

Stocksbridge Care Limited

Stocksbridge Neuro Rehabilitation Centre

Inspection report

2a Haywood Lane
Deepcar
Sheffield
South Yorkshire
S36 2QE

Tel: 01142837200

Website: www.stocksbridgecare.co.uk

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stocksbridge Neuro Rehabilitation Centre is a care home which provides personal and nursing care to up to 24 people. The service provides support to adults who have a brain injury and require rehabilitation. At the time of our inspection there were 13 people using the service.

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

The provider's systems and processes had not ensured enough improvement had been made to the quality and safety of the service since the last inspection. Some aspects of the service had improved, however we identified ongoing concerns at this inspection which had not been effectively addressed.

Risks to people were assessed. Improvements were needed to ensure staff managed risks effectively. Risks associated with people's nutrition and hydration needs were not always mitigated. Medicines were managed safely and there were suitable measures in place to control the spread of infections.

The provider had made improvements to staffing levels, however staff were not always deployed in a way that ensured staff supported people at the right times. We have made a recommendation about the deployment of staff.

Staff had received training and had undergone assessments of their competence to deliver safe and effective care. This process was ongoing and needed to be embedded and sustained by the provider. The provider had suitable systems in place to safeguard people from abuse. People and their relatives told us they were treated well by the staff.

The service was designed to support people with a brain injury. It offered rehabilitation services through the provision of qualified therapy staff. Most people and their relatives were happy with the care they received and felt they were making progress to achieve planned outcomes. Others told us the service was still not very well coordinated.

Staff worked with other professionals and health services to meet people's needs in a holistic way. However, the provider had not ensured staff always followed the advice of other professionals and this compromised the effectiveness of people's care.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 February 2022) and there were breaches of regulation in respect of staffing levels, the training and support given to staff and the provider's governance system. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of one regulation.

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

Why we inspected

We carried out an unannounced focused inspection of this service on 7 and 8 December 2021. Breaches of legal requirements were found at that inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of 'is the service safe?', 'is the service effective?' and 'is the service well-led?'.

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 remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stocksbridge Neuro Rehabilitation Centre on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the key question of 'is the service safe?'. 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.

Enforcement and Recommendations

We have identified a breach of regulation in relation to the provider's governance system. Please see the end of this report for information about the enforcement action we have taken.

We have also made a recommendation about the deployment of staff.

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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stocksbridge Neuro Rehabilitation 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 Act.

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 completed by three inspectors and an inspection manager.

Service and service type

Stocksbridge Neuro Rehabilitation Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with CQC. Stocksbridge Neuro Rehabilitation Centre is a care home with nursing care. 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 CQC 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and eight relatives and friends about their experience of the care provided. We spoke with 10 members of staff including the registered manager, nursing and care staff, therapists and other ancillary staff.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

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

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 requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management

- Most risks to people were assessed and their care plans contained information about how staff needed to mitigate these risks. However, some risks had not been fully documented within people's care records. For example, when people needed to use equipment such as braces or splints, their care plans did not contain enough guidance to ensure staff used this equipment safely and appropriately.
- Risks associated with nutrition and hydration were not always properly managed. For example, staff were required to ensure a person drank enough fluids to maintain their health, however the person's fluid records showed they were not drinking enough. The provider and registered manager had not properly monitored and addressed this.
- Some people needed to be weighed weekly to monitor risks associated with their food and fluid regime, however this was not consistently taking place. The provider also did not have an effective system for ensuring changes in people's weights were acted upon in a timely manner. This could have impacted upon people's health and safety.

Adequate systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, skilled and experienced staff were deployed. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Since the last inspection the provider had recruited new staff to different areas of the staff team, which supported them to ensure there were enough staff on each shift. This was an ongoing process and further recruitment was needed to establish and embed a stable staff team.
- There were enough staff on shift to keep people safe. The provider used agency staff when shifts could not be covered by their own staff team. However, improvements were still needed to the deployment of staff to ensure people's needs were always met in a timely way.

- We received mixed feedback from staff, people using the service and their relatives about staffing levels. Some staff told us they often felt very pressured to get everything completed during each shift, whereas other staff felt this has improved.
- There were occasions where staff did not support people at the right time in the mornings, which meant people either missed their planned therapy sessions or declined support with their personal care as they did not have time to receive it. The provider and registered manager had not ensured staff were given appropriate direction to address this issue.

We recommend the provider reviews their systems and processes in respect of the deployment of staff and update their practice accordingly.

- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse.
- All staff were aware of the need to raise any safeguarding concerns immediately so action could be taken to protect people. We found most concerns were reported in a timely way. However, there had been a recent serious safeguarding incident where staff had delayed reporting their concerns to more senior staff. This meant there had been a delay in the provider acting on those concerns and this could have placed people at risk of harm.
- Staff were confident any concerns they raised with the registered manager or provider would be acted on to ensure people were made safe. We reviewed recent safeguarding incidents and were satisfied the provider had acted promptly to safeguard people, as soon as concerns were escalated to them.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff had access to adequate supplies of personal protective equipment (PPE) and we observed staff using PPE appropriately.
- Staff followed safe infection prevention and control practices. However, the provider's infection prevention and control policy was not accessible to staff at the time of this inspection. The registered manager asked the provider to address this.
- The service was supporting family and friends to regularly visit people using the service. The service used suitable measures to help prevent visitors catching and spreading infections.

Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents. They analysed any accidents and incidents on a monthly basis, to assess whether there were any themes or trends which needed to be addressed.

