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# Stockdove House

## Inspection report

12 Stockdove Way  
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Lancashire  
FY5 2AP

Tel: 01253855967

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Stockdove House is a care home providing support to up to 10 older people who may be living with dementia. At the time of the inspection 7 people were receiving support.

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

The provider had not ensured all information was available in relation to recruitment records. Risk assessments were carried out to help minimise the risk of avoidable harm but were not consistently documented. People could not be assured governance systems were sufficiently implemented and embedded to drive improvements at the home. Actions identified on risk assessments were not always actioned in a timely way.

Medicines records were sometimes incomplete. Staff were trained in the safe management of medicines and people received their medicines when they needed them. We have made a recommendation about the safe management of medicines.

Staff wore personal protective equipment to help minimise the risk and spread of infection and people were enabled to access appropriate vaccinations to help maintain their well-being. Cleaning took place to help ensure the environment remain hygienic. Improvements were required to the infection control policy, wearing of PPE and some furnishings although clean, were worn. We have made a recommendation about the management and control of infection.

Staff knew the help and support people needed to help keep them safe and people told us they felt safe at the service. Relatives voiced no concerns with people's safety and staff told us they would act to keep people safe. People told us and we saw, support and assistance were provided quickly if people needed this. We identified key times when staff support may be delayed due to a reduction in the numbers of staff available. We have made a recommendation regarding this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was good and was published on 12/04/2018.

### Why we inspected

We received concerns in relation to the management of documentation and assurance processes. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full 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 Stockdove House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment practices, record keeping and quality checks. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?**

The service was not always well led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Stockdove House

## 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.

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

The inspection was carried out by one inspector.

#### Service and service type

Stockdove House 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.

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

The first day of the inspection was unannounced. The second day was announced.

#### What we did before the inspection

The provider was in the process of completing a provider information. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of

the public and the fire service. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service. We also spoke with the registered manager. We spoke with two care staff and spoke with two relatives by phone. We reviewed two paper care records and one electronic care record. We looked at multiple medicine records and three recruitment files.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records and information sent to us from the registered manager and contacted the home to speak with them.

# 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 good. At this inspection this key question has now deteriorated 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.

### Staffing and recruitment

- The provider did not ensure information regarding prospective employees was always available in accordance with legal requirements. One care record did not include an explanation of why staff had left their previous employment. It also did not contain a full employment history as exact dates of previous employment were not recorded. There were no recent photographs of employed staff in three records reviewed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed) as required information was not available in relation to employed staff.

- During the inspection we saw people were helped quickly and staff were calm and patient. People we spoke with told us they were helped when they needed this. One person told us they if they wanted help, this was provided straight away, and we saw staff had time to sit and chat with people.
- We discussed the deployment of staff at the service. We identified key times when people may have to wait for support due to the reduction in numbers of staff available. This meant people would not have their needs and wishes met in a timely way and response from staff may have been delayed in an emergency.

We recommend the provider seeks and implements best practice guidance from a reputable source on the deployment of staffing.

### Assessing risk, safety monitoring and management;

- The registered provider did not always take sufficient action to manage risk. A fire risk assessment had been completed on September 2020. This recorded a fire call point was needed in the kitchen and a specific fire door needed fitting to a toilet. The registered manager said this had not been completed.
- Most equipment was serviced to ensure its safety. We noted one sling used to support a person's mobility had not been serviced or LOLER tested by a competent person to check its safety.
- The registered manager assessed risks to people. However, care records did not always contain information on the risk controls in place to help maintain people's safety. Three people used equipment to help them maintain their independence. One person used a mobility aid with support from staff. There were no documented risk controls on how associated risks could be managed.
- We asked to view risk assessments for areas such as legionella management and water temperature control. The registered manager was open and transparent. They explained checks took place to minimise risk, but the risk and checks were not formally documented.

We found no evidence that people had been harmed, however this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as documentation did not consistently contain up to date and complete information regarding risk controls or the help and support people had received. Action was not always taken to improve the service when risk was identified.

The registered manager was introducing an electronic care planning system. Paper records were being transferred onto the electronic system. We viewed a care record which was currently being completed and noted this contained person-centred information to enable staff to help the person safely and in a way that met their wishes and preferences. The registered manager told us all paper records were being reviewed and more person-centred information would be available and recorded. A legionella risk assessment was planned to be carried out and documented in September 2021. An appointment was made to have the sling serviced.

- People told us they received the help and support they needed. One person told us they were, "Looked after fine." A further person said, "My care is good." A third person shared they had been apprehensive about moving into the service, but they were happy with the care they received. They said of the service, "I'm glad I found it."
- Staff knew the help people needed to support them safely and care was given in accordance with people's needs. People spoke highly of the staff. One person shared they were not having their best day and staff were, "Being extra good to me." They said this comforted them.

