Stocks Hall Care Homes Limited

Stocks Hall Nursing Home - Skelmersdale

Inspection report

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Date of inspection visit: 03/02/2015
Date of publication: 18/03/2015

Ratings

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

Overall summary

Stocks Hall Nursing Home is located in a residential area of Skelmersdale. It provides accommodation for up to 60 people who require help with their personal or nursing care needs, including those who are living with Dementia. Facilities are on two floors, served by a passenger lift and staircases. There are a range of amenities within the local community. The home is set in pleasant, well maintained grounds. Patio areas with garden furniture are available on both floors for those wishing to spend some time outdoors. Ample parking spaces are available. Stocks Hall Nursing Home is owned by Stocks Hall Care Homes Limited.

We last inspected this location on 4th April 2014, when we found the service to be compliant with the regulations we assessed at that time. This unannounced inspection was conducted on 3rd February 2015, when the registered manager was on duty. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found the management of medications could have been better. Our findings demonstrated that the registered person did not consistently protect people against risks associated with the unsafe management of medicines, by means of making appropriate arrangements for the obtaining, recording, using and safe administration of medicines. **This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.**

New employees were guided through a detailed induction programme and were supported to gain confidence and the ability to deliver the care people needed. However, we found the planning of people's care could have been better. Our findings demonstrated that proper steps had not been taken to ensure people who used the service were protected against the risks of receiving inappropriate or unsafe care or treatment. This was because the planning of people's care did not meet their individual needs, so that their health and welfare were consistently promoted.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The staff team were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at Stocks Hall. Recruitment procedures adopted by the home were robust. This helped to ensure that only suitable people were appointed to work with this vulnerable client group.

The premises were clean and well-maintained throughout. There were no unpleasant smells and clinical waste was being disposed of in the correct manner. This helped to reduce the possibility of cross infection. One person we spoke with said, "The home is always clean."

Systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to protect people from harm. However, the management of risks was not consistently robust. **This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.** The staff team were provided with a wide range of learning modules and were regularly supervised. This helped to ensure those who worked at Stocks Hall were trained to meet people's health and social care needs. Staff were kind and caring towards those they supported and people were helped to maintain their independence with their dignity being respected at all times.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Stocks Hall. Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Stocks Hall.

The premises were safe and were maintained to a good standard. Assessments were conducted to identify some areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Stocks Hall. However, not all risks had been identified within the risk management framework and action plans had not always been implemented to show how risks were to be managed.

The management of medications could have been better. The medication policies and procedures of the home were not being followed in day to day practice. This created a risk for people who lived at the home.

Is the service effective?

Good

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed.

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

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

Is the service caring?

Good

This service was caring.

Summary of findings

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

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

Is the service responsive?

Requires Improvement

This service was not consistently responsive.

An assessment of needs was done before a placement was arranged. However, plans of care were not person centred and did not accurately reflect people's needs or how these needs were to be best met. They did not describe the care and support being delivered on a day to day basis.

People were not always transferred in a safe way and therefore they were potentially at risk of injury.

Staff anticipated people's needs well. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

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

Is the service well-led?

Good

This service was well-led.

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

There were systems in place for assessing and monitoring the quality of service provided. Although these sometimes identified areas which could be better, actions developed to improve the shortfalls were not always followed through.

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

Stocks Hall Nursing Home - Skelmersdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 3rd February 2015 by two Adult Social Care inspectors from the Care Quality Commission, who were accompanied by a Specialist Advisor and an Expert by Experience. The Specialist Advisor at this inspection had specialised knowledge and experience in dementia care and behaviour which challenges. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service. At this inspection this was achieved through discussions with those who lived at Stocks Hall, their relatives and staff members, as well as observation of the day-to-day activity.

At the time of our inspection of this location there were 60 people who lived at Stocks Hall. A large percentage of them were unable to discuss what life was like at the home. However, we were able to ask nine of them and five of their relatives for their views about the services and facilities provided. We received positive comments from everyone.