Using medicines safely

- Medicines were managed safely. People's medicines were ordered, stored, administered and disposed of safely. Staff followed national best practice guidelines when supporting people with their medicines.
- Medicines prescribed on an 'as required' (PRN) basis, were managed effectively. Staff had access to up-to-date, person-centred information about when and why these medicines could be given.
- Staff kept detailed records of the support they provided in respect of medicines management. These records showed people received their medicines as prescribed.

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

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

- When people needed a modified texture diet to reduce the risk of choking, this was recorded in their care plan and kitchen staff had up to date information regarding this. This supported staff to meet these needs effectively.
- Some people were supported by staff to receive nutrition and hydration via feeding tubes. Improvements were needed to the records staff made about nutrition and hydration given by this method. Staff did not always record the type or volume of nutrition given and the records were not comprehensive enough to demonstrate staff had followed the person's care plan.
- The provider did not have enough oversight of fluid records to ensure action was quickly taken if a person did not drink enough.
- We received mixed feedback about the quality of the food provided by the service. A person commented, "It is hit and miss."

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

- Staff worked with a wide range of other agencies and professionals to help ensure people received holistic support. Assessments completed by other professionals had been incorporated into people's care plans and referrals were made when further support was needed with people's health.
- Some improvements were needed to the provider's systems, to ensure staff always followed the advice and guidance of other professionals. For example, staff had not weighed people at the correct frequency and this impacted on the dietician's ability to review the effectiveness of the support people were receiving with their nutrition.

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

- People's needs were assessed and their desired outcomes were identified so staff knew what people wanted to achieve. People benefitted from a multi-disciplinary approach to care planning. For example, people's care plans were developed with input from the service's onsite therapy team, external professionals and consultation with any relevant family members involved in their care.
- Most people's relatives were happy with the care their family member received and told us it met their family member's preferences and objectives. A relative commented, "[Name of person] is doing really well and progressing. The service is really suited to them." However, some people and relatives told us the service was not coordinated well enough to ensure people's assessed needs and preferences were always met on a day to day basis.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had been supported to access a range of training. This helped to ensure they had the necessary skills and knowledge to undertake their roles. This included training on more specialist areas of care, such as caring for people with a tracheostomy. Staff told us they found this training very useful.
- The provider had completed assessments of staff's competence to deliver care, to assure themselves staff were following good practice guidance. These assessments were still underway at the time of this inspection. They need to be embedded and sustained.
- We received mixed feedback from staff about the support they were given to carry out their roles. Most staff told us this had improved since the provider had sought support from an external source regarding the management and oversight of the home. Some staff continued to feel they did not receive enough support from the home's management team, and this affected their morale.

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

- The home was purpose-built to support the needs and rehabilitation of people with a brain injury. People had access to a designated space where they could complete physiotherapy and other activities as part of their rehabilitation.
- People were involved in making their rooms personalised.
- Where areas of the building required refurbishment, this was not always promptly addressed by the provider. There were times when this impacted upon people's care. For example, the refurbishment of a bathroom took a long period of time, which meant some people could not be supported to shower.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were satisfied the service was working within the principles of the MCA. The registered manager submitted appropriate DoLS applications, when necessary, to ensure the service had appropriate legal authorisations in place.
- The registered manager had oversight of which people were subject to DoLS authorisations, whether they

were subject to any conditions and when they were due to expire.

- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered.

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 requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection the provider had not implemented adequate governance systems to ensure quality and safety was consistently well-managed. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not made enough improvement at this inspection and they remained in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance and quality assurance systems were not comprehensive enough to ensure all areas of service delivery were effectively monitored. Although some of the concerns identified at the last inspection had been addressed, not enough improvement had been made to ensure people always received safe, high-quality care.
- The provider's systems and processes had been unable to address some basic issues, such as ensuring people were weighed at the correct frequency. The provider did not have adequate oversight of this and had therefore failed to remedy it.
- The provider had not established a culture of continuous learning and improvement. They had a monthly audit schedule which covered different areas of the service, however this had not been adhered to and some of the audits were not effective.
- The provider had not ensured accurate and complete records were made in respect of each person's care. The daily charts used by the service were not consistently completed and some of the records were poor quality.

Adequate systems had not been established to assess, monitor and improve the quality and safety of the service and to ensure accurate, complete and contemporaneous records were made in respect of each service user. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff demonstrated a clear desire to provide person-centred care and they wanted to support people to achieve good outcomes. People's relatives told us staff treated their family member well. A relative

commented, "All the staff are nice, friendly and welcoming."

- The provider had employed external consultants to improve the culture of the home, to ensure it was open, transparent and developed a willingness to learn and improve. Further work was needed in this area. Some staff told us they had noticed improvements, whereas other staff said morale was not good as they still did not feel listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives told us the service engaged positively with them. They said they were kept up to date, informed of any incidents or significant events at the service and had opportunities to provide feedback about their family member's care. A relative commented, "We've got really good two-way communication." They all told us they felt able to raise any concerns, in the event they needed to.
- Some staff felt their opportunities to be involved in the development and improvement of the service was limited as they were not always listened to. However, other staff told us this had improved since external consultants had started supporting the management of the home after the last inspection.
- The provider and staff were working with local commissioners to continue to make improvements to the service. During this inspection we could see some improvements had been made by the provider in response to the support and guidance offered by commissioners and other professionals.

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 provider had a suitable policy in place in respect of the duty of candour. People's relatives told us they were informed of any incidents in a timely manner.

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
Treatment of disease, disorder or injury	<p>The provider and registered manager had not ensured there were effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate risks to service users. The provider and registered manager had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1), (2) (a), (b) and (c).</p>

The enforcement action we took:

We served a Warning Notice.