#### Using medicines safely

- There was no written information to guide staff on the administration of "as and when medicines."

We found no evidence that people had been harmed however, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as documentation did not consistently contain up to date and complete information to support staff in the person-centred administration of medicines.

One cream had not been dated on opening. The registered manager told us they would address this. In addition, the fridge temperature was not monitored twice a day and recorded to ensure medicines were stored correctly. There were no photographs of people on the medicine records in line with best practice.

We recommend the provider seeks and implements best practice guidance in the safe management of medicines.

- Medicines were managed by staff who were trained in the management of medicines and their competency assessed.
- Medicines were stored securely, and access was limited to those staff trained to administer them.

Prior to the inspection concluding we saw written information to guide staff on the administration of "as and when medicines" had been introduced. The registered manager wrote to us and told us photographs of people were being introduced.

#### Preventing and controlling infection

- We were somewhat assured the home and its furnishings were clean. Regular cleaning took place and

repairs were planned to ensure the home remained hygienic. We noted some chairs appeared worn and had marks which indicated they had been heavily cleaned over time. We discussed this with the registered manager who said they would review the condition of the furniture.

- We were somewhat assured PPE was used safely to minimise the risk and spread of infection. We noted not all staff wore the disposable masks provided. We saw a cloth mask was worn. The registered manager told us they would address this.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The policy did not contain guidance for staff on wearing of their own clothes to and from work. The registered manager told us they followed national guidance and would review the policy.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received training in safeguarding awareness to help them protect people from the risk of abuse. Staff knew when, how and why concerns should be raised to protect people.
- People told us they felt safe and they trusted staff. One person commented, "Everyone's nice and friendly, that's what counts." A further person said, "Everyone is kind."
- The safeguarding number of the local safeguarding authorities was prominently displayed within the home. This enabled staff, visitors and people who lived at the home, to raise concerns if they wished to do so.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the manager to identify trends. Action was taken to minimise the risk of reoccurrence. Equipment was introduced if this would support people's safety.

# 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 good. At this inspection this key question has now deteriorated 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; 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; Continuous learning and improving care;

- The registered provider had not ensured an effective governance system was in place and actioned to identify shortfalls and drive improvements. For example, we found some risk controls were not documented and not all required information was available within recruitment records. Medicine records required photographs to meet best practice. A fire risk assessment had been completed in September 2020, but some actions still needed to be completed.

We found no evidence that people had been harmed however, systems and checks did not always result in improvements. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not consistently document checks carried out. The registered manager told us they did carry out checks and staff we spoke with confirmed this. Areas reviewed were medicines, cleanliness, trend analysis on accidents and incidents and checks on care records. However, records of these checks were not consistently completed.

Records in relation to the monitoring of the service were not always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found no evidence people had been harmed and the registered manager assured us they were taking action to rectify the concerns we had found with governance and documentation. The electronic care planning system was currently being introduced and this would support effective audit of care records and auditing checks within the home.

- The registered manager explained there were increasing demands on their time to complete administration tasks. This was in part due to the Covid-19 pandemic. As a result, an administrator was being employed to support the registered manager so they could spend more time on managerial duties.
- The registered manager was planning to introduce 'champions roles' at the home. They explained staff

would be given support and information to become more skilled and knowledgeable in specific areas such as activities. They said this would support improvement and have a positive impact on the service provided.

- The registered manager told us if mistakes were made, investigations were carried out and an apology was made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People consistently told us they were asked for feedback on the service provided. People told us the staff and registered manager asked what was going well and what could be improved upon. People we spoke with were happy with their care and the service delivered and said they would speak to staff if they wanted changes to be made.
- The provider sought feedback to improve the service, however this had been impacted upon by the COVID-19 pandemic. Surveys were available for people and relatives to complete to give feedback, however these had been delayed. The registered manager told us these were being reintroduced.
- People praised the registered manager for his approach and said they felt confident in them. Relatives we spoke with complemented the registered manager on how they had maintained open and transparent communication with them during the COVID-19 pandemic.
- The registered manager told us they sought to engage with external professional agencies. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes. We spoke with a visiting health professional who said the registered manager and staff worked closely with them to provide care which helped meet people's needs.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 (2) (a) (3) (a) (b) Recruitment practices did not ensure all required information was gathered and retained to meet legal requirements.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Care records did not consistently contain accurate and up to date information. Records relating to the management of risk and of the regulated activity were not always available and checks were not always documented. Quality checks, audits and assessments did not consistently drive improvement. 17 (1) (2) (a) (b) (c) (d) (e) (f)

### **The enforcement action we took:**

We served a warning notice for this breach of regulation.