We also spoke with six staff members and the registered manager of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of seven people who used the service and the personnel records of three staff members. We 'pathway tracked' the care of seven people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from 11 external professionals, such as GPs, community nurses, mental health teams and a chiropodist. We received five responses. Their comments are included in the body of this report.

Requires Improvement

Is the service safe?

Our findings

When asked if people felt safe at Stocks Hall, one person told us, "All the staff are superb, there is no bullying, although if there was I would get in touch with the 'governor'." Another commented, "The staff are very, very pleasant. They wouldn't harm anyone." We asked one person if he felt safe when being transferred by mechanical aids. He replied, "Yes, they just get on with it. I trust them."

We saw that the morning medication round on the ground floor was still ongoing at 11.30am. We were advised by the nurse completing the medication round that some people were having their medicines later, because they had chosen to have a lie in. This was good practice and demonstrated that people were enabled to make choices about their daily routines. However, no processes were in place to clearly record when medicines had been given later than planned. This meant people were at risk of receiving prescribed doses too close together. Practices on the dementia care unit were better organised. When a resident got up late the timing of the morning medication was noted and the subsequent timings of their other doses were changed accordingly.

Medication Administration Records (MAR) were viewed and some were found to be in need of improvement. Records were not always properly completed. We cross checked some loose medicines against the records. We found two examples of there being too many tablets in the box remaining. This meant that staff had signed to say they had given a medicine when they had not.

There were discrepancies between the number of stock medications and written records.

We saw one example where changes to a person's medication regime had been made. The new instructions written on the MAR chart were not clear and provided confusing information. On two occasions, people doing the medicine rounds had written a question mark on the MAR to state they did not understand the instructions given and therefore the medicine in question had not been given.

We looked at the MAR chart for one person and were very concerned to note that he had not received some important medicines for several days. This was because staff had left it too late to re-order his medication and therefore the tablets had run out. We asked the registered manager to report this incident to the local safeguarding authority for further investigation. This was done during our inspection.

Information about when 'as and when required' medicines should be given was not always clear in people's individual care plans or medication records. The majority of MAR charts for those who were prescribed creams and other local preparations for external use only stated, 'See cream charts.' When asked, we were told by a staff member these charts were being re-designed and were not currently in use and staff were not signing to say they had applied the prescribed creams. This meant that there were no specific instructions about how and where on the body to apply the creams. On the day of our visit two local G.Ps were conducting medication reviews.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Detailed policies were in place in relation to safeguarding adults and whistleblowing procedures. Staff we spoke with had all done safeguarding training and were aware of their responsibilities to protect people from abuse. One staff member said, "I wouldn't have any hesitation in reporting anything that I thought wasn't right." Notifications received by the Care Quality Commission (CQC) demonstrated the management team reported any safeguarding concerns to the appropriate authorities.

Records showed that any accidents and incidents were well documented and audits were conducted, so that the managers of the home were able to monitor their frequency and determine if any patterns emerged. Risk assessments were in place in areas such as falling and nutrition. However, it was not always clear what actions had been implemented as a result of these. For example, we viewed the care plan of one person assessed as being at very high risk of falling. Whilst this judgement had been made there was no associated action plan to maintain his safety.

A range of environmental risk assessments had been conducted. However, we noted some hazards during the inspection, which had not been addressed. Within the tea shop there was an attractive dining set but the dining table

Requires Improvement

Is the service safe?

was unstable, possibly due to uneven flooring. This could be a potential risk for anyone having a hot beverage. We also noted, during a tour of the home, several ancillary rooms to be unlocked, some of which contained substances and equipment, which could potentially be hazardous to people's health, if used inappropriately.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report. We saw two people being transferred by hoists. Staff were using the correct moving and handling techniques, in a competent and patient manner. A lot of reassurance was provided to those being assisted, which was good practice.

Seven members of staff had been trained as fire marshals. This helped to ensure the staff team were kept up to date with fire procedures and associated practices. A business continuity management plan outlined action that needed to be taken in the event of power failure, loss of utilities and severe weather conditions.

