Stocks Hall Care Homes Limited

Stocks Hall Nursing Home - Burscough

Inspection report

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Ratings

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

Overall summary

Stocks Hall is located on a main road position in a residential area of Burscough, within walking distance of the village centre, where all amenities are available. The home accommodates up to 52 people who need help with personal or nursing care, as well as those who are living with dementia. Accommodation is arranged over two floors. The upper floor is accessible by a staircase and passenger lift. Parking is available at the home. Public transport links are within easy reach for access to the surrounding areas. Stocks Hall Nursing Home is owned by Stocks Hall Care Homes Limited.

We last inspected this location on 3rd October 2013, when we found the service to be compliant with the

Summary of findings

regulations we assessed at that time. This unannounced inspection was conducted on 16th February 2015, when the registered manager was on duty. A registered manager is a person

who has registered with the Care Quality Commission to 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.

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, our findings demonstrated that the registered person did not always protect people against the risks of receiving inappropriate or unsafe care or treatment, by means of managing risks relating to people's health, welfare and safety.

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 practices 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, except from the sluice room, where we found a clinical waste bin to be overflowing. This was addressed at the time of our inspection. However, our findings demonstrated that the registered person did not consistently protect people against the risk of acquiring an infection by means of maintaining appropriate standards of cleanliness and hygiene in relation to equipment used for those who lived at the home.

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.

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.

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 recording, using and safe administration of medicines.

We found several breaches of the Health and Social Care Act (2008) Regulted Activities Regulations. These related to care and welfare, medicines and infection control arrangements. You can see what action we told the provider to take at the back of the full version of this report.

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.

The management of health care risks in some instances could have been better, so that people were consistently protected from harm.

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. Environmental assessments were conducted to identify areas of risk. However, infection control protocols were not consistently being followed. The bath chairs were in need of a thorough clean, so that people were protected against the risks of cross infection.

The management of 'as and when' required medications could have been better. Medication records did not contain a photograph of individuals, for identification purposes and known medication allergies were not recorded on these documents. 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 and caring manner.

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

Summary of findings

Is the service caring?

Good

This service was caring.

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?

Good

This service was responsive.

An assessment of needs was done before a placement was arranged. Plans of care were person centred and accurately reflected people's needs and how these needs were to be best met.

Staff anticipated people's needs well, which helped to ensure their needs were met and appropriate care and support was delivered.

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 and action plans were developed to address any shortfalls, so that improvements could be made where necessary.

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 - Burscough

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 16th February 2015 by two Adult Social Care inspectors from the Care Quality Commission, who were accompanied by an Expert by Experience. 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 47 people who lived at Stocks Hall. Some of them were unable to discuss what life was like at the home. However, we were able to ask ten 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 ten 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 six people who used the service and the personnel records of four staff members.

We 'pathway tracked' the care of four 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 21 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

Everyone we spoke with confirmed they felt safe living at Stocks Hall. Their comments included: "Oh yes, I'm safe. They (the staff) look after me well." "The staff make sure I'm O.K." "Safe? I'm very safe." All visitors we spoke with felt their relatives were in a safe environment. Their comments included: "My relative is well protected by the staff. They wouldn't let any harm come to her." "She's safe. I don't worry about her. I can relax more." "They (the staff) did a spider family tree so they knew who the family were. They also did a short summary of mum's life (Pen Profile). This was so they knew her, which helped them to help mum." "Mum has hearing problems but staff ensure she's looked after well."

Detailed policies and procedures were in place, in relation to abuse and whistleblowing procedures. Records showed the staff team had received training in safeguarding adults, and this was updated each year. Staff we spoke with were fully aware of what constitutes abuse and the action they needed to take in the event of them witnessing actual abusive situations or suspecting potential harm. Records showed that staff were interviewed regularly and their knowledge was tested around the area of abuse, to ensure their personal development was maintained and they were kept up to date with any changes in legislation or good practice guidelines.

Records showed the training programmes for staff covered a wide range of health and safety topics, such as moving and handling, infection control, fire awareness and safeguarding adults. Twenty-two members of staff had completed the fire marshal course and a good percentage were recognised appointed first aiders, following a three day learning module.

