

## Stocks Hall Care Homes Limited

# Stocks Hall Mawdesley

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 September 2018. It was unannounced, which meant no-one knew we were going to inspect the home.

At our last inspection on the 9 and 10 May 2017 the location was rated 'requires improvement' overall, with all key questions being rated as 'requires improvement', except for 'caring', which was rated as, 'good.' At that time, we identified breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to medicines management and regulation 13, in relation to safeguarding people from abuse. Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective responsive and well led to at least good.

At this inspection we found improvements had been made. We found evidence to show the service was meeting all requirements of the current legislation. Therefore, all key questions were rated as 'good' on this occasion.

Stocks Hall Nursing Home 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.

Stocks Hall Nursing Home (Stocks Hall) is located in a quiet residential area of Mawdsley, but is within easy reach of Preston, Chorley and the towns of West Lancashire. A range of amenities are available in the area and public transport links are nearby. There are four separate spacious and well-designed units within the home, which provide a variety of tastefully decorated and well-furnished communal areas and dining rooms. All accommodation is provided on a single room basis with ensuite facilities. Communal bathrooms are located throughout the home. There are 13 luxury apartments situated on the top floor of the home. These can be purchased for independent living with an option to have support provided by the care home staff, if needed. This support can include personal care, cleaning, food provision, activities and trips out. There are ample parking spaces adjacent to the premises. At the time of our inspection there were 41 people who lived at Stocks Hall.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on duty at the time of our inspection and she was co-operative and helpful throughout.

New staff were recruited safely and detailed induction programmes were implemented on commencement of employment. However, some records could have been completed more fully and application forms were not always available on the staff files we looked at, although where these were not available detailed Curriculum Vitae submissions had been received. We made a recommendation about this.

Staff had received a range of training, but records were not always kept up to date and some learning modules for some staff members were overdue. Supervisions and appraisals had been conducted, although these could have been more regular. An appropriate number of staff with relevant skills were appointed to meet people's assessed needs and those we spoke with understood their responsibilities in relation to reporting allegations of abuse.

Risks were managed well and we saw evidence of actions taken to mitigate any identified hazards. We found some areas of the management of medicines could have been better. However, actions were taken immediately to address the issues raised which helped to mitigate the areas of risk.

The care files we saw were maintained electronically. The system contained detailed and person-centred plans of care, which were well organised. This provided staff with clear guidance about people's needs and how these needs were to be best met. People were involved in the planning of their own care, or that of their loved one. The plans of care had been reviewed every month, with changes in people's assessed needs being reflected well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a comprehensive activities programme in place, which helped people to maintain leisure interests and prevented boredom.

We observed staff members treating people who used the service with dignity and respect throughout our inspection and their privacy was consistently promoted. Staff members we saw displayed a lovely, gentle approach towards those who lived at Stocks Hall.

Choices of menus had been developed and where possible people were offered a choice of meal. The staff working with those who lived with dementia were fully aware of their likes and dislikes.

Where people required the involvement of health care professional's referrals had been made and appropriate assessments had taken place to ensure people's health care needs were being met.

There was evidence of regular audits and monitoring of the service taking place and records we saw confirmed feedback had been obtained from those who lived at Stocks Hall, their relatives and the staff team. In general, we received positive feedback about the leadership and management of the service from those who lived at the home, their relatives and staff members.

Everyone we spoke with commented highly on the standard of care provided and the quality of the staff team. Most people felt safe and everyone said the home was a friendly, caring environment. Not all those who lived at the home knew about their care plans, but others were very much involved in the process of developing their plan of care. Those who said they could not recall their care plan had no concerns or worries, as they were happy with the care provided and found it appropriate for their needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

There were sufficient staff deployed to meet the needs of those who lived at Stocks Hall. Recruitment practices were, in general satisfactory. Safeguarding protocols were in place and emergency plans had been implemented.

The management of medicines could have been better. However, actions were taken to mitigate any risks.

The premises were safe and assessments were conducted to identify areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Stocks Hall.

### Is the service effective?

Good ●

This service was effective.

New staff completed an induction programme when they started to work at the home, followed by a range of mandatory training modules.

We established that formal consent had been obtained prior to care and treatment being delivered. Systems were in place for the management of DoLS applications.

The menu offered people a choice of meals and their nutritional requirements were being met. Those who needed assistance with eating and drinking were provided with help in a discreet manner.

The environment was well equipped and designed in accordance with the needs of those who lived at the home.

### Is the service caring?

Good ●

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or

disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

### **Is the service responsive?**

**Good** ●

This service was responsive.

An assessment of people's needs was done before a placement at the home was arranged. Plans of care were person centred and staff anticipated people's needs well.