The registered manager told us she was in the process of developing Personal Emergency Evacuation Plans (PEEPS) for individual people, so that in the event of evacuation being necessary people could be moved from the building in the safest and most appropriate way. Fire drills were periodically conducted, so that the staff team maintained good fire practices.

We looked at the personnel records of three members of staff. We found recruitment practices adopted by the home were thorough. All relevant information had been gathered before people started to work at the home, which included application forms, police checks and written references. This helped to ensure only suitable people were appointed to work at the home.

People who lived at the home, their relatives and staff members felt the staffing levels were generally adequate. One member of staff told us, "There can be days when things are harder, because of sickness, but we work around it. It's a good team." Comments from visitors about staffing levels included, "On the odd occasion when illness goes around they can be short staffed, but they organise it well." "I suppose so (there are enough staff). There is always at least one person in the lounge." One person told us that agency staff were used to cover staff shortages, but that these were regular staff, so it made no difference to the care and support he received.

The premises were clean and well-maintained throughout. There were no unpleasant smells and clinical waste was being disposed of in the correct manner. This helped to reduce the possibility of cross infection. One person we spoke with said, "The home is always clean." However, we noted the 'tea shop' (developed within the grounds of the home, for the use of people who lived there and their visitors) was in need of a thorough clean. This was addressed at the time of our inspection.

We observed that people who entered the kitchen put on white gowns to reduce the possibility of cross infection. However, the cleansing hand gel available outside the kitchen was not always used. We noted at lunch time on the ground floor staff were not wearing protective clothing, such as aprons and we did not see any members of staff hand washing when serving food.

We recommend that the registered manager ensures infection control practice within the service is in line with National guidance and good practice.

Systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. We noted four hoists within the home to be operational. These had been appropriately serviced.

Good

Is the service effective?

Our findings

We asked people if staff discussed any changes in their health with them. One person said, "Yes, they (the staff) realised my personality had changed, I had become more grumpy. It was because I can't sleep and the tablets don't work."

We saw some good examples of the home working in partnership with other agencies. One person told us, "I have seen the Occupational Therapist about my wheelchair and I see a psychiatrist, mental health nurse and a psychologist on a fairly regular basis for my insomnia." And a visitor told us, of her relative, "She has been seen by the chiropodist."

A GP responded to our feedback request by saying, 'I have spent a few days at Stocks Hall doing patient medication reviews. I am aware that this care home has residents with dementia with some of the highest care needs. I think the staff there do remarkably well in caring for these residents. They are seen to genuinely care for the residents there. The staff are always friendly and professional to me when I visit. The home itself has a variety of lounges for the residents and seems well organised to me. I know the staff there have been quite forward thinking in working with local GPs and palliative care teams recently to offer new services for their residents.'

There were processes in place to assess the risks to people with poor nutrition and hydration. The service used an assessment tool, which looked at all areas of nutritional needs. We viewed the care plan of one person who had some additional needs in this area because he had diabetes. We saw there was some advice for staff in the care plan about how to support this person to maintain safe nutritional levels. There was also a good level of information about this person's dietary preferences and food dislikes.

At the time of our inspection we noted seven people, who lived on the dementia care unit were assessed as needing 1:1 care. Staff members talked us through these responsibilities. We established not all these care staff had received conflict resolution training. It may be beneficial if all care staff who are responsible for 1:1 support duties complete relevant training, so that the health welfare and safety of people is promoted.

Staff were aware of Deprivation of Liberty Safeguards (DoLS) and the need to raise any issues about consent to the registered manager or nurse in charge. The registered manager was fully aware of when DoLS applications needed to be made and that any approvals needed to be notified to the Care Quality Commission. Records showed staff had completed training in the Mental Capacity Act (MCA) and DoLS. We spoke with one person who told us his rights were being met. He said he is not restricted in any way and his freedom is promoted.