A wide range of electronic assessments had been conducted within a risk management framework, which in general provided staff with clear guidance about action they needed to take, in order to promote people's health, welfare and safety. All those we saw included several standard assessments, such as risks in relation to pressure ulcer development, moving and handling and malnutrition. These had been reviewed every month, so that any changes in areas of risk could be identified and addressed quickly.

In some cases the current level of risk within the risk assessments had not always informed individual care plans. For example, one person's care plan recorded they were assessed as being at 'high risk' of malnutrition. However, the most recent risk assessment recorded 'very high risk.' This was confusing as conflicting information was provided. The same person had a risk of developing a pressure ulcer due to poor mobility. The plan of care did not provide detailed guidance for staff, but instructed them to report any skin changes to the nurse in charge. We saw that pressure relief cushions and mattresses were in use, but these were not always recorded within the care plans we saw.

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 this report.

The business continuity plan outlined action that needed to be taken in the event of an environmental emergency, such as fire, flood, power failure, adverse weather conditions or storm damage. The registered manager told us she was in the process of developing Personal Emergency Evacuation Plans (PEEPs), which would describe how individuals needed to be removed from the building in the event of an emergency, should the need arise. These had already been implemented for those living with dementia, which were found to be extremely detailed and very well written documents.

During our inspection we looked at the personnel records of four people who worked at Stocks Hall. We found all necessary checks had been conducted before people were employed, which demonstrated robust recruitment practices had been adopted by the home. This meant that those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare were safeguarded.

Staffing levels were calculated by the use of a matrix, which identified the recommended numbers and skills of staff on duty at any one time, in accordance with people's assessed needs. Therefore, the number of staff on duty each day could vary, depending on the needs of those, who lived at the home. On the day of our inspection we noted there were sufficient staff deployed and this observation was reflected in the staffing rotas we saw.

Requires improvement

Is the service safe?

People who lived at the home said generally there were enough staff on duty. Their comments included: "Oh! Enough staff? Definitely, they're grand." "I have lots of help." One relative told us, "There are always plenty staff around and help is provided quickly." Another commented, "Always enough staff especially when people require assistance to eat. It's different from other homes." However, two people made the following remarks: "Sometimes they're a bit short, especially at night if someone rings in sick. But not often." And, "Weekend staffing could be better. At the weekend there were some strange staff (that is unknown staff). Agency staff. But this doesn't happen often." When asked about the time people had to wait for help, one person said, "Sometimes they (the staff) answer quickly, but sometimes they're busy, so are not as quick." This person could not specify how long she waited, but said, "It wasn't too long."

We saw there were sufficient staff to support people in the different areas of the home. A member of staff was always present in the communal areas. This meant people's needs were met promptly and their safety was promoted. On the first floor, several people had been assessed as needing one to one support during the day, which was being provided.

The systems and equipment within the home had been serviced, in accordance with the manufacturer's recommendations. This helped to ensure they were fit for use and therefore people's safety was consistently protected.

A relatively new system had been implemented around the management of medications. This was due to a recent change of supplying pharmacist. The medication policies and procedures were comprehensive and easy to read. They covered the use of homely remedies. Homely Remedies are medications, which can be bought at the pharmacy without a written prescription, such as Paracetamol and Senokot.

Information about the management of medications was easily accessible by staff. Current medication mannuals were also available, so that staff could obtain relevant guidance, such as the side effects of drugs, administration routes and recommended doseages. Manufacturers' information leaflets for all medications were at hand and were being used. Medicines were stored safely and hand-washing facilities were available in the medication room for staff.

Medications were ordered appropriately and a clear record of their receipt was maintained.

Where controlled drugs had been prescribed these were checked and administered by two members of staff, which included a registered nurse. Controlled drugs are prescribed medicines which are controlled under the Misuse of Drugs legislation, because of their addictive properties and harmful effects, if misused. These type of medications were disposed of in the correct manner, when no longer needed. This helped to ensure they could not be misused.

A current list of staff signatures were retained with the Medication Administration Records (MAR). This helped to identify the signatures of those assessed as being competent to administer medications. Medicines for disposal were clearly recorded and stored securely until collected by the pharmacist, who had recently conducted a full medication audit.

Records confirmed that graded ordering and administration competency checks were done every three months for all relevant staff. New staff had been observed and were then supervised before being deemed competent to administer medications. Staff who could supervise others had also been assessed as being able to do so. This helped to ensure the risk of medication errors was minimised.

