

Stocks Hall Care Homes Limited

Stocks Hall Nursing Home - Skelmersdale

Inspection report

50C Whitemoss Road
Skelmersdale
Lancashire
WN8 8BL

Tel: 0169555234
Website: www.stockshall-care.co.uk

Date of inspection visit:
17 January 2024

Date of publication:
29 February 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stocks Hall Nursing Home – Skelmersdale is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people, people that may be living with dementia and people who may have a physical disability. At the time of our inspection there were 48 people using the service.

The home is set over 2 floors, and both floors have good sized communal areas for people to use. Visitors have access to a car park and people and visitors can use the garden area.

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

Improvements were required to manage risk to some aspects of people's health and wellbeing more effectively and to make sure medicines were managed safely. People were protected from the risk of harm and the risk of mistakes being repeated. People were supported by enough staff that had been recruited safely, and the home was clean and comfortable.

People enjoyed the food at the home, 1 relative said, "The meals are lovely." The chef knew people's likes and dislikes and there was a good amount of choice available. There were some gaps in the documentation of nutritional needs.

People were supported by staff that completed regular training and staff knew people well. One relative said, "It is very good care." Staff supported people to live healthy lives and access wider healthcare agencies.

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.

Improvements were required to the governance of the service to make sure elements of risk were identified and changes made where required. People were supported by staff that enjoyed their jobs. One member of staff said, "We get on together, we work well as a team." Staff and relatives could provide feedback about the home and the registered manager worked well with external agencies.

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

Rating at last inspection

The last rating for this service was good (published 27 September 2018).

Why we inspected

We received concerns in relation to the management of medicines, and the management of some health

needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Stocks Hall Nursing Home - Skelmersdale on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to assessing risk, medicines and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stocks Hall Nursing Home - Skelmersdale

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.

Inspection team

The inspection was undertaken by 2 inspectors.

Service and service type

Stocks Hall Nursing Home - Skelmersdale 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. Stocks Hall Nursing Home - Skelmersdale is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used 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 14 members of staff including the registered manager, deputy manager, care staff, nursing staff, domestic and kitchen staff. We spoke with 5 relatives and observed the care of people living at the home.

We looked at a range of records including 3 people's care plans, risk assessments and medicine records. We looked at 4 staff recruitment records, staff rotas, health and safety documents, audits and policies and procedures.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always effectively managed.
- Risk assessments for 2 people had not been updated to reflect people's nutritional needs following a speech and language assessment, although the care plan was up to date.
- We found that following a change to a person's nutritional care plan, the new guidance was not communicated or handed over effectively to staff. Although no harm occurred, this meant that 1 person was given the incorrect level of drink thickener. Thickener is added to the drinks of people who have been assessed as at risk of choking, and ingesting the incorrect amount could be harmful.
- Some people had bed rails in place to keep them safe. However, bed rail risk assessments had not always been completed. There was no process to make sure bed rails were regularly checked to make sure they were in good working order.

Although we found no evidence of harm, systems had not been established to identify and monitor risk. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed action would be taken to address these shortfalls, including reviewing all risk assessments and conducting regular audits.

Using medicines safely

At our last inspection we recommended action be taken to check the temperature of the medicine's fridge and medicine's storage areas regularly. Not enough improvements had been made and the provider was now in breach of the regulation.

- We found some gaps in the recording of temperature checks of the medicine's fridge and medicine's storage room. Therefore, we were not assured of the effectiveness of the medicines stored here.
- At the last inspection there was a lack of evidence that staff's competencies regarding medicines administration had been checked. At this inspection we did not see any written evidence that staff's competencies had been checked, although staff told us this had been completed.
- Some people had medicines prescribed 'as and when required'. Not all of the prescriptions had guidance for staff to follow.
- One person had a medicine prescribed 'as and when required', and we found this had been administered every day for the past 7 weeks. We were concerned that staff had not requested a GP review to make sure

this was still the correct prescription.

- We found that some topical creams which were stored in people's bedrooms had expired. We found a bottle of eye drops in the fridge which should have been discarded after 4 weeks. Guidance states prescribed creams should be stored securely, and we were not assured of the safety and effectiveness of medicines that had expired.

Although we found no evidence of harm, systems had not been established to make sure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the issues we found on inspection had already been identified via a medicines audit and the registered manager assured us action would be taken to address, including introducing a daily walk round to monitor outcomes, and completion of staff medicine competencies.

