

Stocksbridge Care Limited

Stocksbridge Neurological Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stocksbridge Neurological Care Centre is a care home providing personal and nursing care for people who have a brain injury. The service had recently been taken over by a new provider. At the time of the inspection 21 people were living at this service. The service can support up to 24 people. The home is purpose-built for people rehabilitating from a brain injury.

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

Staffing dependencies had been reviewed recently, however feedback from people, staff and relatives described staffing level concerns, and our observations confirmed this. Medicines audits took place, however they had not identified all the concerns we found during our inspection. Formal safeguarding systems were in place, however feedback from staff suggested not all concerns were dealt with. Accident and incident analysis took place and this was shared with staff. Risk assessments were in place for people and staff, however some of these were out of date. Infection prevention and control procedures were in place.

Staff training was not up to date. Consent to care was sought, however records of best interest meetings were not always evident. 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. People's needs and choices were assessed, however care plans were not always person-centred. People were supported to eat and drink. Care plans contain detailed information about people's health needs. The environment was adapted to the needs of people living at the home.

People and relatives' views of staff was mixed. People were supported to express their views. People's independence was encouraged and promoted.

Not all concerns and complaints were recorded. There was no one receiving end of life care, however consideration had been given to people's wishes previously.

Not all relatives felt well communicated with and staff weren't always confident their suggestions would be listened to. A new provider had taken over and had a clear vision and strategy for the home. Staff told us they were open and inclusive. There was a clear governance framework, however not all audits had identified all the concerns we found, and some concerns were long-standing. The home undertook regular surveys of people, relatives and staff. Regular meetings with people and staff took place. The service worked closely with local partners and the new provider had ambitions to develop this further.

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

Rating at last inspection

This service was registered with us on 22 September 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 29 October 2018.

Why we inspected

The inspection was prompted in part due to concerns received about staff skills and knowledge in caring for people, and staffing levels. A decision was made for us to inspect and examine those risks.

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

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Stocksbridge Neurological Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 visit was undertaken by two inspectors and a specialist advisor. An Expert by Experience made telephone calls to relatives of people who lived at the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stocksbridge Neurological Care Centre 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

We gave the service 24 hours' notice of the inspection. This was because we wanted to discuss information to support the inspection visit with the registered manager.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the provider, regional manager, registered manager, and five staff members.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and environmental records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us there was not enough staff. One person said, "They (staff) are overstretched as there are not enough of them."
- Without exception staff told us there was not enough staff to support people. Comments included, "I think we need more staff", "It's a problem with the number of staff needed to work", "I don't think there's enough staff, especially on a night-time", "There isn't enough staff", and, "I'm too busy to do that (read care plans)". We asked one staff member if they would be happy for a family member to live at the home and they told us, "No, because of the staffing levels."
- During the inspection visit we observed call buzzers ringing without a timely response. A relative told us they had witnessed one person waiting 15 minutes to have their call buzzer answered.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient numbers of staff were employed.

- The service previously had a pool of bank workers, which had recently been depleted. The service was undertaking recruitment.
- Staff had not always been recruited safely. For example, gaps in employment had not been checked. Following the inspection we were provided with evidence this had since been completed.

Using medicines safely

- People did not always receive their medicine as prescribed. For example, there were gaps in the recording of medicines. Topical medicines were not given or recorded appropriately and a topical medicine was found in a staff room. Some medicines were passed their expiry date.
- Medicine stocks were not accurately recorded or monitored. A sample stock check undertaken during our inspection visit failed.
- National guidance had not been followed regarding the administration of 'as and when' medicines.
- The nurse in charge during the inspection was unclear about the disposal procedures and whether people received medicine covertly. We brought this to the attention of the registered manager who was able to evidence correct disposal procedures were in place. The registered manager also confirmed no one living at the home received medicines covertly.
- A staff member told us, "I think all staff need to redo the medicines management training."
- Following recent medicines audits the service was reviewing how medicines were administered and by

whom.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure the proper and safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People did not always feel safe to report concerns when they were living at the home. Concerns were investigated after they had left the service.
- We identified allegations of abuse which had not been reported. Monitoring of safeguarding themes did not take place.
- Staff received training on how to recognise abuse and protect people from the risk of abuse, however this had not been recently updated. Staff knew how to report safeguarding concerns and said they would be confident to do so.
- Relatives comments included "[My relative is] perfectly safe at the centre," and, "I know staff make my [relative] feel safe".