A good range of interesting activities were provided for those who lived at the home and staff supported people to participate in order to prevent isolation.

There was good use of technology devices for those who wished to use them.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised

### **Is the service well-led?**

**Good** ●

This service was well-led.

People who lived at the home were fully aware of the lines of accountability within Stocks Hall. Staff spoken with felt well supported by the management team and were complimentary about the way in which the home was being run by the registered manager.

There were systems in place for assessing and monitoring the quality of service provided. People who lived at the home were involved in the day to day operation.

The home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at Stocks Hall.

# Stocks Hall Mawdesley

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

During our inspection we looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 11 September 2018 by two Adult Social Care inspectors an assistant inspector and a medicines inspector from the Care Quality Commission. An expert by experience was also part of the inspection team. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 41 people who lived at Stocks Hall. We spoke with eight of them and three visiting relatives to discuss what life was like at the home. We received positive comments from most people we spoke with. We also spoke with six staff members and the registered manager of the home.

We toured the premises, viewing a selection of private accommodation and all communal areas. We case tracked the records of six people who lived at Stocks Hall. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing was being appropriately managed.

We also examined the personnel records of four staff members, as well as a variety of policies and procedures, training records, medication records and quality monitoring systems.

The registered manager had completed and submitted a Provider Information Return (PIR), within the timeframe requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection. We asked local commissioners for their views about the service provided. We used a planning tool to collate all this evidence and information prior to visiting the home.

We also requested feedback from nine external professionals, such as GPs, community nurses, mental health teams and a practice manager. We received four responses. Their comments are included in the body of this report.

## Is the service safe?

### Our findings

On the whole people told us there were sufficient staff on duty and they felt safe living at the home. However, some said that at busy times of day they had to wait a while for someone to attend to them. One person said they didn't feel as safe at night time because there were agency staff on duty. Comments we received included, "They [staff] are all very competent and do everything very well. If they are struggling to get to see everyone they will pop in and just check I'm not desperate for support"; "There are not enough carers, but the ones we have are generally good" and "There seems to be enough staff. I have no issues." Another person raised a concern about infection control. We discussed this with the registered manager, who explained specific infection control practices in relation to this concern. We were satisfied the home was taking appropriate action to prevent cross infection.

We looked at the personnel records of five members of staff. We found relevant details, such as police checks and references had been sought before people commenced employment. Although the dates of receipt were not always recorded in the files we looked at, the registered manager provided evidence following our inspection of this information being retained on the home's electronic system. Evidence was available to demonstrate that disciplinary action had been taken, as was required. This helped to protect those who lived at Stocks Hall. However, the records for one disciplinary process could have been more organised.

Records showed that all registered nurses had been verified as fit to practice by their regulating body. Interviews had been conducted and documented. However, application forms were not always available on the staff files we looked at, although detailed Curriculum Vitae submissions had been received. It is recommended that application forms are always completed to ensure required information is consistently obtained.

At our last inspection on 9 and 10 May 2017 we identified a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found repeated falls and a serious injury had not been reported to the relevant authority under safeguarding procedures.

At this inspection we found safeguarding referrals had been appropriately made. Detailed safeguarding policies were in place and we found staff had received relevant training in this area. Those spoken with were fully aware of how to make a safeguarding referral and records showed this had been done using local safeguarding procedures and relevant guidance. Good systems for recording action taken and monitoring safeguarding incidents were in place. Therefore, regulation 13 had been met on this occasion.

At our last inspection on 9 and 10 May 2017 we found the provider to be in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At that time the management of medicines was not robust. There were issues with the administration of medicines and a lack of effective audits. Following that inspection, the home provided us with an action plan. However, we found some of the same issues at this inspection.

A medicines inspector visited three of the units in the home and looked at medicine administration records (MAR) for 15 people. Storage of medicines was secure and treatment rooms were visibly clean and tidy. Medicines administration was recorded electronically, but carers used paper records when topical preparations, such as creams or ointments were applied.

We found some issues with medicine records, which were discussed with the registered manager and staff on the separate units. These issues included four records without photographs of people and eight without the allergy status being recorded, which are used to help staff keep people safe. Some records did not have additional information to guide staff when people were prescribed medicines to be taken when required. This meant it was unclear when and why medicines should be offered. We saw that three people had received paracetamol from the home's remedy stock that had not been recorded on their MAR in line with the home's medicine policy. There is a risk that medicines may be given twice if not recorded properly, as these people were also prescribed paracetamol by their doctor. Actions were taken by the registered manager to correct the issues raised and we were provided with evidence to support this.