- Staff completed electronic records to say people received their medicines as prescribed. Records included photographs of people and information about allergies.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Although staff knew what to do if they had any concerns, there was no system to collate safeguarding investigation outcomes. The provider took action immediately and introduced a more robust incident log.
- There was an up to date safeguarding policy and training was up to date.
- Relatives told us they thought people were kept safe and that staff knew people well.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- There were enough staff to meet people's needs and attempts made to reduce the use of agency staff. The registered manager was in touch with the local authority to request extra support for people that required 1-1 care. Some staff told us that at times staffing numbers could be better due to the needs of people becoming more complex recently.
- Staff were recruited using safe processes and had the necessary safety checks including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- 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 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 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.
- The provider supported visiting in line with guidance and relatives told us the home always looked clean and tidy.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- Staff completed reports following incidents and accidents and the registered manager reviewed these to monitor themes and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- We were made aware of a recent incident which caused harm following a choking episode. Therefore, we checked whether people's nutritional needs were being assessed and monitored safely. We found that some improvements had been made including protected time to provide focussed support for people with nutritional needs. Although people's needs and choices were assessed and made clear in care plans, there were some gaps in relation to the documenting of nutritional needs in people's risk assessments, and information was not effectively handed over to staff in a timely manner following a change. We have therefore identified a breach of the regulation in the safe section of this report.

- There was clear guidance about individual needs available in food preparation areas.
- Staff made referrals to speech and language teams and drink thickener was stored securely.

Staff support: induction, training, skills and experience

- People were supported by staff that had the right skills and experience.
- Staff completed inductions and regular training.
- There was a mixture of face to face and online training, and the registered manager monitored staff completion of training.

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

- Staff worked with other agencies to provide care and supported people to live healthier lives.
- Staff worked alongside mental health teams, frailty teams and made referrals to external agencies when required.
- Staff supported people to access healthcare appointments and services to help them maintain healthy lives. Relatives told us that staff helped people to access wider resources to support their health.

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

- The service was adapted to meet people's needs.
- The building was comfortable and homely, and people could decorate their rooms according to their preference.
- Rooms were personalised, and communal areas had a lively and positive atmosphere.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and made applications to the local authority when people were at risk of being deprived of their liberty. Any conditions were being met.
- Staff undertook MCA assessments and considered consent throughout their caring interventions.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all aspects of risk were assessed, and systems to identify when changes to practice were required needed to be embedded.
- Staff undertook medicine audits and similar themes were identified in consecutive audits, showing improvements had not been made. We found the same concerns in medicines management, some of which were identified at the previous inspection.
- Some people's risk assessments did not contain up to date and the same information as people's care plans, and information regarding a person's drink requirements had not been effectively communicated to all staff. Some risk assessments were out of date or incomplete.
- There was no system to monitor safeguarding concerns, or track outcomes of investigations. This meant opportunities for making changes or implementing recommendations could be missed.

Although we found no evidence of harm, systems had not been established to provide effective quality performance of the service. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider confirmed action would be taken to address. This included undertaking daily clinical walk rounds, monitoring of outcomes and the introduction of a more robust incident log.

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

- We found a positive culture at the home.
- Staff were friendly and caring and enjoyed their jobs. One member of staff said, "I really enjoy my job, I have worked here for a few years."
- People enjoyed living at the home and feedback from people and their relatives was positive. One relative said, "The staff and the home is exceptional, we were lucky to find it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities regarding their duty of candour.
- Relatives told us the registered manager contacted them regarding any concerns or changes. One relative said, "Staff are very good, they will always ring me if there are any concerns."

- The registered manager made statutory notifications to the required agencies.

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

- The registered manager and deputy manager engaged well with people, their relatives and staff.
- Resident and staff surveys were undertaken, and staff attended regular meetings. A relative told us that they received surveys approximately once a year.

Continuous learning and improving care; Working in partnership with others

- The managers were committed to continuous learning to improve care and worked in partnership with others.
- Further training was encouraged, and the deputy manager was undertaking management training to support future arrangements.
- Managers worked alongside other agencies. There were regular ward rounds from health professionals including mental health agencies. There were links with local hospices and staff could access guidance and training regarding end-of-life care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to make sure medicines were managed safely. Systems had not been established to effectively identify and monitor risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to provide effective quality performance of the service.