We found some gaps in the MAR charts on the dementia care unit. For example, the majority did not have photographs attached for identification purposes and drug allergies were not always recorded. The nurse on duty told us the lack of information was due to the change over to the new medication management system. Previous documentation, which may have contained the missing details and which could have temporarily been used, could not be located at the time of our inspection.

There was no guidance for staff to show when 'as required' (PRN) medications should be administered. This was contrary to the policy of the service, which implied a record needed to be retained of the symptoms individuals experienced to indicate they required the specific PRN medication, how often they generally needed it and how they usually took it. There was no explanation about the behaviour people might display to indicate they needed pain relief; particularly if they could not communicate verbally. Although, when PRN medications were given, the

Requires improvement

Is the service safe?

exact time had not been recorded on the reverse of each MAR chart. There was also no detail of the frequency of dose for some PRN medications. For example, instructions, such as four to six hourly. This would reduce the possibility of PRN madications being administered too frequently.

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 this report.

We observed a nurse administer some medications. She carefully checked the medicine, locked the trolley and treatment room door and spoke gently to each person she approached. The nurse was patient and encouraging, as she helped people to take their medicines. Drinking water was provided. She stayed with people until she was sure they had swallowed the medication and then she signed the MAR chart following administration. We noted that equipment was available for accurately measuring doses of liquid medicines. We also heard a member staff ask one person if she needed Paracetamol, because she was complaining of pain in her legs. One person told us, "They always give me my tablets when I need them."

The nurse explained that no-one who lived at Stocks Hall currently administered their own medication, but she was fully aware of the home's relevant policy, which had been used in the past for people who wished to self-medicate.

Detailed policies and procedures were in place in relation to infection control and regular internal audits had been conducted. Records showed that a clinical waste contract was drawn up with the relevant contractor and clinical waste was being disposed of in the correct sacks. During our tour of the home there were no unpleasant smells noted, except one clinical waste bin was overflowing and therefore this particular sluice room was malodourous. The door of the sluice was closed and therefore the odour did not permeate into the home itself. This was addressed at the time of our inspection.

Staff we spoke with confirmed they had received infection control training and they were aware of steps to take in order to reduce the possibility of cross infection. They were able to discuss with us the procedure they followed for the disposal of contaminated waste, such as soiled pads. This followed current legislation and good practice guidelines.

People we spoke with told us they were happy with the cleanliness of the home. One person said, "Everything's kept clean." Another commented, "The room's spotless." And a third told us, "Yes it's clean and the beds are nice. The way I like them."

Comments from relatives included: "In general the place is clean. Rarely do I have any concerns, but it was less clean last weekend." Another visitor told us about her relative's specific personal care needs. She added, "The staff are so patient with Mum. They handle it well. Mum hates being changed, but they (the staff) deal with it so gently. If Mum gets too upset they don't force her and leave it for a while." This relative went on to explain how furnishing were replaced to ensure high standards of hygiene were maintained.

Bathrooms, toilets and hand wash-basins were clean and stocked with ample liquid soap and paper towels. Sanitising hand gel was also readily available. There were enough bathrooms, shower rooms and toilets for the people who lived at the home. Staff told us and records confirmed that a shower grid had been taken up the previous month to facilitate thorough cleaning. We spoke with the housekeeper who confirmed that an audit of all areas was undertaken each month to check for cleanliness. This was confirmed by the records we saw.

A vanity cupboard above a washbasin in an empty bedroom had not been cleaned. We discussed this with the housekeeper, who told us it was going to be replaced with a new cupboard before the room was reoccupied.

Each communal bath was fitted with a bath chair, in order to support less mobile people to have a bath. These were in need of cleaning. Staff spoken with did not know when the bath chairs had last been thoroughly cleaned.

This was a breach of Regulation 12 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 this report.

Hoists were available when people needed to transfer from one setting to another. People had been appropriately assessed for the type of hoist and size of sling, which best suited the individual, so that their comfort and safety was maintained. We established that not everyone had dedicated slings solely for their use. However, the manager told us that continence products were used to protect the slings and these were changed between each person. A system was also in place for laundering of the hoist slings on a daily basis.

Requires improvement

Is the service safe?

Good

Is the service effective?