We spoke with one person and looked at their medicines in detail. They had been prescribed and provided with an inhaler for breathlessness to promote self-administration. The person told us they did not know how to use it properly and a visitor had shown them what to do. There were no administration records or self-administration assessments done for this person to ensure they could administer their medicine as prescribed. This was escalated to the registered manager and measures were put in place to ensure the medicine was administered properly by staff.

We found further issues with the recording of medicines. We received documentation that assured us risks had been sufficiently mitigated and investigated thoroughly. However, this meant that more robust checks need to be undertaken as these issues had not been identified by the home. Recording errors meant we could not be sure that people always received their medicines as prescribed. The provider must carry out an appropriate audit process to ensure any implemented practice has been embedded and to ensure all relevant staff are trained to record medicines correctly.

People's human rights were being respected at all times. Disciplinary procedures were followed in the event of staff misconduct and the policies of the home ensured people were protected from discriminatory practice. This helped to ensure human rights were promoted and people were protected from harm.

During our inspection we toured the premises and found the home to be warm, comfortable and clean throughout. It was safe, well maintained and designed to a high standard. We established that dedicated laundry staff were employed and an infection control team had been developed from staff personnel, which was headed by an infection control champion. This selected team of staff attended infection control meetings within the county of Lancashire and conducted regular infection control audits. This helped to ensure infection control policies and guidance were being followed in day to day practice. However, we observed one member of staff giving out medicines. This staff member put the tablets on the palm of their own hand before offering them to the person for whom they were prescribed. This is perhaps how the individual preferred them to be offered, but wearing disposable gloves would have been more appropriate, in order to promote good infection control practices. Some staff we spoke with told us they had received training in first aid and infection control. Although training records we saw showed that some staff had completed up to date learning in these areas, others were overdue. A health and safety handbook was available for staff reference and health and safety policies were embedded in to it.

A wide range of environmental audits and risk assessments had been regularly conducted, which covered topics, such as hoists and slings, window restriction, exposure to smoke, kitchen equipment, spillage,

working at night, trip hazards, electrocution and scalding. This helped to promote a safe environment for those who lived at Stocks Hall.

Processes were in place to ensure a wide range of regular internal checks had been conducted, with a record of any faults identified and corrective action taken. The record of fire door checks could have been conducted more regularly. However, systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and fit for purpose.

Records showed staff had completed fire awareness training. Fire procedures and emergency contingency plans were in place, which outlined action staff needed to take in the event of environmental emergencies, such as fire, flood, disruption to utility supplies, power failure, gas leak, bomb threat and adverse weather conditions. Fire drills were carried out periodically and the fire alarm system was tested each week. The fire risk assessment showed where improvements needed to be made. However, records were not always clear to show what action had been taken to address these areas. The registered manager told us this would be addressed and plans were in place for the implementation of a fire risk assessment, specifically for the bariatric unit, due to more complex evacuation procedures for those who received bariatric care. However, we were told the fire policy did include how people receiving bariatric care would be supported in the event of an emergency.

Individual Personal Emergency Evacuation Plans (PEEPs) had been completed. These were located on each unit of the home, so they would be easily accessible by the emergency services. This helped to ensure people would be assisted from the building in the safest and most appropriate way, should evacuation be necessary.

Records showed that a detailed route cause analysis was conducted following any incidents, which included good information and covered a description and chronology of the incident, as well as a full investigation with follow up actions being completed in full.

We saw people being transferred with the use of equipment in a safe and competent manner. Accident reports were electronically maintained and these incorporated good explanations of circumstances and actions taken following incidents. Detailed social and health care risk assessments had been conducted in areas, such as sun exposure, falls prevention, risk of tissue damage and malnutrition. We found that appropriate action had been taken and lessons had been learned following incidents, such as the provision of more suitable equipment and additional training for the staff team. This helped to ensure people were kept safe and protected from harm.

We did not identify any staff shortages at the time of our inspection. However, some people told us they felt staff were over worked and 'stressed' and that they were not always treated well by management. One said, 'Residents [people who used the service] are all treated well, but I am not sure about the staff as there appears to be a high staff turnover.' Another told us there was a lot of agency staff used during the night. However, staff we spoke with felt that there were usually sufficient staff on duty, although if sickness occurred and replacements could not be found it could be difficult. Staff also told us that agency staff were used occasionally, but staff morale at the home was very good.

Average response times to call buzzers could be determined by an electronic call system. These showed the waiting times for those who lived at the home to be less than three minutes, which was considered to be a quick response.

