportunities to feedback about the care and support they received. Relatives told us they had not been asked to provide feedback.
- Systems in place to monitor complaints required strengthening, to ensure the provider learned lessons from them to drive improvements. Some people and relatives did not feel the staff had responded to concerns. For example, a relative told us they had consistently raised concerns about a mattress which needed replacing and this was not done. This was raised with the manager at the time of inspection and was changed.
- Some relatives told us they were unsure who the manager was and communication from the service was poor. Comments included, "There have been a few changes (in management), I am not sure who it is" "Communication is a problem." Whilst other relatives told us they were happy with the changes being made, comments included, "It is well led and well managed" "It's well led, some of the staff who left are coming back, as they are happy with the improvements."
- The manager had been in post for 4 months and recognised the shortfalls in the service. The management team were receptive to our feedback during the inspection and was committed to making the necessary changes to improve the service. An ongoing development plan was in place and detailed how and when the service planned to improve.

Working in partnership with others

- The service worked closely with external health professionals, this included weekly ward rounds with the GP, dieticians and psychologists. Advice from external professionals formed part of peoples care planning. However, some relatives told us there had been delays in their loved ones accessing medical appointments.
- The service had regular in-house Occupational therapists and Physiotherapist. However, some people and relatives told us there were not enough staff to provide rehabilitation sessions. One person said, "I am supposed to have physiotherapy sessions everyday and this does not happen." A relative said, "[Name] used to have physio sessions, but now we don't know how much they get or what is going on."

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

- The manager understood their roles and responsibilities under duty of candour and was open and honest. Notifiable incidents were reported as required.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way. They did not ensure all risks to people were consistently recorded and managed.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement adequate systems to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that people received support from sufficiently deployed and suitably qualified staff.