Our findings

People we spoke with told us that staff always asked them if they needed help or what help they needed. Comments from those who lived at the home included: “Staff ask me if I need help.” And “I’m asked if they (the staff) can help to wash me.”

Prospective employees had completed application forms and had undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy.

Successful applicants were supplied with a wide range of information, such as job descriptions, specific to their roles, employee handbooks and terms and conditions of employment. They were also supported through a detailed induction programme. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff were equipped to do the job expected of them.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. These included areas such as fire awareness, first aid, food hygiene, moving and handling, safeguarding adults and health and safety. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness and end of life care were regular topics built into training programmes. It was evident that Stocks Care Homes Limited considered training for staff to be an important aspect of their personal development programmes. One person, who lived at the home told us, “Staff are helpful and well trained.” Relatives commented: “Staff know what they’re doing.” And, “They’re trained and deal with things as they come along.”

Records showed that regular formal supervion was provided for all staff and appraisals were conducted each year. These meetings between staff and managers encouraged discussions about an individual’s work performance, achievements, strengths, weaknesses and training needs.

We ‘pathway’ tracked the care of a person who lived at Stocks Hall and who required additional support to prevent joint stiffness and muscle contractions. We saw this individual was assisted to complete a daily exercise programme, in accordance with specialist advice. This demonstrated that instructions from community professionals were carried out and the person’s health and welfare needs were being met.

We looked at the care records of one person, who was receiving nutrition through a Percutaneous Endoscopic Gastrostomy (PEG). This is a feeding tube entering directly into the stomach through the abdominal wall. We found the prescibed feeding regime to be precise and a clear explanation was provided for staff about important aspects of care to consider when feeding this individual via the PEG, such as the recommended sitting position, when administering the liquid diet. Additional records were in place, so this person could be closely monitored. For example, fluid balance records were kept and care charts showed good pressure relief was provided and a stable weight was maintained.

Specific risk assessments had been conducted, such as risks around breathing, circulation, mobility, mental capacity and deprivation of liberty safeguards (DOLS). Most people had been weighed each month, in accordance with their care planning programme. One person who required the use of a hoist to transfer had not been weighed. However, evidence was available to show this was their choice and the reason why this decision had been made. Although this person was not considered to be at risk of malnutrition, staff told us a food and fluid record was maintained because the person chose not to be weighed. One of the staff members added, ‘To be on the safe side.’ Staff members and the registered manager told us one person had been referred to the GP and dietician because of weight loss some months earlier, although they had regained some weight in more recent weeks.

Records showed that a wide range of community professionals were involved in the care and treatment of the people who lived at Stocks Hall, such as psychiatrists, opticians, cognitive and behavioural therapists, dieticians, chiropodists and the mental health team. Evidence was also available to show people were supported to attend hospital appointments and to have blood investigations completed. This helped to ensure people’s health care needs were being met.

A four weekly menu was in place, which was based on people’s likes and dislikes and which demonstrated a choice of nutritious meals were available. A full English breakfast was provided for those who wanted one.

Good

Is the service effective?

Elevenses, afternoon tea and supper were in addition to the three planned meals of the day. People we spoke with told us that there was plenty of food available throughout the day and that they were able to choose what they wanted from the menu. One person said, "You never go hungry here. It is like being in a first class restaurant."

We observed lunch being served on both floors. Staff were on hand to assist people to eat, as was needed. This was done in a sensitive and discreet manner. A relative supported one person to eat. This relative told us the food was always good and they came most days at lunch time. They were eating lunch at the home with their relative. We noted that two people were not eating. Staff knew them well and explained why they were not dining at the same time as other people and why they chose to eat later.

We observed staff interacting with people in a very positive way. This was especially noticeable at meal times when there were sufficient staff to assist people with their meals, as was needed. Staff appeared to know what people liked and disliked.

The home was awarded level 5 following the recent food hygiene inspection conducted by the Environmental Health Officer. This corresponds with a rating of 'good', which is the highest level achievable. The home had introduced a system for analysing allergens within each recipe. This helped to prevent people suffering from allergic reactions. Calorific values were also established, which meant people received sufficient nutrients for their individual needs. One relative told us, "The meals always look really good. They must be because Mum eats everything she is given."

We saw a recent survey had been conducted for those who lived at Stocks Hall in relation to the quality of meals served and the feedback was consistently positive. This also allowed people the opportunity to make suggestions for the menu, which showed they were involved in making decisions about the meals on offer. A quote from one survey stated, 'The content and presentation of the meals has always been excellent at Stocks Hall.'

