

Stocks Hall Care Homes Limited

Stocks Hall Care Home - St Helens

Inspection report

6 Elderflower Road
Dentons Green
St Helens
Merseyside
WA10 6FP

Tel: 01744733385

Website: www.stockshall-care.co.uk

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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

About the service: Stocks Hall Care Home provides accommodation for up to 54 adults who need assistance with personal or nursing care. Both younger and older people were accommodated at the service whose needs included physical, psychological, communication and emotional support. In addition a number of people using the service were living with dementia. At the time of our inspection 52 people were receiving support.

People's experience of using this service:

The general atmosphere at Stocks Hall was calm and friendly. Staff were continuously seen to be kind and compassionate towards people and it was obvious they had built strong familiar relationships with people that made them feel relaxed. Positive comments were received regarding the caring approach of the staff team and how well they knew people's needs.

Staff were motivated to deliver care that was person-centred and based on people's needs and preferences. People were treated with kindness, compassion and respect and staff interacted well with people. Techniques were used to staff to help relax people with positive outcomes. People told us they were supported to be as independent as possible.

People told us they felt safe living at the home and were comforted by the knowledge that staff would respond to any concerns they had. Family members also felt positive that their loved ones were safe and had peace of mind knowing they did not need to worry about them. Risks that people faced had been assessed and those identified were safely managed. Medicines were managed safely and people told us they received their medication at the right times. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. The environment was safe and people had access to appropriate equipment where needed.

Enough suitably qualified and skilled staff were deployed to meet people's needs. Staff received a range of training appropriate to their role and people's needs. Most staff told us they felt supported by the new manager, however as they had only been in post a short time, some staff told us they would approach other senior staff or nurses for support. We discussed with the manager the importance of all staff feeling supported by them and they assured us they were in the process of getting to know staff and reassure them of their support.

People's needs and choices had been assessed and planned for and care plans provided guidance for staff to support people in the way they preferred. People were encouraged and supported to eat and drink well and supported to access healthcare when needed. People were offered choice and control and where able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interests in line with the Mental Capacity Act.

The leadership of the service promoted a positive culture that was person-centred and inclusive. People and

family members, along with most staff, described the manager as approachable, supportive and visible around the home. The manager showed a desire to improve on the service provided and was able to show ways in which they planned to do this. Effective systems were in place to check the quality and safety of the service.

Rating at last inspection: Good (report published September 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating from the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our Well-led findings below.

Stocks Hall Care Home - St Helens

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted by one adult social care inspector and one expert by experience with experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and the quality and safety of the care provided. The registered manager was on a leave of absence at the time of our inspection. An interim manager had been recruited in their absence.

Service and service type:

Stocks Hall Care Home – St Helens is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

Our plan took in to account information the provider had sent to us since the last inspection. We considered information about incidents the provider must notify us about and looked at issues raised in complaints and

how the service responded to them. We assessed information we require the provider to send to us at least annually within their provider information return (PIR); this provides key information about the service, what the service does well and the improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with eight people using the service and five family members to ask about their experience of care. We spent time making observations of the care provided and the interactions from staff towards people. We spoke with the manager, deputy manager, senior staff including nurses and five care staff. We also looked at three people's care records and a selection of other records including those related to the quality monitoring of the service.

Some people using the service were not able to give us their views. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Details are in our key findings below. This report includes information provided by the expert by experience.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us, and family members confirmed, they felt safe. Comments included, "I feel very secure, particularly as staff are around whenever you need them," "I do feel really safe here all the time," "The provision of care and safety of my sister is clearly very important to staff" and "No issues at all, my husband is so well cared for."
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm. Staff were confident about how to report safeguarding concerns.
- The service kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future occurrences.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.
- Staff had access to a 'global register' that provided a quick reference guide to people's physical condition; this ensured staff were aware of who was at most risk and whether any person had a DNACPR in place. This list was continuously updated as people's physical conditions changed.
- Observations during inspection showed there were enough suitably qualified and trained staff deployed to meet people's needs and keep them safe. Some people told us that whilst there were enough staff on duty, they did not always respond requests for support in a timely manner. This was discussed with the manager who assured us this would be addressed.
- The manager told us they were currently in the process of recruiting permanent nurses some had recently left. Agency nurses were being used to cover shortfalls.
- Safe recruitment processes continued to be followed.