## Is the service effective?

### Our findings

Comments we received from those who lived at the home about the staff team included, "I do think they [staff] have been trained well. They don't talk down to me and they always meet my needs. I wanted a shower at 5.30 this morning and they gave me one at that time because they know that is my preference." However, others told us, "I don't feel they [staff] are well trained. If you ask some of the younger staff they are not trained enough to deal with many issues, such as how to deal with strokes. There was someone here recently who had Huntington's disease and they had no idea what that was. I don't feel they are well trained to look after me, as I have specific medical needs." We discussed specific training with the registered manager and we looked at training records. We established some of the staff team had received training in relation to the specific needs of those who lived at the home.

We were told by one relative, "They [the home] assessed [name] care needs before they accepted them to the home. The way they deal with everyone is spot on. I was very impressed. They bent over backwards to accept two relatives. I couldn't fault them on anything."

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of MCA.

We saw some good examples of decision specific mental capacity assessments having been conducted and best interest decisions had been clearly recorded on behalf of those who were unable to make specific decisions for themselves. Applications for the Deprivation of Liberty Safeguards had been made on behalf of those who lacked capacity to make decisions and who were being deprived of their liberty. This helped to ensure people were not being unlawfully restrained and that the provider was working within the principles of the MCA. Staff we spoke with were aware of the MCA and DoLS guidelines.

Records we saw showed that when able consent had been obtained before care and treatment was provided. Consent was also obtained for specific needs, such as chiropody, optician assessments and hairdressing. This helped to ensure people who lived at the home were able to make informed decisions about the support they received. People we spoke with told us, "When staff are caring for me they always explain what they are doing and ask if there are things I would like to try to do for myself"; "They will always ask my permission before they come in my room. They get on with what they have to do. They definitely ask for my consent before they wash me in the shower."

We looked at the personnel records of four members of staff. We found new employees were provided with a good range of information when they started to work at the home. Staff were initially appointed on a six-month probationary, during which time they underwent a concise induction programme covering important things new staff needed to know, such as job descriptions, responsibilities and the philosophy and values of the service.

Staff members we spoke with gave us some good examples of mandatory training they had completed, as well as learning modules specific to the needs of those who lived at Stocks Hall. One said, "I have done a lot of training; Induction; fire; manual handling; and eLearning for a lot of things. I have also done the bariatric course a few weeks ago."

The records we saw did not show that all staff training was up to date. However, following our inspection the registered manager confirmed that the computerised system alerted managers when training modules were due for renewal and therefore this helped to ensure training for the staff team was kept up to date. A certificate of training in relation to bariatric care and morbid obesity showed the registered manager had completed this specific learning module and we saw that other members of the staff team had also completed this training.

Supervision sessions and annual appraisals had been conducted. However, these could have at times been more regular. This would further develop support mechanisms for the staff team.

Stocks Hall is a purpose-built nursing home, which has been designed to a very high standard. The home was tastefully decorated throughout. The furnishings and fittings were elegant. Interactive mood lighting and piped music had been installed in bathing facilities. All bedrooms had lovely ensuite facilities with wet rooms. Ceiling tracking hoists were installed in some bedrooms for the physically disabled. The communal areas provided pleasant spaces for people to dine and spend time in during the day.

A dedicated unit was available for bariatric care. This was spacious and designed specifically for this group of people with extra wide doors and corridors. A separate entrance was available to this area of the home with ramp access. This provided easy access for large pieces of specialised equipment and allowed easier manoeuvrability. All doors throughout the home were wide enough to accommodate those receiving bariatric care, so they were not restricted to just one unit.

Within the home there was a spacious, well-equipped cinema with pull down screen, surround sound and comfortable seating. A popcorn machine had been installed and the atmosphere in this area of the home replicated that of a public cinema. A wide variety of well-known films was available and we were told the cinema was regularly used by those who lived at the home and their families.

A very pleasant hairdressing salon was available with two backwash facilities. This free service was manned each week by a qualified hairdresser for anyone who wished to access the salon. A leisure centre was in the process of being built on site, which would be for the use of service users and their families, as well as the village community.

The grounds of the home were extremely pleasant and spacious with a lovely reminiscence garden, which helped people remember those who had lived at the home. There were well stocked raised planters for those who enjoyed a spot of gardening. Suitable seating areas were available and a barbeque for those who enjoyed eating outdoors in the warmer weather.

The home had been awarded a rating of five from the food standards agency, which meant food hygiene

standards were very good. This is the highest level achievable. On the day of our inspection the catering facilities were very clean and well-organised. We saw relevant guidance and clear food hygiene audits had been completed in a file named, 'Safer food better business.' This helped to ensure safe and thorough management of food hygiene standards.