We spoke at length with the Chef, who had been in post for 16 years. She demonstrated a sound knowledge and good understanding of people's dietary needs. She was very enthusiastic about providing a good quality of food and a varied menu. Her desire was to satisfy the dietary preferences of those who lived at the home, with whom she had daily contact, whilst ensuring their nutritional needs were fully met. This was accomplished by listening to the people who used the service and their relatives.

The chef showed us the menu choices and told us that if people did not like these they were offered something else. She also reported that she served homemade soup. However, she told us some people expressed a preference for 'Heinz' soup, especially tomato, so this was provided for those who preferred it. The Chef talked to us about special events and the food she prepared for these occasions, such as Valentine's Day and Chinese New Year. She commented, "I love doing the events."

There was a small kitchen, located adjacent to the lounge, where people who lived at the home or their visitors, could make themselves beverages and prepare themselves a snack, including toast. We observed relatives making themselves drinks and they appreciated being able to do so.

Comments about the quality of food, from people who lived at Stocks Hall included: "The Food is good." "There's plenty (food) and plenty of drinks too." "It's alright you can pick what you like."

One person remarked, when she was served lunch, "There's enough for two!" And another told us, "They (the staff) know I don't like tea, so I have horlicks or hot chocolate."

We spoke with several relatives about the food, who commented, "The food is excellent." "They're (the staff) trying to tempt mum by offering her different things." And "There are good choices and they offer alternatives too." One relative said how appreciative she was of the staff when she stayed with her mother who was poorly. She added, "They offered me meals and gave me sandwiches, biscuits and cakes and told me to help myself if I needed anything."

Policies were in place in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their freedom because legal requirements were followed.

Where Deprivation of Liberty Safeguard (DoLS) applications had been made, this was recorded well, alongside the outcome and appointment of any Independent Mental

Good

Is the service effective?

Capacity Advocate (IMCA). Staff knew how to support people who might challenge the service. Details had been charted daily for several people in order to identify triggers and effective interventions. These had then been recorded in the individual's plan of care. This helped the staff team to respond appropriately to any volatile situations. During our tour of the premises we noted specialised equipment was provided for people who lived at the home, in accordance with their assessed needs. For example, specialised mattresses, profiling beds and pressure cushions were in place for those who were assessed as being prone to developing pressure ulcers and specialised mobility aids were supplied for those needing some support with moving around. This helped to promote people's health, welfare and comfort.

Good

Is the service caring?

Our findings

People we spoke with told us they were appreciative of the kindness of the staff at Stocks Hall. Their comments about the staff team included: "They're very kind. They respect me." "The staff are very good. We're always laughing." "Staff are nice, they never shout."

We saw a good number of thank you messages had been sent to the home. A quote from one said, 'Thank you for all your care, kindness, understanding and sympathy looking after mum in her final months, weeks and days. It was gratefully appreciated by us all."

Stocks Hall had been accredited with the six steps end of life care pathway. This helped to ensure staff could collectively provide a compassionate and empathetic service for people nearing the end of their lives and their families. Records showed people were given the opportunity and were supported, as needed, to develop an advance care plan. This meant they could make future plans about the care and support they wished to receive should they, at some stage in their lives, lose the capacity to make these important decisions.

A remembrance tree stood in the reception area of the home, which allowed anyone to attach messages for people who had lived at the home and who they wished to remember. We saw that plenty of information about end of life care was available. We saw a poster displayed on the first floor, which helped staff to use terminology that people understood, in relation to end of life care.

Records showed independence was promoted, so that people were supported to be as active as possible, in order to maintain self-reliance, as much as they were able. One person told us, "We're (those who lived at the home and staff members) like a family we all help each other." She added when talking about independence, "Staff help me to do things, but they don't take over and they do things when I want." Others commented, "Staff know me, they know what I like." "Some staff are more helpful than others." And "Sometimes they chat, sometimes they're busy."

Care records seen incorporated the importance of respecting people's privacy and dignity, particularly when providing intimate personal care. Relatives we spoke with told us people were always treated with dignity and staff checked with them before they gave support or help. Comments included: "They know Mum gets upset (when staff help with personal hygiene), but they don't disturb her or distress her any more than necessary." "When washing Mum they draw the curtains and cover her chest with a towel to maintain her dignity." "They always tell Mum what they're doing whenever they're helping her."