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people had been assessed and provided detailed information around people's individual risks in order for staff to keep people safe.
- Staff knew people's identified risks well and were seen to support people with their physical needs and mobility in a safe way.
- Risks to people were regularly reviewed and records updated to reflect any changes in identified risks.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.
- Medicines continued to be managed safely by appropriately trained staff.
- Electronic medicine administration records (MARs) were completed correctly; staff told us these were much easier to use and helped reduce errors in recording when medicines had been administered.
- Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed.

Preventing and controlling infection

- People spoke positively about the cleanliness of the home. Comments included, "Look at this place, it is lovely and clean" and "The staff work hard to maintain high standards and I like it that my bedroom is cleaned every day."
- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.
- All areas of the home were clean and well-maintained.

Learning lessons when things go wrong

- A record of incident and accidents that occurred were kept and reviewed regularly to identify any patterns or trends so that lessons could be learnt when things went wrong.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments were completed prior to people moving into the home to ensure staff were able to meet their needs; information was gathered from other health and social care professionals to help complete these assessments.
- Assessments of people's care needs were completed in good detail and provided guidance for staff to support people based on their needs and choices.
- The service had recently transferred from one electronic care system to another; the manager had identified that some aspects of the system were not allowing staff to record all required information accurately, such as food and drink intake. This was in the process of being addressed. Staff were maintaining paper records where necessary.

Supporting people to live healthier lives, access healthcare services and support

- Staff appeared to know people well and how best to meet their needs.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.
- Where staff identified changes in people's needs, referrals to appropriate healthcare professionals were completed and records maintained to evidence such referrals and any advice given.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day and night. Staff were seen to provide appropriate support and encouragement to eat and drink where required.
- Staff were observed during meal times to support people in an unrushed and calm manner; staff chatted with people to help make the mealtime experience enjoyable and relaxed.
- People were protected from risks associated with poor food and drink intake and swallowing difficulties.
- Most people spoke positively about the food provided. Comments included "I enjoy the choice and quality of food," "You can get a drink and biscuits anytime you want" and "The food is very good and you are always given a choice." One relative told us "I have seen many mealtimes and they really go out their way to ensure they cater for everyone."
- We observed various food choices being offered to people and were told alternatives were available if people did not like what was on offer.
- The chef had recently been recruited and was in the process of getting to know people's likes and dislikes. The manager had recently sent 'dietary requirement' forms out for staff to complete with people to help the

chef identify food preferences and requirements.

Staff support: induction, training, skills and experience

- People told us they felt staff knew what they were doing. One person told us "The staff here know what they are doing." Family members told us "Staff are fantastic with Mum" and "Frontline staff are excellent and clearly know what they are doing."
- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Newly recruited staff continued to receive a detailed induction and on-going training relevant to their role and people's needs.
- Most staff told us they felt supported in their role. The current manager had only been in post a few weeks and was still in the process of getting to know staff. We discussed the importance of making staff feel supported in their role.

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

- The building was designed to maximise people's independence and mobility with wide corridors to enable people to move freely around the home.
- A passenger lift was available for people to access all floors and equipment to assist with mobility had been installed.
- People's bedrooms were furnished and decorated to suit their individual tastes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service continued to work within the principles of the MCA; DoLS applications had been completed appropriately and to the relevant authority. Capacity assessments had been completed where necessary and any decisions made in people's best interest had been recorded and included the involvement of relevant others.
- Staff were continuously seen to offer people choice and control.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care and support from staff who clearly knew them well.
- It was clear from observations that staff had developed strong relationships with people. Staff displayed positive, warm and familiar relationships and were seen to be genuinely kind and compassionate.
- People spoke positively about the care they received from staff. Comments included, "Staff are always there for me, even when they are very busy," "I love having a laugh and a joke with staff" and "Staff are very kind to me." Family members told us "This place is so good, we regard this place as a second family," "It is clear the staff really do care," "The staff are a fantastic group" and "Staff are very approachable."
- Staff understood and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people.
- Staff created a warm and happy environment that made people and visitors feel relaxed and welcome.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to treat people with dignity and respect and provided compassionate support in an individualised way. One family member told us "Every time I come here I can see that the staff treat people with dignity and respect."
 - Staff ensured people were kept clean and well-presented after meals and when providing support with personal care.
 - Staff knew how to support people who were upset and anxious and were seen to do this in a kind and dignified way. One person told us "Staff always do their best to help, even when I wind them up."
 - People were given choice and control over how they spent their day and were supported to be as independent as possible. People told us "I like it here because they always do their best to help me do what I want to do" and "It is great here, I can do what I want during the day."
- Family members told us, "It is clear that my sister has a better life and more freedom in the care home, than she would have being at home with family" and "The great thing is that staff try to promote people's independence."
- Records relating to people's care were stored electronically; staff had their own log-in details to ensure information was kept secure and confidential.