Staff felt training and supervision was good. One staff member confirmed there was mandatory training in the area of Health and Safety. She told us that she had recently done first aid training, which she had thoroughly enjoyed. Staff training records showed a wide range of modules were provided. These included areas, such as safeguarding people, infection control, fire awareness, health and safety, dementia awareness and first aid.

We spoke with one member of staff who had been at the home for six months and was completely new to care. She said she found the induction excellent and it covered everything she needed and more. She told us that the managers were very supportive. One staff member said, "They will go above and beyond for you" and another commented, "I could even go to the owner, if I needed to."

We spoke with one staff member who was in the early stages of pregnancy. She said, "The minute they found out a full risk assessment was done." As a result of this she was on light duties and there were no problems with this. She felt well supported. One staff member told us he had important comiitmments and required support around his rotas, which was agreed without hesitation.

Records showed any new employees were guided through a detailed induction programme, which included areas, such as safeguarding adults, infection control, fire awareness and health and safety. Staff members were supervised periodically and appraisals were conducted annually. This enabled employees to meet with their line managers to discuss their work performance and to identify any additional training areas required. Monthly reflection sheets were completed by each member of staff, which highlighted what had gone well and what could have been gone better. This helped staff members to evaluate their work performance and to identify any areas of best practice.

Good

Is the service effective?

We asked people about the meals they received. Most people described them as, 'good', 'nutritious' and 'tasty'. However, one person said, "I don't like the food, except for the fish and chips. They use cheap quality meat. Everything is overcooked and then put in a Bain Marie and reheated. We have soup and sandwiches three times a week. There are two choices at lunch time, but they are not varied enough." We asked this person if he was offered fresh fruit and he told us, "It sometimes comes as fruit salad dessert, but not as a snack." He told us a member of staff sometimes brings him a take away. This information was shared with the manager at the time of our inspection, who informed us fresh fruit was once freely available for people, but it was often not eaten and therefore needed to be regularly discarded. She told us this could be easily arranged and confirmed she would take these comments on board.

The menu was designed over a four week period. There were a variety of choices available and overall the menu was well balanced. We observed lunch being served on both floors of the home. We noted that on the ground floor the background music was changed to something more conducive for dining, from the lively music of the morning activity. The dining tables were pleasantly laid with attractive table linen and pleasant accessories. Two members of staff were stationed in the dining room greeting people as they entered and asking where they would like to sit and who they would like to have lunch with, which was considered to be good practice.

When everyone was seated there were six staff members in the dining room to serve the meals and to assist people as required. Some people were assisted with their meals in a dignified manner. Others were provided with specialised equipment, such as plate guards, which promoted independence. Some liked to wear protective aprons, so their clothing was protected from spills. Staff were observed chatting with people in a pleasant manner during lunch. Their communication skills were good, in that they were evidently aware of the best method of interaction for each individual.

We noted one person was served a meal of her choice immediately, as she had an afternoon appointment and needed to get ready to go out. This person's dietary preferences were explained to us and it was established she had meals, which were different from the menu choices. It was clear from our observations and discussions that staff members were fully aware of people's dietary needs and preferences. This helped to ensure people received adequate nutrition and meals of their choice.

Lunchtime on the ground floor was a very smooth, calm experience for people and all the staff appeared to know their individual roles. Everyone was happy and settled. Staff sat at the dining tables with people, assisting them as was needed and chatting with them about everyday events.

We noted on the first floor, where people lived with dementia that the menu of the day was hand written on the blackboard. This was not in the most appropriate format for those who lived on the unit. However, we were told this was more for the benefit of staff, so they were aware of the choices available for people and that at meal times people were given an option of meals by offering them the choice visually, so they were able to select which plate of food they preferred. This was observed throughout the home at lunch time and was considered to be good practice.

One person on the dementia care unit was not offered a dessert. We mentioned this to a member of staff who replied, "Yes, they have finished their meal." This was not the case as the person was sat beside us. This individual requested a strawberry mouse. However, there was none left, so had the semolina pudding instead.

