

Elysium Care Limited

Stockton Lodge Care Home

Inspection report

Harrowgate Lane
Stockton On Tees
Cleveland
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stockton Lodge care home is a care home which provides personal care for up to 42 people who are young adults or adults aged 65 and over. On the first day of inspection 34 people were using the service. The service was a purpose-built building which accommodated people on one floor.

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

Staff were not effective managing people who displayed behaviours. This increased the risk of harm to people. Some risk assessments were generic and did not show how to reduce risk. Medicines were not safely managed. We made a recommendation about staffing levels. There was evidence of lessons learned. Systems to manage the risk of infection were in place. People said they felt safe living at the service.

An improved quality assurance system was in place; however, actions were not always addressed. Staff did not always apply new practices designed to improve the overall quality of the service. There was a lack of oversight by senior staff which impacted on improvement. The quality of record keeping needed to be improved.

Care records were not accurate or up to date. This increased the risk of potential harm. People had good access to a range of activities which reduced their risk of social isolation. Everyone knew how to make a complaint. Where complaints had been made, they had been addressed.

People were supported with their nutritional needs. They spoke positively about the food provided. People had regular access to health professionals. Staff had good links with health professionals. Staff were supported to carry out their roles. Further improvements were planned to update the environment.

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.

Staff had good knowledge of people's needs; their practices promoted people's independence and well-being. People were involved in all aspects of their care. They told us their care was individualised and dignified at all times.

Rating at last inspection and update

The last rating for this service was requires improvement (Published 1 June 2018). 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 and the provider was still in breach of regulations

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to safe care and treatment and good governance. This meant safe practices were not always in place. The systems in place at the service did not continually support improvement.

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.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Stockton Lodge Care Home

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 Care Act 2014.

Inspection team

One inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stockton lodge care home is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from Stockton-on-Tees local authority and professionals who work with the service. This included North Tees infection prevention and control team 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 all of this information to plan our inspection.

During the inspection

We spoke with eight people using the service, two relatives and a visiting community matron. We spoke with the registered manager, two senior care leads, a carer responsible for medicines, five care staff, the kitchen manager, a laundry assistant and a maintenance member of staff. We spoke with the nominated individual by email. In this case, they were the provider and were responsible for supervising the management of the service.

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

We reviewed eight care records. We looked at three staff recruitment records, four staff induction records, five staff supervision and appraisal records and the training records for all staff. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

After inspection we reviewed information the provider sent us. We also review training records, staff dependency tools and information relating to quality assurance.

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. At this inspection this key question has now remained the same.

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 had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

- Staff were not responsive when people displayed behaviours towards each other. Care records did not support staff to manage behaviours effectively.
- There was a lack of robust oversight of people. This allowed behaviours to escalate.
- Some risk assessments were generic. They did not show how to reduce the risk of harm.
- Doors required to be locked for safety were accessible.
- We were able to access the service without any checks carried out.

The provider had not taken action to robustly embed systems to reduce the risk of harm to people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The health and safety of the building had been maintained.
- Fire safety had been maintained. Regular fire drills took place.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made.

- Guidance for some medicines were not in place. Protocols in place did not provide sufficient information to safely support the use of the medicine.
- Information relating to variable medicines was not clear. Clear protocols were not in place to support variable doses, particularly for agitation and pain.
- Creams were not applied as prescribed. They were not disposed of when required.
- Medicine audits had not highlighted these issues.

The provider had not taken enough action to ensure medicines were effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Effective recruitment procedures were in place.
- Staff were not visible in communal areas during busy periods. Staff said additional staff were needed when incidents took place.
- People said more staff at night were needed. Comments included, "I think they could do with an extra member of staff at twilight times." And, "Staff are definitely a little short at night."
- A regular twilight role was under consideration at the time of inspection.

We recommend the provider takes action to review dependency levels and staffing levels during night shift and take action to update their practice accordingly.

Learning lessons when things go wrong

- The manager had listened to feedback from professionals. This had reduced the number safeguarding alerts, infections and falls.
- Staff did not always reflect on their practice to consider better ways of working. The registered manager was not always supported with embedding new practices.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to manage the risks of abuse. However, they were not proactive when people displayed verbal abuse to each other.
- People said they felt safe. One person said, "I like the staff in this home. They make me feel safe."
- Staff training in safeguarding was up to date. Safeguarding alerts had been completed when needed.