We observed the lunch time service on two units of the home, where we saw many examples of good interactions by staff members with those who lived at Stocks Hall. The meal service was a pleasant experience for people. Everyone was offered a three-course meal. The daily menu offered a wide variety of meal options on a four-weekly rotational basis. The menu was well balanced and nutritious. We observed the sweet trolley being taken round at the end of the main course. This provided people with a huge range of desert choices. People told us this was usual practice and we saw those who lived at the home being appropriately supported to make dietary choices. People were helped, as needed in a discreet way, although independence was also promoted. We were told that alternatives to the menu were available, should someone not like the options on offer. Families and friends were able to dine with their loved ones to enhance the dining experience and to make meal times more sociable. The registered manager told us this service was well utilised and that private dining was offered for those who wanted to eat with friends and family in private.

One person we spoke with told us, "The food is brilliant and there is a choice. I'm never hungry as I get plenty. If I want a drink they [staff] will make one for me. The chef is fantastic. If there is something on the menu I don't like he will make me something else. The other day he made me 'dippy egg', because that was all I fancied." Another person commented, "The meals are hit and miss; sometimes good sometimes not. Visitors can have meals too, but they have recently gone up from one pound to four pounds." A third said, "On the whole the food is good. They [staff] cut mine up for me and they give me dairy free."

The needs of people had been thoroughly assessed before they moved into Stocks Hall. This helped to ensure the staff team could provide the care and support they required and therefore deliver effective outcomes. Staff members we spoke with were fully aware of people's assessed needs and were able to provide good examples of care and support they delivered.

Care records we saw contained detailed hospital passports, which provided emergency health care services with important information about people's health care needs, should they need emergency hospital treatment. This helped to ensure a smooth transition between care services was provided.

## Is the service caring?

### Our findings

Everyone we spoke with felt staff were kind and caring. Comments we received from those who lived at Stocks Hall and their relatives included, "The way they treat [name] is lovely. They have a laugh with him and are jovial in a nice and pleasant way"; "They [staff] are very kind. They can't do enough for me. I have a bucket list of things I want to do and they are helping me work through it"; "The staff are good and there are some good agency staff too"; "The staff are all great. Every single one of them. They are under a great deal of pressure, but they will do anything for me. No carer [staff member] has ever been angry or shouted and they will have a good laugh with you" and "I have never seen the staff being anything other than kind and caring"; "They never rush me, they let me go at my own pace. If there is something I can do they let me do it" and "They are patient with me and encourage me to do things for myself. I am limited in what I can do as now."

People told us staff promoted their privacy and were very respectful towards their needs. Everyone we spoke with indicated they could have visitors at any time and they could stay for as long as they wished. One relative said, "I can visit at all times and I am always made to feel welcome."

During our inspection we noted a relaxed atmosphere within the home and we observed some lovely interactions by staff members towards those who lived there. They had very pleasant attitudes, treating people equally and speaking with people in a kind and caring manner. They did not rush those who lived at the home and were attentive to people's requests for help, although independence was promoted as far as was possible. We saw people being treated equally enjoying some appropriate 'banter' with staff members, which they seemed to enjoy.

Staff we spoke with knew those in their care well and they demonstrated compassion and respect when discussing people's needs. Staff clearly had positive relationships with those who lived at the home and we saw people being treated equally and without prejudice. Records we saw and people we spoke with told us they had access to community professionals, such as GP's, opticians, speech and language therapists, dentists and chiropodists, should they need it.

We saw staff knocking on bedroom doors and waiting to be invited in before entering. Personal care was delivered in a respectful and discreet manner, which allowed people to maintain their privacy and dignity. People were able to entertain their visitors in the privacy of their own accommodation should they wish to do so, as well as in other facilities within the home. One person enjoyed the outdoor scenery when in bed in her room. This was discussed with the registered manager of the home, who assured us the individual's choice of open curtains whilst in bed would be clearly recorded. We asked staff about promoting people's privacy and dignity. One told us, "I knock on their door before I enter. if I was doing personal care and doing a bed bath I would ensure they are covered and not left exposed."

Records showed new staff members received learning around privacy, dignity and confidentiality during their induction period. Plans of care provided the staff team with clear guidance around promoting these important elements of care. Throughout the day we noted all staff were very polite and friendly with those who lived at the home and we saw they were very keen to help people as much as they could.

During our tour of the premises we noted the glass panels around the nurse's station could allow information of a confidential nature to be visible to anyone who was in the home. We discussed this with the registered manager of Stocks Hall on the day of our inspection, who acted immediately by ordering one-way privacy screening, which would enable staff to still observe activity, but prevent confidential records being seen.

Evidence was available to demonstrate people would be supported to access an advocate, should they wish to utilise this service. The records of one person showed an advocate had been involved in the decision-making process. An advocate is an independent person, whose role is to support people to make decisions in their best interests.

