

D Lalgée

Stockdove House

Inspection report

12 Stockdove Way
Thornton Cleveleys
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Tel: 01253 855967
Website:

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection visit took place on 12 October 2015 and was unannounced.

When we last inspected the service on 23 September 2014 we found breaches of legal requirements relating to the safety, availability and suitability of equipment. This was because we identified gas appliances, the lift, fire alarm and bath hoist used to assist people bathing had not been serviced confirming they were safe to use.

The provider responded by sending the Care Quality Commission (CQC) an action plan of how they would address the findings from the previous inspection. The

provider sent copies of safety certificates confirming gas appliances, the lift, fire alarm and bath hoist used to assist people bathing had been serviced and were safe to use. The provider also sent us a test certificate confirming the homes electrical appliances were in a safe working condition.

We found the improvements the provider had made had been maintained during this inspection.

Stockdove House is a care home registered to accommodate a maximum of 10 people in Cleveleys. The home is situated close to shops, local facilities, public

Summary of findings

transport and comprises of the following accommodation, lounge, dining room, kitchen and laundry facilities. Bedrooms are located on the ground and first floors. A passenger lift is available to facilitate access between the ground and first floor. At the time of our inspection visit there were eight people who lived at the home.

It is a requirement of the Care Quality Commission (Registration) Regulations 2009 that the provider must notify (CQC) without delay of the death of a person who lived at the home, any allegations of abuse and any application to deprive a person who lived at the home of their liberty. This is so we can monitor services effectively and carry out our regulatory responsibilities. During our inspection visit we found that a required safeguarding notification had not been submitted to us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. The registered manager had arrangements in place to protect people from abuse and unsafe care. We saw a recent incident involving poor care had been dealt with immediately by the registered manager. This had ensured people were protected from poor care.

The registered manager understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People who lived at the home had freedom of movement around the home. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

We found sufficient staffing levels were in place to provide the support people required. We saw the registered manager and staff member could undertake tasks supporting people without feeling rushed.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

The home was well maintained, clean and hygienic when we visited. No offensive odours were observed by the Inspector. People we spoke with said they were happy with the standard of accommodation provided.

The staff member spoken with was positive about working for the registered manager and felt well supported. They said they received regular training to make sure they had the skills and knowledge to meet people's needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration. One person who lived at the home said, "I love the meals here. We get plenty to eat and we are always provided with a choice of meal."

People told us they were happy with the activities arranged to keep them entertained. On the day of our inspection visit a party had been arranged to celebrate the birthday of one person who lived at the home. We heard people discussing the party with excitement and singing happy birthday to the person.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, staff and relative's meetings' and care reviews. We found people were satisfied with the service they were receiving.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

The registered manager had not fulfilled the services regulatory responsibilities and submitted required notifications to the Care Quality Commission.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good



Stockdove House

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 checked 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 visit took place on 12 October 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector.

Before our inspection on 12 October 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of

people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, the staff member on duty and three people who lived at the home. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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 looked at the care records of two people, recruitment records of three recently employed staff members the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of two people.

Is the service safe?

Our findings

The staff member on duty had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. The registered manager had arrangements in place to protect people from abuse and unsafe care. We saw a recent safeguarding incident involving poor care had been dealt with immediately by the registered manager. This had ensured people in his care had been protected from poor care practice.

The registered manager did not inform (CQC) about the safeguarding incident. This meant that we did not receive information about the service when we should have done. It is a legal requirement that providers notify the CQC without delay of any allegations of abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following our inspection visit we received the required notification from the registered manager. The registered manager also informed the local authority safeguarding team about the incident.

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during our inspection visit showed they were relaxed in the company of staff supporting them. One person we spoke with said, "I feel safe in the care of the staff who support me. They are kind and caring people always asking me if I am alright."

We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. We saw people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. People who lived at the home told us they were happy with staffing levels and staff were available when they needed them. One person said, "I am very happy here and get the care and attention I want when I want it. When I am spending time in my room they are always popping in to see if I need anything."

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring

Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by new employee's had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the Inspector. We observed staff making appropriate use of personal protective equipment such as gloves and aprons. The people we spoke with said they were happy with the standard of hygiene in home. One person said, "I think the staff do a good job keeping the home clean."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We observed the staff member on duty transferring one person from their chair to a wheelchair using safe moving and handling techniques. The staff member was patient and took care to ensure the person being supported was assisted safely. They spoke to the person constantly explaining what they were doing and provided the person with reassurance they were safe. We saw the staff member ensured the person's feet were placed on the wheelchairs foot guards to prevent the risk of injury before moving them.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any

Is the service safe?

equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded. For example the service had identified one person was experiencing falls because of their footwear. This had been addressed by the service and it was noted from the person's records there had been no recent falls.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records

reflected the support people had received with the administration of their medication. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent.

We observed medicines being administered at lunch time. We saw medicines were given safely and recorded after each person had received their medicines. The staff member informed people they were being given their medication and where required prompts were given. People who lived at the home told us they received their medicines when they needed them.

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The two people we spoke with told us they were happy their medicines were managed for them. They confirmed they received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by staff who had an understanding of their needs. We were able to establish through our observations and discussions that they received safe and appropriate care which was meeting their needs and protected their rights. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. One person we spoke with said, "I have never regretted coming to live here. The staff understand me very well and are kind and patient when supporting me. I like the staff and think they like me."

We spoke with the staff member on duty, looked at the training matrix and individual training records. The staff member said they were happy with their training. The staff member said, "I have national care qualifications and also receive mandatory training which we have to attend. I have just completed my medication training which was very good."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff had achieved or were working national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them and felt they were suitably trained and supervised.