We found the environment on the dementia unit, safe, stimulating and pleasant smelling. All staff were dressed in their own clothes for an informal atmosphere and approach. People who lived on this unit had brightly painted "front" doors, with a brass knocker and letterbox. Corridors were well lit, wide and had hand rails with appropriately placed rummage items for stimulation.

Bathroom and toilet doors displayed a picture sign on them for familiarity. People's en-suite facilities had different coloured wall coverings to toilet seats, for easy recognition. However, this was not evident in the communal facilities within the corridors. This was discussed with the registered manager, who advised us the toilet seats had been received and were ready for installation.

Good

Is the service caring?

Our findings

One person who lived at the home told us, “They (the staff) are a grand lot here, I like their company. They are second to none.” Another commented, “It’s very nice here. They (the staff) are good to us.” We asked one person, who was cared for in bed if his privacy and dignity was maintained. He responded by saying, “Yes, no problems. I am kept covered as much as possible. I am given blanket baths and I feel happy with how I am treated.” A visitor told us, “I don’t think my relative could have better care. The staff look after him and they look after me too” and another said, “The deputy manager is a very caring person.” We observed staff knocking on people’s doors before entering.

Staff spoken with talked about people in a respectful manner and were seen approaching people with kindness and patience. One person commented, “The staff are excellent.” People we spoke with told us staff were considerate and kind. They were very complimentary about the staff team and management of the home. One visitor commented, “There is not one of them (staff members) I have any concerns about.”

Relatives we spoke with told us they were happy with the attitude of all staff members and they had observed staff chatting regularly with people who lived at the home. Policies and procedures were in place in relation to equality and diversity. This helped to ensure people who lived at the home were provided with the same opportunities.

Relatives we spoke with also confirmed they were kept well informed about any changes in their loved ones’ circumstances. One told us, “They (the staff) rang to tell me about a mark on her face from contact with another service user, caused by waving arms about and another time when they had taken her to hospital because she was unwell.”

The two SOFI observations resulted in different findings. The first was conducted in an area of the dementia care unit, where several staff were present and plenty of activity was being provided. This area was a ‘hive of activity’. The people who were spending some time in this area of the home received regular positive interaction from staff members, which promoted independence and a sense of wellbeing. Some people were involved in small group activities and others were participating in individual pastimes, which they seemed to enjoy. People looked happy in their surroundings and comfortable with staff members, who were present.

Most people we spoke with and their relatives were unaware of the key worker system, although key worker’s names were displayed on each person’s memory box outside their front doors. However, one person told us, “I have a keyworker, but I don’t know what her role is.” This was discussed with the manager at the time of our inspection, who assured us she would address the issue with staff members.

All staff we observed were caring, polite, supportive and responsive. The team leader who was responsible for the dementia care unit on the day of our inspection ensured that all junior care staff had carried out correctly the individual personal care for each person and that the individuals were clean and presented in accordance with their wishes. This was evidenced by the team leader through observation and a correctly signed and completed check list from the care worker.

A community nurse told us, ‘I have found staff at the home to be open, honest and transparent to their care approach. If they have any concerns regarding the clients in their care they will contact me.’

Eight members of staff had recently completed the Six Steps to End of Life Care programme, making them champions in this important area of care. The Six Steps facilitator wrote on her feedback request, ‘All my teaching sessions had a large attendance of staff. The manager was also present at all sessions. The staff of all levels were very keen to learn and develop skills in End of Life Care. The impression I had was, of a large team of staff very dedicated to the care and standards of care for the patients. The team’s portfolio, which was developed throughout the course, clearly demonstrates the commitment of this excellent team.’

We noted information leaflets were available for people in the reception area of the home. These included the dignity in care charter and details telling people how to contact the local advocacy service, should they wish to do so. This is an independent organisation, which provides people to act on

Good

Is the service caring?

a person's behalf, should they wish to be supported through decision making processes. We saw staff members providing people with good explanations about daily activities before any interaction was commenced.

