Ratecedar Limited

Stoke View Residential Home

Inspection report

72.Albert Road
Plymouth
Devon
PL2 1AF

Tel: 01752211135

Date of inspection visit:
14 August 2023
15 August 2023

Date of publication:
27 September 2023

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Stoke View is a residential care home that provides personal care and support for up to 9 people with a learning disability, autism or who have complex needs associated with their mental health. At the time of the inspection there were 9 people living at the service.

People's experience of using this service and what we found
Right Support:
People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

People were not always protected from the risk of harm as staff did not always have all the information needed to meet people's needs safely. People were able to choose how they spent their time and were supported by staff to take part in activities and pursue their interests.

Right Care:
People's care and support plans were not always reflective of their range of needs. However, staff knew people well and understood how to communicate effectively with people. Staff respected the people they supported and provided care that was caring and compassionate. It was clear from what we were told that people and staff had developed good relationships.

Right Culture:
The management team had created an open culture where constructive feedback was encouraged. People and their relatives knew how to make a complaint and felt confident they would be listened to. However, we found more work was needed to ensure the service was operating in accordance with the regulations and best practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 21 March 2019).

Why we inspected

We received concerns in relation to safeguarding, staffing levels, the management of people's monies, restrictive practice as well as the culture and governance of service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stoke View Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, safeguarding people from abuse, the need for consent, notifications and governance at this inspection. We have also made recommendations in relation to person centred care, staffing levels, homely remedies and environmental safety.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Stoke View Residential 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 2 inspectors.

Service and service type
Stoke View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of 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 the information we held about the service, including notifications we had received. Notifications are changes, events, or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority. We used this information to plan the inspection.

During the inspection
We spent time with and spoke with 8 people living at the service, 3 members of staff, the registered manager and the owners of Stoke View. To help us assess and understand how people's care needs were being met, we reviewed 5 people's care records. We also reviewed several records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We also spoke with and received feedback from partner agencies.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures and risk assessments and we spoke with 3 relatives.

Requires Improvement

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 good. At this inspection the rating has changed to 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.

Systems and processes to safeguard people from the risk of abuse
Prior to the inspection the Care Quality Commission received concerns about people having access to their monies. This information was shared with Plymouth City Council prior to the inspection. Whilst we found no evidence to substantiate this information, we have found the service was not being operated in accordance with the regulations.

● We reviewed the systems in place to support people to manage their day-to-day finances. The provider had clear procedures in place for recording people's financial transactions. However, we have identified significant concerns about the way in which people's finances were being managed, specifically in relation to the charging for additional one to one support. For example, some people were funded for additional one to one support by the local authority as part of their package of care. The provider only recorded additional one to one support they charged for and were not able to tell us how many one to one hours people had received in any given month. This meant they were unable to demonstrate that any charges had been correctly applied, which placed people at risk of being financially disadvantaged. We have shared our concerns with Plymouth City Council safeguarding team.

Systems to support people to manage their monies were not effectively established or operated and placed people at an increased risk of being financially disadvantaged. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they felt safe and liked living at Stoke View. One person said, "Yes, I feel safe living here. I have good days and bad days, but I am happy here." Another said, "I am happy here I like to spend time in my room. I choose what I want to do with my time. Yes, I feel safe, the staff are nice, they look after me."
● Relatives did not raise any concerns about people's safety. Relatives' comments included, "[Person's name] is very safe, it is everything we hoped it would be," "Very safe" and "We do not have any concerns about the care and support [Person's name] receives."
● The provider had clear policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm. One member of staff said, "Staff are very caring, if I thought someone was abused, I would go straight to the manager. If they did nothing, I would tell the owner."

Assessing risk, safety monitoring and management
● People were at risk of avoidable harm as staff did not always have all the information needed to meet people's needs safely as the services approach to risk management was inconsistent. For example, it was

not always clear from people's records what the risks were; how they were being mitigated or if they were current or historic.
● One person had been diagnosed with epilepsy, although had not had a seizure for many years. There was no care plan or risk assessment in place regarding the management of the person's epilepsy or seizure activity. Staff had not been provided with guidance on how they should manage or mitigate these risks, nor had they been provided with epilepsy training.
● Where risks had been identified, some risk assessments lacked detail which meant staff had not always been provided with enough information to keep people and others safe. For example, one person's risk assessment indicated they could place themselves at risk by their actions. However, there was limited information provided to staff on how they could support this person to manage their personal safety.
● One person's support plan highlighted that this person could, at times of emotional distress or when they became unwell, present a risk of harm to themselves as well as others. There was no risk assessment in place to guide staff as to any actions they should take to keep this person and others safe.
● One person's risk assessment did not consider all the information available in relation to fire safety. Therefore, the provider could not be assured that all risk factors had been considered when determining the level of risk or if the action taken was sufficient to mitigate that risk.
● One person's support plan indicated that others may be at risk from their alleged inappropriate behaviour. However, the action taken to mitigate this risk was not effective. We discussed what we found with the registered manager and owners, who agreed the action that had been taken did not mitigate the identified risk. We have asked the provider to address this.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to the management of people's complex needs were being effectively mitigated and managed. This placed people at an increased risk of harm and was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises and equipment were maintained to help ensure people were kept safe. However, the provider told us that some windows had not been fitted with a suitably robust tamper proof restrictor.

