

# Shire Care (Nursing & Residential Homes) Limited

# Stallingborough Lodge Care Home

## 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

### About the service

Stallingborough Lodge Care Home is a nursing home providing personal and nursing care for up to 47 people, some of whom may be living with dementia. At the time of the inspection, 42 people were living at the service.

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

People told us they felt safe and felt well cared for, staff knew their individual needs well. People told us the meals were lovely and spoke about activities they had participated in. People and their relatives said they could always go to a staff member or the manager if they were not satisfied, and they spoke positively of staff and managers.

People received support from staff who were recruited safely and received regular supervision to monitor their performance. Staff attended an induction programme and received ongoing training to support them to carry out their roles effectively.

The premises were clean and tidy, people's rooms were personalised, and communal areas were homely. The layout provided people with the opportunity to socialise with others and spend time in quieter areas when needed. People's dignity was promoted and we observed positive interactions with staff.

Managers and staff had positive working relationships with external agencies and healthcare professionals ensuring that people's needs were met in a timely manner.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published February 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring 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** ●

# Stallingborough 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines 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

Stallingborough Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We reviewed a range of records. This included five people's care records and risk assessments. We looked at four staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the registered manager, deputy manager, one senior care assistant and a care assistant.

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 with us.

### After the inspection

We continued to review records sent to us electronically and gathered more feedback from two health care professionals who work with the service by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Safeguarding alerts were raised with the local authority in a timely way.
- Staff were trained and knowledgeable in safeguarding principles and practices.
- People and their relatives told us they felt safe. One relative told us "[Name] is safe. The general feeling I get is they are settled and cared for, I have got no concerns. Physically, [Name] cannot get out as the main doors are locked and they check on them at night."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff effectively assessed and managed risks to people's health, safety and wellbeing.
- The premises were safe. Environmental and fire risk assessments were in place, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way.
- Accidents and incidents were reviewed regularly to ensure lessons could be learned and reduce risks. Staff told us they were included in learning discussions where accidents or incidents had occurred.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment procedures to make sure staff were suitable to work at the home.
- Staffing levels were safe. There was sufficient numbers of staff deployed to ensure people's care and support needs could be met safely.

Using medicines safely

- People received their medicines on time from trained staff.
- The provider ensured regular audits were carried out to support the safe administration of medicines and identify any areas of concern or errors.
- Protocols were in place for medicines prescribed for use 'as and when required'. This supported staff to identify when a person required additional prescribed medicines, for example, pain relief.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they started to use the service. People's needs were reviewed regularly and updated when required.
- Detailed assessments helped to ensure care was planned and delivered in line with people's lifestyle choices and cultural needs.
- The environment had been adapted to support people who may be living with dementia to navigate around the building independently.

Staff support: induction, training, skills and experience

- Staff completed training to ensure they could safely meet the needs of people using the service.
- Staff received frequent supervision and appraisals to discuss performance individually and as part of a team.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People enjoyed the food and their dietary requirements were catered for. Adaptations and equipment were available to support people to eat and drink independently.
- Staff supported people with eating where assistance was needed. Assistance was given in a dignified way.
- A range of food and drinks were available to people, and people were able to choose what to have and when.
- Food and fluid intake was monitored, for those who required it.
- Referrals were made in a timely way to healthcare professionals including dietitians, opticians and dentists. This ensured people received early interventions to maintain or improve their health and wellbeing.

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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent before they provided any assistance.
- People's capacity had been assessed when required and their care records documented whether or not they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed, which demonstrated people's rights were upheld.
- Authorisations to deprive people of their liberty had been submitted correctly when people needed restrictions placed on their care to keep them safe.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were respected, listened to and well cared for. Comments we received from relatives included, "I have absolutely no complaints, [Name] is always clean and well dressed. They (staff) make an effort to coordinate her clothes, little things like that matter and her cleanliness, like herself and hair, it is good."
- Equality, diversity and human rights policies were in place to make sure people were treated fairly, regardless of their age, sex, race, disability or religious beliefs.
- Staff spoke fondly about people and interacted with them in a positive and meaningful way.

