

Elysium Care Limited

Stockton Lodge Care Home

Inspection report

Harrowgate Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stockton Lodge Care Home is a residential care home providing personal and nursing care to up to 42 people. The service provides support to adults, some of whom are living with dementia. At the time of our inspection there were 33 people using the service.

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

People we spoke with were happy living at Stockton Lodge and felt the staff took good care of them. One person told us, "I am very well cared for. I've liked being here. It's safe."

Medicines were managed safely. There were systems for ensuring people's safety, however we found some records did not include all necessary information. Following our feedback the registered manager made the necessary improvements straight away. There were enough staff to meet people's needs and support them safely. The provider had systems and processes in place to protect people from the risk of abuse. The provider had appropriate measures in place to minimise the spread of infection. Lessons were learned following accidents and incidents.

Most people's care records were up to date and accurate, however, records for those people at the home for a short stay needed to include more detail. The registered manager acted on this straight away. Staff demonstrated a good knowledge of the people they support and considered people's communication needs when delivering care. People were able to maintain relationships with friends and relatives. Staff supported people to take part in a range of activities. The provider had a complaints procedure in place and any concerns were dealt with appropriately.

Staff felt supported in their roles and told us morale amongst the staff team was good. Staff, people using the service and their relatives told us the manager was approachable and all felt they could go to them with any concerns or ideas. The provider asked for feedback via surveys and questionnaires and action was taken in response to comments received. The registered manager was conducting regular audits and when issues were identified work was done to rectify them. The registered manager and staff liaised with external professionals to ensure people had access to the support they needed.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 August 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

We carried out an unannounced inspection of this service on 9 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stockton Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Stockton Lodge Care Home

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 Health and Social Care Act 2008.

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stockton Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stockton Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 August 2022 and ended on 7 September 2022. We visited the service on 16 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and six relatives about their experience of the care provided. We made observations around the service. We reviewed a range of records. This included four people's care records. We checked medicines stock and storage and reviewed medicines records. We spoke with six members of staff, including the registered manager, care staff, activities staff, and domestic staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. The provider had policies and procedures in place to support staff in the safe management of medicines.
- Staff had received training in the safe management and administration of medicines. Their competence to manage medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- Records indicated that the majority of medicines had been administered when needed and signed for correctly. We found one person had not always received one of their medicines as prescribed. We discussed this with the registered manager who sought external advice and provided evidence that improvements had been made following our visit.
- Some prescribed medicines were used 'as required'. Protocols were in place to support staff with the administration of these medicines. Topical medicines such as creams and lotions were well managed.
- Any changes to prescribed medicines had been communicated to staff, and people's records had been updated to reflect this.

Assessing risk, safety monitoring and management

- There were systems for ensuring people's safety. However, we found some records relating to short stays did not include all necessary information. For those people who lived at the home permanently, risk assessments were comprehensive and regularly reviewed but when people were in the home for shorter stays this was not always the case. We highlighted this to the registered manager who responded immediately during and after the inspection.
- The registered manager ensured all necessary checks and tests were carried out to make sure the building was safe.
- The provider had policies and procedures in place to minimise risk in the event of a fire. Staff had all taken part in fire drills. Some staff were trained as fire wardens and this information was on display. The fire alarm system and fire-fighting equipment were checked regularly.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs and support them safely. The registered manager reviewed staffing levels regularly. One person told us, "I think there's enough staff, there's no problem at night or the weekend."
- The provider had effective recruitment processes in place. This included making sure that important information such as; identity, qualification checks and references had been sought. Records that we sampled indicated that these important checks had been completed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. The provider's safeguarding policy was up-to-date and reviewed regularly.
- All staff had received training in safeguarding that was suitable for their roles. This included a mixture of on-line as well as face to face training which was in line with best practice guidance.
- Staff were aware of the safeguarding process and told us that any concerns would be reported to their line manager or the local authority safeguarding team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was taking place in line with current government guidance.