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and actions identified to mitigate against those risks. However, these were not always up to date or recorded accurately.
- Risks were reviewed regularly, but not in any detail, which meant changes were not accurately recorded.
- Staff ensured information about people was shared at staff handovers.
- External contractors undertook regular servicing of the premises and equipment. Due to a change in provider not all certificates and actions were available at the inspection. These were provided following our visit.
- Not all maintenance and cleaning schedules had been fully completed. The provider had already identified these omissions and had plans to improve recording.

Learning lessons when things go wrong

- Systems to record and track safety concerns, incidents and near misses were not robust. An established method for tracking and learning from themes and trends was not in place. A staff member told us, "It's not structured or regular. It's a bit knee-jerk. If someone reports something to [the registered manager they] will try to find out 'whose fault it is'."
- Staff understood their responsibilities to raise concerns and report incidents, although one staff member told us, "Even if we get hurt, there's no time to do a proper incident report".
- A staff member said "[We] report accidents and incidents, managers act on these, [we] get feedback." Another staff member said, "[We have an] interdisciplinary team meeting every Wednesday" and explained how staff discussed reports and identified any themes.

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 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- Staff were able to described the infection and control procedures in place. One staff member told us, "We do temperature checks on arrival, wash hands, get changed into uniform, put on PPE. We have our own hand sanitiser which we carry around, and increased cleaning."
- One person told us, "[Staff] don't always change gloves between tasks." We brought this to the attention of the registered manager who assured us they would remind staff about PPE use.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- A person told us they felt staff were "untrained in all care needs".
- Staff had not received regular access to training. One staff member told us their training was overdue. Other comments from staff included, "I think we need restraint training to respond properly (to one person)", and, "We could all do with a refresher in catheter care...we need to do a moving and handling refresher as well".
- There was no record of what training staff had received from the previous provider. The new provider had commenced a programme of training from the end of August 2020. Just under 60% of staff had not started this training on the day of our inspection visit; this had commenced three weeks prior.
- Staff had their competencies checked. A staff member said, "I'm up to date with all my competencies. We have to be competency checked for these tasks, either by [the registered manager] or one of the nurses."
- An agency worker on shift during our inspection visit was unable to answer questions about people's care needs or medicines procedures. When asked to describe their induction process they told us they had been shown round the home and knew where the fire exits were. We discussed this with the registered manager and the regional manager. The provider confirmed an induction programme for agency staff was in place and had been completed for this worker.

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

- Risk assessments were not always reviewed or updated. Some risk assessments had not been dated so the service was unable to establish when these needed reviewing. The registered manager told us a programme of reviewing assessments was planned.
- People's needs were assessed prior to them moving to the home and outcomes were identified which were person-centred. Not all outcomes were specific or measurable.

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.

- People's capacity to consent to care was assessed and recorded. However, one person had recently had a MCA assessment completed which was not decision specific as it covered five separate decisions. This person was found not to have capacity, but there were no best interest decisions recorded.
- We were not assured the service was always working within the principles of the MCA. We brought this to the attention of the provider who assured us processes would be reviewed.
- DoLS applications were tracked and recorded.

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

- The service involved people and their relatives when working with other services. However, following the inspection we received concerns about the discharge of one person from Stocksbridge because relevant information had not been handed over.
- Oral health care for one person had not been given as prescribed by health professionals.
- The service worked closely with a variety of health professionals on a daily basis to ensure people got the most appropriate care and support and care plans contain detailed information about people's health needs.

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

- People were encouraged and supported to eat and drink to maintain a healthy diet.
- A relative told us, "Everybody (staff) is persistent with (supporting people to eat). [Staff know] this will encourage [relative]."
- People were involved in setting menus and menu plans were displayed on the wall.
- Kitchen staff knew about people's dietary needs and allergies. Those people who needed a modified diet were catered for.

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

- The home was purpose-built to support the needs and rehabilitation of people with brain injuries.
- People were involved in making their rooms and communal spaces personalised.
- People's cultural needs were taken into account. Although there was no one with protected characteristics living at the home at the time of our inspection, the service had previously supported people with individual needs related to their characteristics.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- One person told us they felt the night staff were uncaring. They said, "Excellent care during the day, but not at night, night staff shout." A relative told us they had witnessed night staff members shouting and swearing at people. We have asked the service and the Local Authority to investigate these concerns.
- Comments from relatives were mixed and included: "Some carers are good, some are not so good", "(Staff) understanding depends on the carer on shift, some just let [name of person] sit there", "Staff at this service are very caring and have [a] great bedside manner", "Staff are attentive and Stocksbridge is a happy place to live", "My [relative] is in very good hands, everyone seems to love and dote on [them]", and, "Staff genuinely care and think about people".
- We observed warm and positive interactions between people and staff.