We recommend the provider undertakes a review of all window restrictors to ensure they meet the requirements set out by health and safety legislation.

● Other risks to people's health, safety and well-being had been assessed and were managed safely. For example, we found other people that were being supported by the service had risk management plans in place for, personal care, eating and drinking, diabetes, medication, and activities.
● Staff knew the people they supported, and it was clear they had developed good relationships with people and their relatives. One staff member said, "I have worked at the service for 16 years and I know people very well."

Staffing and recruitment
Prior to the inspection the Care Quality Commission received concerns about staffing levels. This information was shared with Plymouth City Council prior to the inspection.

● The registered manager told us that staff were employed in sufficient numbers to meet people's assessed needs safely. However, at the time of the inspection, neither the registered manager nor the owners of Stoke View were able to tell us how many one to one or two to one hour's people were funded for as part of their individual packages of care. This meant they could not be assured they had sufficient staff available to meet people's assessed needs.

We recommend the provider review staffing levels to ensure they meet people's assessed needs.

● People continued to be protected by safe recruitment processes.
● Records confirmed a range of checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS
checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People's medicines were managed and stored safely.
● Staff had received training in the safe administration of medicines and were having their competency regularly assessed.
● Where people were prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to help ensure those medicines were administered in a consistent way.
● There were systems in place to audit medication practices and clear records were kept showing when prescribed medicines had been administered or refused.
● We reviewed how the service managed over the counter medicines known as homely remedies. Whilst the provider had in place a policy for the management of homely remedies, records relating to receipt, administration, balance, and disposal of homely remedies needed to be improved.

We recommend that the provider reviews their medicine administration auditing processes and storage arrangements in relation to homely remedies.

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

Visiting in care homes
● The service supported people to have visitors in line with government guidance. People and their relatives told us there were no restrictions on visiting, and staff described how they supported people to see their family and friends.

Learning lessons when things go wrong
● Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence. This information was also shared with the provider through regular meetings. However, it was not evident that this information was being used to inform and/or update people's care plans or risk assessments.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

Prior to the inspection, the Care Quality Commission received concerns that some people were subject to restrictive practices as a way of controlling / influencing their behaviour. This information was shared with Plymouth City Council prior to the inspection. Whilst we found no evidence to substantiate this information, we have found the service was not being operated in accordance with the regulations.

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 were not always supported to have maximum choice and control of their lives. For example, where the service held or supported some people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests.
- People were not supported to make decisions about their care, and staff did not fully understand their roles and responsibilities under the Mental Capacity Act 2005 (MCA). For example, where restrictions had been placed on people to keep them safe through the use of constant supervision, or to help support their lifestyle choices through limiting / restricting the amount they could smoke by managing their tobacco. This was not recognised by staff as restrictive practice, and people's capacity to consent to these arrangements had not been assessed, and staff had not followed a best interests process.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

● The registered manager and staff had not recognised that some people were subject to continuous supervision and control as part of their care and support arrangements. There was no legal framework in place to support these restrictions.
● We found where restrictions had been placed on two people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful. However, there was no system for reviewing existing DoLS authorisations. This meant the provider could not be assured there was a continued legal basis or framework in place to support these restrictions or that any restrictions continued to be in people's best interests.

The failure to provide care and support in line with the Deprivation of Liberty Safeguards code of practice was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●The provider confirmed that people's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs. Information from these assessments were used to develop individualised care plans and risk assessments, which mostly [see safe section of this report] provided staff with guidance about how best to meet those needs in line with people's preferences.