Family members we spoke with confirmed they were consulted and involved in the care and support of their loved ones. We saw staff supporting people to make their own decisions by offering them choices and independence was clearly supported, as far as was possible. People were encouraged and supported to access community services, should they wish to do so.

One staff member told us what they thought the care at the home was like. They said, "Superb. From the minute I started the other staff were so helpful to me. The managers are really easy to talk to. It's like a hotel."

## Is the service responsive?

### Our findings

Most people we spoke with were confident in raising any concerns with the relevant senior staff members at the home. One person told us, "I would speak to the [registered] manager. If it was a medical concern I would speak to the nurse." Two people gave us examples of when they had raised concerns with the management team. Both felt their concerns were dealt with appropriately.

Not everyone could tell us if they had been involved in the planning of their own care, but when asked if they were pleased with the care they received, they all stated they couldn't fault the care and the support delivered. One person commented, "I am very involved with my care plan. They [staff] told me to tell them what I needed and they have worked around my problems to make sure I get the care I want. I feel in control." Another person told us, "I have never looked at my care plan, but that doesn't bother me" and a relative said, "I am involved with [person's] care plan and I am happy with it."

When we asked people about the leisure activities provided, their responses included, "There are lots of activities provided. My passion is Liverpool Football Club and so when there is a big match on they put it on the big screen for me to watch. They have been great because I have lots of things I would like to do and they have been helping me do them. They have taken me out to lots of places" and "I don't go to any of the activities. I feel most of the activities are for older people than me. I have spoken to the activities manager and he is going to try and change things. They know I like live music so they have been doing more of that. The activities team are always willing to listen and to try to improve."

We looked at the electronic care records of six people who lived at the home. We found these to be well written, person centred documents. They highlighted people's assessed needs and how these needs were to be best met, as well as recording clear explanations about the type of equipment to be used.

The plans of care we saw had been developed with the involvement of those who lived at Stocks Hall or their relative and they had been reviewed at least every month with any changes in needs being reflected well. Records showed that people had the choice of how often they wished to be involved in their own or their loved ones' care plan reviews and with the agreement of those who lived at the home families were able to make arrangements to meet senior staff to discuss the care of their loved ones.

One member of staff we spoke with told us, "The staff team is outstanding. All staff take their time to meet people's needs. They always go the extra mile."

We established those who lived at the home were allocated staff members who had similar interests, so they could structure trips out and activities together, in order to support people appropriately. We found this enhanced person centred care and involved activity staff into developing and maintaining people's interests, including their life histories, goals and choices.

The home had developed good relationships with community professionals. Records showed a wide range of health and social care professionals were involved in the care and support of those who lived at Stocks

Hall. This helped to ensure people's health and social care needs were being appropriately met. We noted butterfly symbols were displayed on the bedroom doors of those who were receiving end of life care. This helped to promote a compassionate approach for those who were experiencing this difficult time.

Several people we spoke with told us they had recently attended meetings about making end of life care decisions and that their wishes had been recorded within their plans of care. We spoke with a family member who had experienced the provision of end of life care for a relative. We were told, "End of life care was excellent for [name] and us, the family. We were offered a room to sleep and shower facilities, as well as food and beverages, so we could stay with [name] during her last days. The care home was fabulous." We noted the funeral cortege came to the home to collect family and returned again after the funeral service for a quiet get together. We observed staff showing compassion and sympathy towards this family.

At the time of our inspection an activity team was appointed, who were responsible for planning and organising leisure activities in the home and also within the wider community. During the course of our inspection we spoke with one of these staff members, who was enthusiastic and who demonstrated a commitment to providing suitable activities for those who lived at Stocks Hall. We noted excellent access to a wide variety of activities and facilities in the home and within the wider community.

On the day of our inspection we noted one person was preparing to go to Wales on holiday with friends. We were told this individual had a 'bucket' list and the home was supporting them to achieve their specified goals with the help of the Honey rose foundation.

Some people confirmed that trips out into the local community and further afield were available for those who wished to participate. We were told by some people that transport provided was not suitable for everyone, particularly those who had complex physical disabilities. However, the registered manager told us that everyone could access the home's transport, although for those with more complex needs who required larger pieces of equipment the transport could just accommodate one person at a time. Bi-weekly trips out are provided to local places of interest or cities further afield, such as Liverpool or Manchester. Those who lived at the home were supported to attend church services within the community, should they wish to do so.

We were told one person had planted some flowers in the garden. During our inspection we heard a staff member ask this individual, "Would you like to come in the garden with me to look at the flowers you have planted?" From the garden we heard the staff member remark, "Wow just look at them [the flowers]. They are lovely!"