Accident records were maintained in line with data protection. This meant that people's personal details were kept in a confidential manner.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they felt able to raise issues of concern with the manager and felt that any issues would be dealt with. One person commented, "I go to whoever is here. It may be the manager or the deputy. No bother!" Comments from relatives included, "Yes, I have spoken with the manager and we got the crash mat and bars for the bed." "Oh, I have once or twice (raised concerns), because I noticed my relative was lying down all the time on the sofa and was uncomfortable when sitting, so I spoke with them (the staff) and they called the doctor out. All seems OK now."

People we spoke with were unsure about the planning of their or their loved one's care. One person told us they had seen their care plan, but couldn't recall it being reviewed. Another person was unsure if they had seen it, but was certain someone would show it to them, if they asked. One visitor felt another family member may have been involved in planning their relative's care. However, records showed that people had been involved in the development of some plans of care.

We asked one person if he felt staff were competent to provide the care and support he needed. This person responded by saying, "My problem is that they (the staff) don't support me when completing the sleep charts for the doctor. They put anything down. That I had three or four hours sleep when I hadn't had any. In fact, the last check they do is at 9 p.m. and then not again all night. They don't do night checks." This person told us he was not offered a warm drink in the night when he was awake. We observed one occasion when staff were not responding promptly to the needs of a person who used the service. However, on all other occasions we saw staff responding quickly to people's needs in a kind and patient manner.

The plans of care had been transferred to a computerised system since our last inspection. We pathway tracked the care of seven people who lived at the home. We found that although some assessments of needs had been conducted, there were significant gaps in the care plans we saw, in areas that would enable staff to provide more person centred care. For example, we viewed the care plan of one person who had been a resident at the home for several months. The areas of social history, leisure activities, preferred pastimes and significant relationships had not been completed, so staff did not have this important information to help them provide care that was person centred.

Another care plan we viewed was extremely brief. This person had lived at the home for almost two weeks, but only very brief care plans had been completed which contained no person centred information about their preferred daily routines, likes or dislikes. However, staff spoken with told us this person was able to make his needs known. Care staff we spoke with did not seem to be aware of this individual's medical condition. We spoke with this person, who told us what the staff did for him. His plan of care did not reflect the care and support being provided. However, he was satisfied with the service provided. He said, "They (the staff) are very, very pleasant. I just need to ask and I get what I want. I don't have to wait long for help. They are 'bob' on. I just ring my bell and they come quickly. They help me to get out of bed onto the commode. They are very gentle."

Risks to people's safety or wellbeing were not always clear in their care plans. For example, we looked at the care plan of one person who had epilepsy. This was not detailed in their main care plan, although was briefly referred to in a falling risk assessment. Staff we spoke with were not aware of the sort of seizures this person may experience or what type and length of seizure was considered normal for the person. We also observed one person being moved in a way that was not in accordance with their care plan and could have put them at risk.

We looked at the care plan of one person who sometimes displayed behaviours that challenged the service. There was some brief detail about this in their care plan but it could have been expanded upon to provide staff with clearer guidance about possible triggers and useful strategies in supporting the person in these circumstances.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Requires Improvement

Is the service responsive?

There had been two complaints and four compliments received by the home since our last inspection. Both complaints had been raised verbally, but had still been recorded and followed up thoroughly, which was good practice.

When we asked one person if he would feel able to talk with someone if he was worried or upset he said, "Yes, one of the nurses. I have had a chat about my not sleeping and we are trying to find a solution with the doctors."

We saw some good examples of staff members offering people choices and anticipating people's needs well. For example, one member of staff went to get blankets for some people, as the dining room felt slightly cool. This member of staff also closed the open window, as when people were asked if they felt cold they said they did. We saw a lot of good practices, which highlighted the caring attitudes of staff. All staff appeared to be alert to the needs of those who lived at Stocks Hall. People looked well-presented and appropriately dressed.