Discussion with the staff member and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. The staff member told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

People we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection

we saw the staff member asking people if they required a drink. One person we spoke with said, "The food is very good and we are provided with drinks and snacks throughout the day. I have no complaints about the meals."

During the morning we observed the staff member informing people about the choice of meals for lunch. We saw an alternative meal was offered if people decided they didn't like the choices available. One person we spoke with said, "We have had a choice of fish or quiche for lunch today. I have gone with the quiche which I always enjoy."

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff member did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support the registered manager and staff member provided people with their meals was organised and well managed.

We spoke with the staff member about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed.

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

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed he

Is the service effective?

understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection none of the people supported by the service were subject to DoLS. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning

process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, “Very happy with my care.” And “I couldn’t ask for better care. The staff look after me really well. They are kind and patient and I like them.”

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed the staff member sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of the registered manager and staff member. People we spoke with during our observations told us they were receiving the best possible care.

We spoke with the staff member who we found was knowledgeable about the needs of people in their care. The staff member was able to describe the assessed needs of people and how these were being met. They told us they were involved in the reviews of people’s care and was involved in completing and updating care plans to reflect a person’s changing needs. The staff member said, “The care plans we work with are structured and very informative about the support people require. We speak with people about their care and how they want this delivered.”

We looked at care records of two people. We saw evidence they had been involved with, and were at the centre of developing their care plans. People we spoke with told us they had been encouraged to express their views about how their care and support was delivered. Care plans contained information about people’s current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw

evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people’s needs.

We saw on both care plans the social activities people had undertaken and contact they had with family members had been documented. We were able to identify the daily routine people had undertaken and whether they had enjoyed a good day. People were also having their food and fluid intake monitored and where concerns had been identified what action had been taken.

We spoke with the staff member who displayed a good understanding of people’s individual needs around privacy and dignity. We observed the staff member spoke with people in a respectful way, giving people time to understand and reply. We observed the staff member demonstrated compassion towards the people in their care and treated them with respect.

Whilst walking around the home we observed the staff member undertaking their duties. We noted they knocked on people’s doors before entering. We spoke with people about how staff respected their privacy. One person said, “I find the staff have been very respectful towards me since I moved into the home. I am treated in exactly the way I want.” Another person said, “There are no issues with my privacy being respected. I like to keep my door open so I can see and hear what is going on.”

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people’s interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, "I have no negative comments to make about my care or the staff. If I am in my room and need support they are with me in no time when I press my call bell."

We looked at care records of two people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. Both care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. We found they were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly and we could see action had been taken when necessary.

Daily notes of one person showed how the service had responded to an identified health concern. We saw the person had been assisted to the local medical centre. The outcome of the visit had been documented and the medication the person had been prescribed. We could see from the person's notes their health had improved following the visit.

The registered manager informed us the service did not operate a structured activities programme. They told us staff arranged activities on an informal basis, usually in the

afternoon. People spoken with confirmed staff arranged activities when they could for those people wishing to participate. There were no negative comments from people we spoke with. People told us they were allowed to enjoy their time as they wanted. One person we spoke with said, "They do arrange things to entertain us. We have bingo and exercises to music which I enjoy. We also have pamper sessions when we have our hair and nails done."

On the day of our inspection visit a party had been arranged to celebrate the birthday of one person who lived at the home. We heard people discussing the party with excitement and singing happy birthday to the person. The service put on a buffet tea with birthday cake. The registered manager informed us the person's family had been invited and would be attending later in the afternoon.

The service had a complaints procedure which was made available to people on their admission to the home. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided, should people wish to refer their concerns to those organisations.

When we undertook this inspection visit the service had one outstanding complaint which they had been unable to resolve to the satisfaction of the complainant. The complaint had been made by family members of a person who used to live at the home. The registered manager informed us this had been referred to the Local Government Ombudsman to investigate. The Local Government Ombudsman looks at complaints about councils and adult social care providers (such as care homes and home care providers). Their job is to investigate complaints in a fair and independent way.

People who lived at the home when we undertook this inspection visit told us they happy and had no complaints about the service they were receiving.

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability. The registered manager worked alongside staff on a daily basis and provided assistance with personal care provision. The staff member on duty told us if the registered manager wasn't on the premises they were contactable or they could make contact with the provider. This meant the staff member had someone they could speak with for advice in the event of an emergency situation happening at the home.

The registered manager and staff member were both knowledgeable about the support people in their care required. They were both clear about their role and were committed to providing a high standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with him. Throughout the inspection visit we saw people were comfortable and relaxed in the company of the registered manager and staff member on duty.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Prior to our inspection visit a risk assessment audit had been completed of the premises by an independent

company commissioned by the service. The assessment had looked at staff health and safety training, fire safety, management of contractors, equipment checks and falls from height. An action plan had been produced by the company which the service was in the process of addressing.

We found the registered manager had sought the views of people about their care through meetings and surveys. We looked at a sample of surveys recently completed. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food.

Staff meetings had been held to discuss the service provided. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. The staff member on duty said she attended staff meetings and found them a useful forum to express their views about the service provided.

The staff member spoken with demonstrated they had a good understanding of their role and responsibilities. Lines of accountability were clear and the staff member stated they felt the registered manager worked with them and showed leadership. The staff member told us they felt the service was generally well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open. One person who lived at the home said, "The manager is someone we can go to and he listens to us. He is always willing to make changes if requested."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The provider had not notified us, without delay about an allegation of abuse.

Regulation 18 (1) (2) (e)