We were told of a recent Facebook challenge. We observed some people who lived at the home participating in this by painting stones with various colourful designs and placing their finished products around the village for people to find and post on Facebook.

During the morning of our inspection there was a breakfast club being held. The activities manager told us this was to try and encourage people to socialise more at breakfast time. This activity was followed by crafts and stone painting. Some people were watching a film in the cinema. A trip to Blackpool zoo had been planned when one person returned from holiday with friends, as they specifically wanted to see the penguins. A quiz took place in the afternoon, which was very well attended. At the same time in a different lounge there was an external entertainer playing a guitar and singing well known songs.

The activity co-ordinator told us he frequently reviewed the provision of activities and asked people for suggestions of what they would like to do and whenever possible their wishes were accommodated. A room was also provided for quiet games, such as chess and bridge.

We saw the activity team going around the units, informing people of the days entertainment. Each person was given a booklet at the start of every month with all the activities listed. One person who was unable to read small print had a white board in her room with the month's activities written in large font, which helped her to read the forthcoming activities. The activity team organised many fundraising events over the year, to which the community, family and friends were invited.

The use of technology was embedded into the operation of the home. An electronic system was in place for care planning, risk assessing, service maintenance and policies and procedures. Laptops and computers were available for the staff team, so they could obtain relevant information and input any important details about those who lived at Stocks Hall. The passenger lift was equipped with an audio prompt system and braille buttons for those with impaired vision.

Those who lived at the home had access to wi-fi, sky TV, Netflix, now TV sports and the internet, should they wish to use these facilities. Electronic devices were also available for their use, such as tablets, which enabled people to facetime family and friends and use various apps, such as house of memories. Some of those who lived at Stocks Hall had their own electronic equipment and mobile phones.

Complaints were, in general well managed. A written policy was in place, which outlined the procedure to follow for making complaints and this incorporated time-frames for responses, as well as contact details of relevant authorities, should people wish to make a complaint to an external organisation. There had only been one complaint recorded since our last inspection. However, the information received from the complainant was not totally clear, although a written response was evident within the complaints file.

We noted a good number of compliments had been made by families, which provided the home with many positive comments. These included, 'I would like to thank you all for the care, compassion and professionalism you showed towards my relative, whilst she was in your care.' And another had written'; 'Just wanted to thank you for your love and care you gave [name] while he was with you. His last few days were comfortable with you. He was so close to home' and 'You have somewhat exceeded our expectations.'

One community professional wrote on their feedback, "I have had no concerns about the care people receive at Stocks Hall. The staff are knowledgeable, proactive, client centred and approachable. They ask good questions, and respond positively to feedback. They regularly ask for training or additional input, where necessary and have offered to host training in the future."

Policies were in place at the home around protecting people from discrimination. The records of one person who lived at the home outlined a success story. One extract read, 'We have been able to gain the resident's trust by being supportive and understanding their past experience.'

## Is the service well-led?

### Our findings

On the whole people we spoke with thought the home was well managed. Comments we received included, "The management are all very good"; "The managers are both really nice. The manager doesn't walk around much, but the deputy does. She is very bubbly and chatty"; "The manager is friendly most of the time. She listens, but doesn't always follow things through" and "The manager is very approachable and friendly."

It is a requirement by law for the inspection rating to be displayed and we noted this to be in a prominent position within the reception area of the home.

There were a wide range of policies, procedures and risk assessments in place at the home, which had been periodically reviewed and updated. A current policy was selected each month, which staff members signed to confirm they had read and understood the contents. These provided the staff team with current legislation and good practice guidelines in areas such as, data protection and confidentiality, privacy and dignity, falls prevention, health and safety, infection control, safeguarding, bullying and harassment, equality and diversity and choice and freedom.

The statement of purpose, service users' guide and business plan were readily available within Stocks Hall and these incorporated clear visions and values of the organisation and the home itself. The aims and objectives of the organisation were achievable, measurable and realistic. This helped the service to move forward in a consistent way.

The registered manager had been in post since the home opened in 2016. She was on duty at the time of our inspection. She was co-operative throughout the inspection process. One of the directors of the company also attended the home whilst we were there.

Following the last inspection, the registered manager sent us an action plan, which outlined how the breaches of regulations 12 and 13 would be addressed. This demonstrated an open and transparent approach and it was evident the provider and registered manager wanted to work with us to improve the service.