We asked one person who was cared for in bed if he was able to make every day choices, and if he was restricted in any way. He said, "I am not lacking anything." "I am not able to get out of bed and sit in a chair as it is painful for me, but an Occupational Therapist is organising a chair for me, which will support my feet." Whilst talking with this person a member of staff came into the room and offered him a drink. She asked him if he would like it in a very big mug. He then asked for his large carton of orange juice to be changed. The care worker came back in good time with both. She then asked him which of the two choices he wanted for lunch. He replied, "neither". She then offered him an alternative, which he also refused.

We observed one person helping a member of staff with the afternoon tea service, which was offered to people who lived at the home and their relatives. The trolley was laden with a choice of beverages and a variety of cakes.

Memory boxes with various personal and significant items were seen on the outside of people's bedrooms. This helped to promote individuality and establish ownership. We heard a staff member say to one person, "Do you want to come shopping tomorrow?" The person replied, "Yes." The staff member added, "We need to shop for things for Valentine's Day." The bedrooms we viewed had a variety of personal possessions displayed. One had a full wall of photographs, as a 'memory wall'. The relative of this person told us that although he tends to pull some of the photographs off, along with the paint, they are just replaced and the staff had not objected.

There were four activity coordinators employed at Stocks Hall. At the time of our inspection there were two of them on duty. We spoke with one of them at length, who was very enthusiastic and eager to provide a range of leisure activities suitable for those who lived at the home. We were advised the activity coordinators attended relevant courses to help them understand the importance of stimulation and involvement and to recognise social isolation and withdrawal.

We observed a dancing activity was provided in one area of the home on the ground floor, which seemed to be enjoyed by all participants. However, one person we spoke with, who was in bed told us that he would enjoy a game of chess or cards, but in his own room. We noted there was little stimulation throughout the morning for four ladies, who were sitting together in a small lounge on the ground floor and we did not see any member of staff spend any quality time with them during this period of the day.

The registered manager told us, "Some people can become very anxious about not having any money and needing to pay their bills. So, we have fake money we give them to put in to their handbags or pockets. It really does help to resolve their anxieties. We do the same with door keys, as well if they feel they need one."

Records showed a wide range of leisure activities were provided in the home and within the wider community. These included arts and crafts, bingo, ladies evening, circle dancing, baking, musical movies and sing-alongs, as well as trips twice weekly to local places of interest such as the Trafford Centre, Southport, Cedar Farm and Liverpool Museum.

There were three lounges on the dementia care unit, where an activities co-ordinator encouraged staff to facilitate different activities in each lounge involving taste, smell and touch, which could stimulate the senses of an individual living with dementia. We observed many people benefiting from this service. It may be beneficial if such activities were also provided for those who lived on the ground floor, as we recognised that some of these people were also living with dementia, although their physical needs were greater than their mental health needs.

Requires Improvement

Is the service responsive?

Different themed events were held for those who lived at Stocks Hall, their relatives and staff members. We were told of a recent Burns evening, where people wore tartan clothing and enjoyed whisky, shortbread, haggis, Scottish songs and poetry. National breakfast week recently brought breakfast menus from around the world to Stocks Hall, to which relatives and friends were invited. A Valentine's meal was being promoted at the time of our inspection, which included dishes, such as 'Cupid's Bowl, 'Honeymoon Chicken' and 'Lover's Delight.' This encouraged relatives and friends to join their loved ones in a romantic three course meal.

We saw people participating in small tasks within the unit, which promoted their independence well. The deputy manager told us, "One lady is fiercely independent and likes to put her own laundry away."

We spoke with two relatives, who were visiting the dementia care unit. Their comments included, "The staff are lovely here." "They (the staff) are the best." "This is not like any other nursing home. There is always something going on. Everyone is involved and at least they are not all sat around asleep." "There are always plenty of staff around to provide activities and to see to people." "The staff are very helpful. We can phone anytime – 24 hours a day. No problem."