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

- People, along with family members, were encouraged to be share their views about the care provided with regular care plan reviews and general meetings.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care in the way they wanted.
- Staff were seen to respond appropriately to people who needed support and it was clear they knew people well. One person told us "I know staff will come to me if I need them." One family member told us, "My husband can be quite low in mood and no matter what his mood is, the response from the carers is superb."
- Care plans were developed and stored electronically and contained detailed and person-centred information that was relevant and up-to-date.
- Staff used hand-held devices that gave them access to information about people's needs and how they were to be met.
- People and family members felt involved in care planning and family members told us they were always kept informed of any changes or concerns. One person told us, "My mum and dad work on my care plan with staff and are very grateful for the help and support provided." Family members told us, "The care staff are excellent at keeping you informed" and "A few weeks ago my husband became unwell. I was kept up to date on progress right through until things settled down again and I really appreciated the efforts of the staff."
- The service continued to meet the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards.
- People were supported to access a range of activities on a regular basis; this included activities within the home and trips out. People spoke positively about the activities provided; comments included, "I like joining in with the table games we play," "The activities lady is always trying to get people to take part, it can be fun" and "I really enjoy the book reading sessions." One family member told us, "The activities are an important part of the day and the Activities organiser is making a difference."
- The service employed a holistic therapist who was fully qualified to deliver a range of therapies to people. This was used to promote people's health and wellbeing.

Improving care quality in response to complaints or concerns

- People and family members were given information about how to make a complaint. They were confident about making a complaint and felt listened to. One family member told us, "The team here are very good at making you feel comfortable and able to raise any questions."
- The service kept a record of any complaints that had been made; those recorded had been dealt with appropriately.

End of life care and support

- At the time of the inspection no-one using the service was in receipt of end-of-life care. However, people

continued to be supported to make decisions about their preferences for end-of-life care.

- The service had previously completed a nationally recognised model of good practice of care for people nearing the end of their lives.
- The service kept a record of people choices in relation to end of life care, directions and decisions on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This register was updated daily to ensure that staff had up to date knowledge of people's decisions and decisions made on the behalf.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the service had a registered manager they were on a leave of absence at the time of our inspection. An interim manager had been recruited in their absence who was being supported by a deputy manager.
- The manager understood their role and what was required to ensure the service provided good care to people.
- People and family members spoke positively about the management of the service; comments included, "The team must be well-led, I like it here," "They seem to be a good team and have never let me down," "The new manager seems really nice", "I look at the way this home is managed and maintained and it is certainly a place that I would highly recommend" and "I have been visiting my sister for many years and this place continues to be very well run."
- Most staff told us they felt supported by the current manager and found them to be open and transparent and felt able to approach them if they had any concerns. The manager told us they were still getting to know everyone and were aware of the importance of staff feeling reassured and supported in their role.
- The manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People and family members spoke positively about the home and the atmosphere created by staff and managers. Comments included, "We are all together in a nice, easy going atmosphere," "All the staff are approachable," "In this place you really do get maximum care, not minimum," "The staff are open, friendly and welcoming from the moment you arrive" and "Our family is really pleased with the consistently high level of care provided."
- The managers and staff promoted a culture of person centred care by engaging with everyone using the service and family members.
- Since the interim manager had been in post they had identified areas of improvement that could be made to ensure more person-centred care was provided; 'resident of the day' had been implemented to allow all departments to meet with people and family members and obtain their views.
- The manager had recently started to complete an activities tracker to look at who engages with activities; information gathered will then be used to help improve activities offered within the home.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits

and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement.

- Daily reports in relation to falls and pressure wounds are created to help identify any patterns or trends.

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

- The service continued to involve people and family members in discussions about the care.
- The service worked closely with other agencies and community groups to achieve good outcomes for people.
- Students from the local college completed work placements at the home to help obtain necessary skills and experience as part of their course. One student currently completing work experience told us "I am learning something new every day, I am really enjoying it here. Other students that I know who had worked here all said positive things about how much they had learnt."