Preventing and controlling infection

- Hydrations stations had been introduced. This meant people could help themselves to a range of drinks. As a result, the number of infections which people experienced had reduced.
- Good systems were in place to manage infections. A professional said, "People with infections have been effectively managed."
- Training in infection prevention and control was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to robustly assess, monitor and act upon nutritional risks of people. This placed them at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- People were supported with their nutritional risks. Staff had good knowledge of nutrition and their role in supporting people.
- People were positive about their diet. Many described the food as 'excellent.' One person said, "I love the food and there's plenty of choice. Staff will offer alternatives if you need something different."
- There was a good variety of food and drinks available to people.
- Continued improvements were needed to food and fluid balance records. There were missed opportunities for activities involving nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare. Referrals for professional advice were carried out when needed.
- Staff knew people well and provided the information needed to professionals. A community matron said, "Staff are responsive when residents are unwell. They know them so well. They keep us updated."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care was delivered in-line with people's needs. People said they received a good standard of care.
- Best practice guidance was in use in some areas. This included screening tools for nutritional risk
- Pre-admission records needed to be more robustly completed.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles. They received regular supervision, appraisal and training.
- Training was up to date. People said staff demonstrated the right skills to provide care to them.

Adapting service, design, decoration to meet people's needs

- Improvements had taken place since the last inspection. People said they enjoyed the Mural's in the corridors. The décor had started to be updated. Further planned improvements were due to take place.
- Signage did not support people to access all of the areas available to them. People needed to be able to access the garden area independently.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood how to work within the principles of MCA. The correct procedures had been followed to give people medicines covertly (hidden in food) and to receive vaccinations.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) records were up to date. They showed the people involved in the decision making.
- People were given choice in all aspects of their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and said they felt valued. One person said, "I'm well respected by staff and that gives me so much value in myself." Staff were described as 'Nice' and said staff 'Would do anything for them.'
- Staff knew people well and displayed a caring attitude. This encouraged people's independence. They were very positive when speaking about people. Professionals said there was always a positive atmosphere with lots of laughter.
- Staff demonstrated respect for people's individuality, preferences and beliefs. People had access to assistive technologies. These included bed sensors and call bells.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. People said they were able to express their views and felt listened to. One person said, "Whatever I want to know, staff are very informative and tell me."
- People said they were happy with their care.
- Staff knew how to access advocacy services for people.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with people in a warm, patient and open way. They had knowledge of people's preferences and ensured they felt empowered.
- People said their care was always dignified and their privacy was respected. Staff described people as 'Brilliant.' One person said, "Staff always knock on my room door before entering".
- People were supported to maintain contact with those important to them.

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. At this inspection this key question has now remained the same.

This meant people's needs were not always met.

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

- Care records were not accurate and did not reflect current needs. Care plans were in place for some people, despite no identified need.
- Reviews of care were limited. They did not support staff to effectively determine people's needs.
- Care records were not always completed in a timely manner.

This was a 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 because staff knew them well.

End of life care and support

- Some people had care plans to support with end of life care and sudden death. They did not include preferences relating to protected characteristics, culture and spiritual needs.
- The records did not provide sufficient information to provide individualised care for people.
- Staff knowledge of people's preferences in relation to this were limited.

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

- People who were receiving end of life care at inspection received the care which they needed. Relatives said they were happy with this care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where records were completed, communication needs were detailed.
- Information was available in different formats if needed.
- Staff understood the accessible information standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in regular activities. These included painting, quizzes and singing. Parties were organised for people's birthdays.
- People accessed the local community. This included the local park and coast. A mini bus had been recently purchased for people to use.
- People and staff were very positive about the activities provided. People regularly access the garden area.

Improving care quality in response to complaints or concerns

- Complaints had been made. They had been appropriately investigated with evidence of action taken.
- People knew how to make a complaint. No-one had a complaint to make during inspection.

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. At this inspection this key question has now remained the same.

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 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.

- The registered manager required the support of a deputy manager. Senior staff were not effective in identifying where changes needed to be made. As a result, there were missed opportunities to embed improvements.
- Audits were completed by the registered manager. The actions from these audits were not actively addressed. This minimised improvement.
- Provider audits had not identified the concerns found during inspection.

The provider had not taken action to have an effective quality assurance system in place. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff failed to ensure records were robustly completed. Systems in place to support good record keeping were ineffective.
- Accurate and up to date records were not in place. This increased the risk of harm for people.
- We received mixed reviews about the communication in place. This meant everyone did not have access to the same information.

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

- Staff said they worked well together as a team. They were supported by the registered manager.
- Professionals said staff were open and transparent. There was evidence of learning when some incidents

took place.

- The Commission had been informed when specific incidents had taken place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought. This was not effectively used to drive improvement.
- Meeting minutes did not include feedback from those who attended. There was no evidence these minutes were reviewed to ensure everyone received the same message.
- Meeting times were not accessible to all staff.

Continuous learning and improving care and working in partnership with others

- There was evidence of learning following feedback from professionals. Professionals said they felt welcomed and staff were willing to listen to them.
- The service had good links with the local community.
- The registered manager was involved in a leadership programme with the local authority. This programme aimed to drive improvement in services.

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 (1) There was a lack of oversight of incidents likely to cause harm . The security of the building was not always managed. The management of medicines needed to be improved.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) Quality assurance procedures were ineffective.