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

- People were involved in making decisions about their care. People were able to choose what they wanted to do and when. One person told us, "I please myself when I get up and when I go to bed. It could be 1am, that's my choice and they would respect that."
- Some people had relatives who advocated on their behalf. This was clearly documented in care records.
- Staff knew people's choices and preferences in relation to their care. Care plans also detailed wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their choices. People told us, "They ask my permission all the time" and, "I don't like activities. The activity coordinator comes and tries to persuade me, she chats but does not push you, I see her as a friend."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. One person liked to take an active role in the home and helped with tasks, including setting tables at mealtimes. They told us, "I usually clear the tables, put the rubbish in the bin, wash the tables and re-lay them. I feel I am helping them; I like to help them. It keeps me independent."
- People and their relatives spoke highly of the care provided. Comments from relatives included, "Staff are wonderful with her. They are very caring; it is the way they speak with her. I get the feeling that they (staff) genuinely care, and they say you just ring up if you want, they will always go and find her and pass the phone to her. They are doing a good job."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received responsive care. One relative told us, "One of the staff asked if I could take a mirror in as my relative is now taking more of an interest in their appearance, I felt that was brilliant." Another told us, "My relative loves music and they arranged for a cd player and put it in her room with music."
- Care records contained detailed and up to date information to help staff provide the care and support people needed.

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 happy with the range of social activities provided. Activities were varied and planned based on people's interests. One person told us, "We do bingo, dominoes, puzzles, drawing, word games. It is ever so good. I love the garden; I do weeding, digging and water the flower beds."
- Where people did not want to participate in group activities, the activity coordinator spent one to one time with them on an activity of their choice.
- People had been supported throughout the COVID-19 pandemic to maintain contact with people who were important to them. Relatives told us, "I asked if I could ring them when Covid started and they said ring whenever you want, and I did. We would talk on the phone, me, my relative and staff we all talk. It is lovely."

Improving care quality in response to complaints or concerns

- People knew how to complain. A relative told us, "I know I can speak to the manager and she deals with things."
- A copy of the provider's complaints procedure was available and included information about how to make a complaint and what people could expect if they raised a concern.
- Complaints that had been made were acknowledged and responded to in a timely way.

End of life care and support

- Sensitive discussions were held with people and their families to ensure people's end of life wishes were recorded.
- Staff worked in partnership with healthcare professionals to ensure people remained comfortable and pain free towards the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication preferences were documented. Staff understood people's non-verbal communication, including body language and facial expressions.
- Information, including the providers complaints procedure, was available in alternative formats on request.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; 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; Continuous learning and improving care

- The registered manager and provider monitored the quality of the service regularly to make sure they continued to deliver a high quality standard of care and drive improvements.
- Staff understood the provider's values and knew what was expected from them.
- Information was submitted to CQC in a timely way about significant events that occurred in the home.
- The registered manager and provider understood and demonstrated the duty of candour. They conducted themselves in an open and transparent way.

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

- The registered manager and staff promoted a positive culture in the home. One person told us, "I have improved here, it is clean, safe and checked on. It's a 24 hour service where they do come and check on you." Comments from relatives included, "I would recommend this home and have done so recently" and "They (staff) have done tremendously well with [Name]. With their care, my relative is back eating properly, they say the meals are good here. Their mental wellbeing has improved, and I would say that is down to them (staff)."
- Staff enjoyed working at the service and described the culture as, "Open, friendly and welcoming."

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

- People, staff and relatives were regularly consulted and asked to share their views and opinions of the service so improvements could be made. People spoke positively about the communication and regular updates they received about changes to the service, particularly during the COVID-19. pandemic.
- People's care records showed involvement and guidance from other agencies to meet people's needs. This included GPs, district nurses, speech and language therapists and dieticians.