

# Stokeleigh Lodge Retirement Home Limited

# Stokeleigh Lodge

## Inspection report

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Westbury Park  
Bristol  
BS6 7QQ

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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

Stokeleigh Lodge is a residential care home providing accommodation and personal care for up to 15 people. At the time of the inspection there were 12 people living at the home. The home is a converted and extended building with rooms over three floors. There were two communal lounge areas and a dining room in the conservatory. People also have access to a garden area.

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

People were not protected by the home's infection control policy and procedures. Infection control and prevention measures, the cleanliness and repair of the home required improvement. We could not be satisfied staffing levels kept people safe from harm and promoted choice and person-centred care.

Medicines were managed safely, and records were up to date. Processes to safeguard people from abuse were in place and risks, other than infection control and staffing levels, were reviewed and maintained. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people.

Improvements were required to help ensure people were protected from the risk of cross infection. This was because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment. Monitoring the quality of the service was not always effective.

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 this service was good. (9 February 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about the infection control measures in the home and the lack of domestic hours deployed. A decision was made for us to inspect and examine those areas of risk. 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. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

### 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 the service response to infection control measures and ensuring safe levels of staffing. This meant that improvements were required to ensure quality monitoring and management and provider oversight was more effective.

#### 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 safe findings below.

**Requires Improvement** ●

# Stokeleigh Lodge

## 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 undertaken by two inspectors.

#### Service and service type

Stokeleigh Lodge 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

Due to the concerns shared with CQC the inspection was unannounced.

#### What we did before inspection

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

#### During the inspection

We observed the care that people were receiving and how staff interacted and supported them. We spoke

with two members of staff and the registered manager.

#### After the inspection

The second day of our inspection consisted of a video call meeting with the operations manager and registered manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and quality monitoring and assurance documents. We continued to seek clarification from the provider to validate evidence found.

# 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 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.

### Preventing and controlling infection

- We could not be satisfied that people were protected by the home's infection prevention and control measures. In part this concern was attributed to the fact that there were no domestic hours deployed. Throughout a twenty-four hour day, care staff on duty were required to clean the home and do the laundry in addition to caring and supporting the people who lived there.
- Personal Protective Equipment (PPE) for use was not stored safely in PPE stations. Clean plastic aprons were hung over doors and banisters, we saw these were touched by people who lived in the home as they walked around. Gloves and hand gels were placed on surfaces such as radiator covers. Suitable PPE stations had not been set up to help avoid cross contamination.
- In some areas the interior fixtures, fittings and furnishings were not in good physical repair and could not be effectively cleaned. Plastic coating on the frames of the commodes and toilet seat raisers had started to peel away to expose rust. Effective cleaning was compromised in these areas and could harbour germs.
- Laundry facilities were not adequate to help prevent the risks of cross infection. A domestic washing machine and dryer were stored in the basement where staff also had access to food stores. There were no facilities for staff to wash their hands once they had completed laundry tasks. Access to the laundry was gained by walking through the kitchen which posed another potential risk of cross contamination.
- Visiting arrangements required improvement. This was because the room used did not provide suitable substantial screening to reduce the risk of viral transmission.

These shortfalls meant people were not always protected from the risk of infection because official guidance was not being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- We could not be satisfied people were supported by enough staff. As mentioned previously this was in part due to care staff being responsible for all ancillary duties.
- The staffing levels did not take into consideration the level of needs and support people required. This also meant that choices for individuals were compromised because there were not enough staff to fulfil their requests.
- During discussions the registered manager and operations manager agreed and confirmed that care and support for people always came first and that this meant effective cleaning had not been possible.
- The staffing levels did not give consideration if people became acutely unwell or were receiving end of life care. We were told that both the registered manager and deputy led by example and assisted and helped care for people in such circumstances. However, this compromised them fulfilling their own roles and

responsibilities which are further evidenced in well led.

This meant people were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks were completed, and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.

Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Any errors found during the homes monthly audits were reported and addressed to prevent further re-occurrence.
- Medicines were administered by staff who had completed their medication competency assessment and received regular updates based on best practice guidelines.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.

Assessing risk, safety monitoring and management

- Up to date emergency plans were in place to ensure people were supported in the event of a fire. Everyone had a fire risk assessment based on individual needs and risks identified.
- There was a programme of weekly health and safety checks. An improved environmental audit had been developed following the inspection and a full audit was being completed by the operations manager and registered manager.



# 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 changed to requires improvement. This meant some aspects of the service were not always consistently managed and well led.

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

- Given the shortfalls identified at the inspection we could not be satisfied quality assurance monitoring and audits were effective.
- Provider oversight was unsatisfactory, their governance failed to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.
- Although the registered manager monitored the service by completing audits, some were not detailed enough. When actions required had been identified, these were not dealt with promptly for example the upkeep of the environment.

This meant systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent recurrences and improve quality.

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

- The registered manager, deputy and staff team maintained a clear focus on seeking to improve the service people received. They were a good, cohesive group who worked well as a team. However, improvements were needed to ensure the registered manager was empowered to effect positive change where necessary.
- The operations manager had been in post since August 2020. It was evident the pandemic had compromised plans. In discussions with them and the registered manager it was positive to hear their enthusiasm and plans to improve the services provided. In particular people's emotional wellbeing and further promotion and enhancement of person-centred care.
- The registered manager and deputy led by example, they were caring, kind and respected.

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 understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. There had been no specific instances where the registered manager had been required to act on this duty
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. This was demonstrated in recent weeks during a Covid19 outbreak in the home and whereby additional support from multi-agency professionals was required, including CQC.

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

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports and written daily records.
- Other methods of communication included planned meetings. These had been slightly compromised by the pandemic. The registered manager and operations manager told us about how these would be further enhanced and collaborative so that care provision and service delivery would improve. Surveys were also being reviewed to capture peoples experience and views more effectively.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always protected from the risk of infection because official guidance was not being followed, particularly those introduced during the Covid19 pandemic. systems were not effective to assess, prevent or control the risk of spreading infections. Regulation 12(1)(2)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring required improvement to help ensure people who used the service were safe. Regulation 17 2 (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Regulation 18 (1)</p>