A Care Quality Commission compliance file had been developed, which incorporated an abundance of detailed evidence including; the welcome document outlining fundamental standards, the last inspection report and action plan and other relevant documents, which showed a quality review visit had been conducted in 2017. This covered an extensive range of areas, such as infection control, medicines management, care planning, falls prevention, safeguarding, complaints and accidents. This file also incorporated a spider diagram of action the home had taken in relation to the breaches of medicine safety and safeguarding identified at the previous Care Quality Commission inspection. This was considered to be good practice and showed the home had worked hard to make improvements.

A senior care worker had developed a staff survey about the Care Quality Commissions inspections. These covered questions, such as; Are we ready for our CQC inspection? Are we ensuring to meet fundamental

standards and how are we doing this? And Do we remember good hand hygiene at all times? This helped to raise awareness amongst the staff team about the standards of care people could expect whilst they lived at Stocks Hall.

A wide range of audits were regularly conducted by a company representative and the registered manager of the home. These were designed to reflect the Care Quality Commission's key lines of enquiry and included; equipment; the environment; infection control; care planning; record keeping and discussions with staff and people who lived at the home. Any areas for improvement had been documented and records showed appropriate action had been taken to address any shortfalls identified. This helped to monitor the quality of service provided. However, the checklists at the front of staff personnel files had not been fully completed and the scoring system for staff interviews had not been utilised. Following the inspection, the registered manager confirmed that this had been addressed and a revised interview form had been implemented.

There was a lot of information available within the home for those who lived there, friends and family and for the staff team. This included people's views and opinions with explanations of how people were supported, the philosophy of activities, practical help about what to do when someone dies and how privacy and dignity is promoted.

The organisation had been accredited with an external quality award, which demonstrated periodic assessments by a professional auditor. The home was involved in completing CQUIN (Commissioning for Quality and Innovation) information four times a year for the local Clinical Commissioning Group (CCG). This scheme is a framework, which supports improvements in the quality of services and the creation of new and improved patterns of care.

A wide range of meetings had taken place at regular intervals and a variety of surveys had been conducted. This enabled those who lived at the home, their friends and family and staff members to offer feedback about the quality of service provided. Responses to surveys we saw were all positive. Lessons learned had been recorded and action plans developed following any accidents and incidents. This helped the service to move forward to make any improvements needed.

The values of the home and organisation read, 'Our values determine who we are and how we act. They are embedded in the Stocks Hall culture and spirit. Our aim is to protect, empower and inform. We will deliver our promises in an atmosphere of trust, respect and innovation. We embrace change and maintain an atmosphere of continuous development and learning. We are committed to making life and work meaningful and enjoyable for all.'

One community professional told us, "I am incredibly impressed by the whole nursing home and the staff team at Stocks Hall. We have recommended the home to others. The registered manager [name] is absolutely fantastic. The cleanliness of the home throughout is excellent. They [staff] always take on board our advice and recommendations. I cannot praise them enough." Another community professional told us they had a good working relationship with the home and that Stocks Hall, Mawdsley was 'one of the good homes.' They said the manager of the home was 'very good.'

One member of staff commented, "Working here is the best career decision I have ever made. The managers are excellent." Another told us, "It [Stocks Hall] is such a lovely place to be. You can feel it in the atmosphere. It is so wonderful. There is excellent training and the managers are so supportive. I love coming to work. I wake up with a smile on my face and I go to bed with a smile on my face. There is only one word for it... Unbelievable!"

We noted the home had introduced a 'Staff member of the month award' and responses from staff members on surveys were all very positive. This showed that the staff team were happy working at Stocks Hall. One member of staff told us, "It is a lovely company to work for. The manager is lovely." Another commented, "Teamwork is fantastic. We have employee of the month. Nurses got a recognition for great teamwork. The manager has an open-door policy." And a third said, "It's just a lovely place to work. You know you can just speak to people [staff]. They try to do anything for you. Management is good and they are supportive. I just feel happy and I love coming to work. We are a family. No-one is unapproachable and I think everyone will say the same."

An extract from one community professional's feedback read, "I have seen a few people in this care home. The care overall is very good for these people. I have not seen or heard of any physical, mental or psychological abuse. The staff do go the extra mile to make sure all needs are met. However, I have found at times communication between the staff and others can be lacking and that tasks have taken longer than they should have. The last time I visited I noticed there has been lot of staff changes."

It was clear there were external links to a wide range of community professionals, as well as close links with schools, colleges, specialist children's homes and hospitality businesses. This helped to ensure these were very much part of life at Stocks Hall. The home had set up a nine month project with the local primary school. This consisted of monthly visits by four and five year olds. Activities had been planned with the school to enable the young and the old to work together and to 'buddy' up. that we hope will benefit our residents and the children and will allow them to work together and 'buddy up'. Monitoring of this programme was being overseen by the school and the home.