Learning lessons when things go wrong

- Lessons had been learned from the previous inspection and actions taken to improve the service.
- Accidents and incidents were monitored to identify any areas of concern. Appropriate referrals were made to agencies such as the falls team. Patterns and trends were looked for so lessons could be learned, and any necessary changes made going forward.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care records were up to date and accurate for those people who lived at the home on a permanent basis. Records for those people at the home for a short stay needed to include more detail. We fed this back to the registered manager who responded immediately during and after the inspection.
- Staff demonstrated a good knowledge of the people they support. Care plans contained person-centred information including people's life history. One person had previously worked in retail and staff encouraged them to help in the onsite shop.
- People receive individualised care and support from staff. One person told us, "They know what I like and don't like, [staff] do their best."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff considered people's communication needs when delivering care. People had detailed communication plans in place. We observed staff speaking slowly and carefully to one person so they could hear choices at lunchtime. They were then given enough time to give their reply.
- Information was provided in alternative formats to help people with communication difficulties or sensory impairment. For example, surveys for people using the service were available in large print and staff obtained audio books for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to maintain relationships with friends and relatives. There were also friendships developing within the home. One person told us, "It's nice my brother comes; the staff keep him up to date." A family member told us, "They give us the use of the activities room for privacy when the family come."

- Staff supported people to take part in a range of activities. These included one to one pampering sessions, group activities and trips out to the seaside. During our visit we observed people enjoying a game of bingo in the lounge. One person told us, "[Activities co-ordinator] gets me a jigsaw, she's given me half a dozen books. We have the mobile library, and I get the audio books too."
- For those people who were not able to access the community independently there was a pleasant area with some artificial shop fronts and murals. The 'book shop' had books available for people to take. There was also a small but well-equipped shop area where items such as toiletries and sweets could be bought. Staff told us this area was somewhere people who preferred not to take part in group activities often came to chat to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and any concerns were dealt with appropriately. One family member told us, "If I'm not happy I go to [registered manager] or mention it to the carers. They take it on board, they are happy to help, very pleasant."

End of life care and support

- At the time of our inspection nobody was receiving end of life care. Staff had been trained in this area and there were appropriate care plans in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure records were accurate and up to date. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People had detailed care plans in place that were reviewed on a regular basis. However, changes to care plans were not always recorded in a way that made people's current care needs clear to staff. We discussed this with the registered manager who responded immediately, during and after the inspection and sent us evidence of updated documentation.
- The culture in the home was open and inclusive. The registered manager had been in post since April 2022. People we spoke with knew who the registered manager was and felt they could go to them with any concerns. One family member told us, "I think the home is well managed. The manager is approachable, and the senior is lovely."
- Staff felt supported in their roles and spoke positively about the culture and values of the service. One member of staff told us, "I love my job. [The registered manager] is a great manager, really approachable. I can go to them with any ideas or suggestions and they will listen."
- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service.
- The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.

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

At the last inspection the provider had failed to have an effective quality assurance system in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider now had a more effective quality assurance system in place. The registered manager was conducting regular audits and when issues were identified work was done to rectify them. New audit systems had been embedded into working practice since our last inspection.
- There was a new registered manager in post and they had begun to make further positive changes. The issue with short term care plans had already been identified but the registered manager had not had opportunity to put new systems in place prior to our inspection.
- The registered manager understood their role in terms of regulatory requirements. For example, they had notified CQC of events, such as safeguarding's and serious incidents as required by law.

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

- People felt they were involved in the service. One person told us, "The Manager is very interested in the residents they've started making changes. All my niggles I go to them, the door is open."
- Staff felt well supported with regular supervision and annual appraisal. Staff meetings were going to take place more regularly following the relaxing of COVID-19 restrictions.
- The annual family satisfaction survey had just been completed for 2022 and responses were about to be analysed. One family member told us, "I filled in a questionnaire recently and added my views." Surveys had also been conducted with people using the service and the manager confirmed they had already approached someone to discuss some concerns they had raised regarding menu choices.

Working in partnership with others

- The provider engaged well with outside agencies including the local authority. We saw evidence of good partnership working.
- The registered manager and staff liaised with external professionals to ensure people had access to the support they needed. One relative told us, "[My family member] suffers from anxiety so the home liaised with the Mental Health team."