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

- Care plans showed how people and their relatives had been involved in making decisions about care and support needs. A relative told us, "The company listen to the family and have just been wonderful." Another said, "We are involved actively in reviews and assessments," and a further relative told us, "I'm actively involved in the review process".
- People had access to advocates, to support them to make decisions, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Relatives comments included: "[Relative] receives outstanding treatment here, (it's been) an excellent service since [they've] moved to this care home", and, "You can tell they (staff and people) have a laugh and joke together, which is a real delight".
- We observed staff supporting a person with incontinence whilst maintaining the privacy and dignity and encouraging their independence. Support with this aspect of their personal care was clearly described in this person's care plan.
- Staff knocked on people's doors and respected people's right to privacy and confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was a complaints folder. There had not been any complaints recorded since 2017. Although the service had received complaints recently, we found not all of these had been recorded. For example, one person's care had been referred to safeguarding following a complaint from a family member but this was not recorded in the complaints folder.
- A relative told us, "We find the manager never responds quick enough to phone calls until two to three days, we have to chase [them] up." Another relative told us they had not received a formal response to a recent complaint; they said, "The communication with (relatives) was very poor."
- The process in the complaints policy had not been followed.

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

- Feedback from relatives about how people were supported to maintain their social interaction was mixed. Three relatives told us, "My relative is doing a lot more, getting to go out and do other things", "Staff encourage [name of person] to participate in hobbies and give independence", and "[Name of person] participates in activities whether staff help with painting, drawing, therapy sessions. They encourage [them] to do [their] best ever day". However, one relative said, "Visiting arrangements are awful. A staff member would be there with a watch timing it (the visit)".
- Staff told us about a wide variety of activities which took place. These included individual activities based on people's interests and group activities. People discussed group activities and agreed what would take place.
- Technology had been used to support people to communicate with their families and friends.

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

- Care and support plans were personalised and detailed about how people should be supported with each task.
- Staff were knowledgeable about people's likes and dislikes and used this knowledge to support people in a personalised way. A relative confirmed, "Staff are encouraging in terms of giving [name of person] choices."
- People's needs were identified and these included those related to protected equality characteristics.

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.

- People's communication needs were identified and recorded in care plans. These needs were shared appropriately with other organisations, for example, when someone had to go to hospital.
- Feedback from relatives about staff understanding of people's communication needs was mixed. One relative said, "[Staff] understanding depends on the carer on shift, some just let [name of person] sit there and do whatever". However, another relative told us, "I can tell they (staff) genuinely understand [person's name]. Two-way communication is very good here." We did not see staff struggling to communicate with people during our visit.
- One person had recently been supported to complete a survey, using communication methods appropriate to their needs.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The service has supported people with end of life care previously and people's preferences had been considered.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- Governance arrangements were in place however not all policies and procedures were followed. Regular audits took place but had not identified all the issues found during our inspection. Regular regional manager visits took place and a report was produced following these.
- Action plans were produced but were not tracked robustly to ensure improvement. Systems were not in place which enabled the registered manager to fully track and monitor required actions.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because effective governance systems were not in place.

- There was a registered manager in post.

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

- Regular meetings took place with people living at the home. These enabled people to put forward their point of view about what the service could do better, asked them about their meals, and involved discussions about up-coming events.
- Surveys were available for people to complete to share their views of the service, however one person said they felt 'forced' to complete this.
- Regular staff meetings took place where staff were provided with information. Some staff told us they didn't attend the team meetings. One staff member told us, "There's not much in terms of positive feedback or recognition when staff have done something well."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 new provider had promoted a positive culture at the home. Staff comments included, "We've seen quite a lot of the new provider's management team. They want to listen and find out how we feel so that's been good", "We've seen a lot of the regional manager. [They] come for the nurses meeting and team meetings. [They're] approachable and supportive", and "[Regional manager] is the most approachable

regional manager [I've] ever worked for".

- Staff feedback about the registered manager was mixed. For example, two staff members both commented, "[The registered manager] is approachable but doesn't listen."
- A relative told us, "Registered manager [is] dismissing what people are saying because they have a brain injury." A staff member said, "Management not as proactive as I would like", and another commented, "[Registered manager] won't let go of anything".

Working in partnership with others

- Staff worked well as a team, one staff member said, "I love it (working at the service)."
- The registered manager described how they kept updated by sharing information with their peers.
- The new provider had an ethos of working with local companies.

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 Medicines were not always administered safely and guidance about safe storage and recording was not always followed. Reg 12 (1) (2) (f) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust systems and processes were not embedded to provide effective monitoring of the service. Audits did not always find the concerns identified during our inspection. Reg 17 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, skilled and experienced staff were not deployed. Reg 18 (1)