A specialist community nurse wrote, 'I have visited several patients within this home. At each visit the staff seem to be well informed, caring and professional. They have always followed our instructions or advice and they also report any issues or problems that may arise with patients we have seen. I feel that their referrals are appropriate and they seem to have taken appropriate action prior to calling us out. I have no major concerns with this home.'

Good

Is the service well-led?

Our findings

The registered manager of the home had been in post for many years. Everyone we spoke with were aware of the lines of accountability within the home and could identify the manager by name and by sight. They told us she goes to speak with people occasionally, but as there were also unit managers employed at the home, there was always someone to raise any concerns with.

Records showed that relatives were encouraged to attend a monthly family support group, which enabled people to get together and talk about any aspects of the service which they felt could be improved or if they were particularly happy with any areas of good practice. People we spoke with, who lived at the home and their relatives felt the service was honest, open and transparent. One relative commented, "They (the staff) contact me about everything. If she has a sniffle I get told, which is good," There were also a range of staff meetings held for various grades of staff, including management tiers. This meant that information could be passed onto the staff team and any topics of interest could be openly discussed.

Staff told us they felt the management team were very approachable and we noted a good amount of written guidance was available to support those who worked at Stocks Hall. For example, the employee handbook issued to each new employee contained a wide range of detailed policies, procedures and guidance, such as data protection, confidentiality, codes of conduct, job descriptions, safeguarding adults, discipline and grievance procedures and equal opportunities.

The company had been accredited with some external quality awards, which showed that professional organisations audited the home periodically, to determine if good standards were being maintained.

A wide range of audits had been conducted, which highlighted any specific aspects of the service needing to be improved or any areas of good practice. These included falls, care planning, the environment, health and safety and the management of meals. We saw recent medication audits had identified areas for improvement, which had been passed on to relevant staff. However, we found evidence that staff had not acted upon the instructions and as a result, the same issues had occurred. This showed that effective action was not being taken to ensure action plans were being followed through. We discussed this with the registered manager who acknowledged our concerns and advised us processes for following up audit action plans would be revised immediately.

Survey results had been analysed and these were very positive. An action plan had been developed for any areas showing as needing improvement. Questionnaires were sent out at regular times of the year, but these were also available within the reception area of the home, so people could complete them at any time.

The recent food hygiene inspection conducted by the Environmental Health Officer showed a rating of 5, which is the highest grade available.

We found the dementia care unit to be very busy, which required a lot of careful overseeing and coordinating. The deputy manager told us, "Team meetings, which include the night staff, are held monthly. An end of month reflection is done and we share areas of good practice. Also, at the end of each shift we conduct a de-brief." Records seen confirmed this information to be accurate.

A community professional wrote on their feedback, 'Stocks Hall has very pleasant trained staff, who seem to genuinely care about their residents. My experience of visits are that although they are booked appointments, the trained staff cannot always be present on time and that they are constantly interrupted. However, they are able to give accurate information about their patients and incidents of falls. My main concern is that there are usually a number of residents walking in the corridors, and whilst a carer is usually present in the lounge, there is not much supervision there at the times I have visited.' This had also been reported by another community professional. However, on the day of our inspection we observed several people walking around the corridors, but those requiring close observation were accompanied by a member of staff at all times. We did not observe any altercations between people at the time of our visit to this location.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used the service were not protected against the risks associated with the unsafe use and management of medicines. This was because appropriate arrangements had not been made for the obtaining, recording, using and safe administration of medicines. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Proper steps had not been taken to ensure people who used the service were protected against the risks of receiving inappropriate or unsafe care or treatment. This was because the planning of people's care did not meet their individual needs, so that their health and welfare were consistently promoted. Regulation 9(1)(b)(i)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision People who used the service and others had not consistently been protected against the risks of inappropriate or unsafe care and treatment by identifying, assessing and managing risks relating to their health, welfare and safety. This was because risks had not always been identified and action plans had not always been developed to show how risks were to be managed.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 10(1)(a)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.