Staff support: induction, training, skills and experience
● People were supported by staff who had the skills and experience to meet their needs safely. The provider monitored staff training on a training matrix. The training matrix identified staff had received training in a variety of subjects. For example, safeguarding adults, medicines administration, first aid, infection prevention and control, learning disabilities, epilepsy and Autism awareness.
● Staff had opportunities for regular supervision and told us they felt supported by the service's management team. One staff member said, "I have regular supervisions they are very good; I can talk about anything." Another said, "Yes, I feel I have the support to do my job. I have regular one to one meeting's and we have staff team meetings."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access a range of health care professionals to enable them to live healthier lives. This included access to GP's, dentists, as well as specialist consultants from the local hospital.
● The management team and staff described how they worked closely with external professionals to ensure people's care was joined up. Staff told us they regularly sought advice and support from other agencies and professionals about how to best meet people's needs.
● However, whilst staff knew people well, information and guidance from external healthcare professionals had not always been used to inform or update people's care plans or risk assessments. For example, we talked at length with the owners and registered manager about one person's recent diagnosis and they described how they were supporting the person and their family during this difficult time. We reviewed this person's care plan and found it did not contain any of this information, nor did it contain any information or guidance for staff. This meant the provider could not be assured that staff had all the information they needed to meet this person's needs and wishes.

We recommend the provider reviews people's care plans to ensure they are up to date and fully reflect people's needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food; had choice and we saw they were able to access the kitchen with

staff support. One person said, "I choose my own breakfast. I like toast and porridge; I like the food here. I can eat what I want." Another said, "I like my meals in the dining room, food is good and tasty."

● People were involved in the development of the menu and staff understood people's likes and dislikes. Support plans contained information about people's preferences and staff had a good awareness of people's dietary needs and healthy eating was encouraged.

● Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

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

● Stoke View is a large building set over three floors with bathrooms/toilets and kitchen facilities which were fully accessible to all the people living at the service. There were no identifying signs, intercoms, cameras, industrial bins, or anything else outside to indicate this was a care home.

● The service continued to be well maintained was homely, clean and free from clutter. There was a lounge where people could relax and watch television as well as a dining room where people could eat, take part in activities, and socialise with family and friends.

● People's bedrooms were personalised and reflected their individual interests, likes and hobbies.

Requires Improvement

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 good. At this inspection the rating has changed to 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

Prior to the inspection, the Care Quality Commission received concerns about the management and culture of the service. This information was shared with Plymouth City Council prior to the inspection. Whilst we found no evidence to substantiate this information, we have found the service was not being operated in accordance with the regulations.

- Systems were either not embedded into practice or undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the management of risk, staffing, management of people's monies, MCA and DoLS.
- It was not clear the management team fully understood the regulatory requirements of their role in upholding people's rights. For example, we found the lack of understanding and decision making in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards code of practice potentially risked compromising people's rights.
- Records showed accidents and incidents were recorded. However, the systems in place to analyse and identify any patterns or trends could not be relied upon. This meant the provider could not be assured sufficient action had been taken to mitigate those risks, keep people safe and/or prevent/reduce re-occurrence.
- Systems and processes had failed to identify that some care records were not accurate or not updated to reflect changes in people's needs.
- Systems had not been effectively established or operated to identify and report significant events.
- The service did not have an effective system in place to assess or to monitor staff competence. This meant the provider could not be assured that staff had the necessary skills and knowledge to meet people's assessed needs in a safe way.
- Governance systems and processes had failed to identify that records were not consistently completed. This meant the provider was unaware that monthly key worker review meetings had stopped taking place.

Whilst we found no evidence that people had been harmed, governance systems were either not in place or undertaken robustly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. However, we found the provider had not notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. This included the notification of safeguarding concerns.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

● People and their relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right.

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

● The registered manager and owners described how they promoted a positive culture within the service, which was open, inclusive, and mostly empowering [see effective section of this report].

● The culture of the service was caring, staff talked about people in a person-centred way, it was clear that staff knew people well and genuinely cared about the people they supported.

● Staff spoke positively about the leadership and management of the service and told us they felt appreciated and supported in their role. One member of staff said, "Yes, I feel I have the support to do my job".

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

● People and those important to them had opportunities to feedback their views about the quality of the service. These included face to face meetings or over the phone.

● The management team were aware of people's equality characteristics and took this into account when supporting people to plan their care or providing support.

● Regular staff meetings took place in order to ensure information was shared and expected standards were clear.

Continuous learning and improving care; Working in partnership with others

● Throughout the inspection, the registered manager and owners were open with us, acknowledged any areas for improvement and were keen to put processes in place to address any areas of concern.

● The provider had a system in place to monitor staff performance through supervision and appraisal.

● The registered manager described how they were developing good working relationships with partner agencies, which helped to promote good outcomes for people. This included working with people, their relatives, and commissioners, as well as other health and social care professionals.

● The registered manager regularly spoke with other managers and or attended local forums. This enabled them to share ideas, best practice and keep up to date with changes.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not notified the CQC of significant events in line with their legal responsibilities. Regulation 18 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that risks relating to the management of people's complex needs were being effectively mitigated and managed. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were

	not being deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13(1)(5)(g)
Regulated activity	**Regulation**
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively operate systems to assess, monitor and improve the safety and quality of the service. Regulation 17(1)(2)(a)(b)(c)