We saw people's needs were being met in a kind and considerate manner by the staff supporting them. Information was readily available about accessing the use of an advocate. Records showed that one person living with dementia had an advocate for support. An advocate is an independent person who can support people with decision making, if they wish to use this service. This helps to make sure decisions are made in people's best interests.

We sat in one of the communal areas of the home whilst we conducted a SOFI exercise. We observed a group of five people and found that positive interaction was provided by staff on a regular basis. We also observed one person being welcomed back to the home following a hospital stay.The staff were very pleased to see him and were very attentive to his needs. He said "I could just eat some marmalade and toast," which was provided promptly.

People we spoke with told us that staff were very caring, particularly when people were poorly. They said medical advice was sought whenever it was needed. Relatives told us: "Mum sees the G.P. regularly and the home calls and lets me know if they need to call him." "They (the staff) know my relative, so if she's ill they know and will check with me and call the G.P. when necessary." "They're always good at getting the G.P out. I'm far happier with the medical care here than the last home." "Staff have been brilliant. I don't know what I'd do without them." "They treat everyone very well." "They're caring and respect everyone's privacy and dignity despite the difficulties and difficult job they do." And "The men (male staff) are smashing too."

Relatives we spoke with told us they were always made to feel welcome and 'never in the way.' They were impressed that they could make drinks and snacks and felt an important part of the support for their relatives, was being fully involved with their care and everyday activities. One relative said, "It's very different to where she was before." Another told us, "They (the staff) help my relative to express her wishes and they involve us." We observed the atmosphere in the home to be very friendly and extremely cooperative.

Good

Is the service caring?

Throughout the day we saw staff interacted well with people in a friendly and supportive manner. Staff addressed people by name and showed they knew their specific likes and dislikes. For example, whilst administering medications, a nurse asked a care worker, who one person liked and trusted, to help support them to take their medicines.

Good

Is the service responsive?

Our findings

When asked about choices one person, who lived at the home said, “They (the staff) do what I want them to do” and relatives commented, “The staff always respect Mum’s choices. If they have any qualms or concerns they always speak to me.” “They (the staff) took a checklist of Mum’s likes and dislikes (when she first came), such as leaving the light on. They always do what Mum likes.”

We spoke with one visitor, who told us her relative was admitted to Stocks Hall last year. She told us the manager of the home had visited her mother in her previous care setting before a placement was arranged. She said the manager found out what care and support her mother needed and what things she liked to do. She commented, “Everyone is so kind here. My mother has settled down incredibly well and that is because of the lovely staff making her feel at home.” This relative gave us a good example of how the home had responded well to the needs and wishes of her mother and the family. This resulted in the person being less anxious and becoming more sociable. Another relative told us, “The staff are brilliant. I am very happy with the care. I just have to tell them (name removed) needs help and they are there like that (a click of the fingers).

They are so good and extremely considerate.”

We looked at the care files of six people who lived at the home. These records had been changed to a computerised system since our last inspection. The registered manager explained that a brief, easy to use paper file was still retained within the home, which contained a ‘Hospital Passport’. This provided relevant personnel with important details about the individual, so that if they needed to be transferred to hospital in an emergency, the information was easily and quickly accessible to those who needed it, such as the staff providing the escort, the ambulance crew, hospital staff and medical practitioners. This was considered to be good practice.

We ‘pathway’ tracked the care of four people and found their needs had been thoroughly assessed before a placement at Stocks Hall was arranged. Information had been gathered from a variety of sources, such as the person themselves, their relatives, their previous placement and other professionals involved in their care and treatment. This helped to ensure the staff team were confident in providing the care and support required by each individual, who lived at the home.

A ‘Map of Life’ outlined people’s past history. This included information about their childhood, school life, working life, people important to them, significant events, interests and preferences. This helped the staff team to generate a clear picture about the individual and therefore develop good relationships with them and their families. A named nurse system had been introduced, which enabled people to develop bonds with individual staff members, who knew them well.

The plans of care we saw outlined people’s assessed needs and how these were to be best met. They were person centred records and provided the staff team with clear guidance about people’s preferences and wishes. Those who lived at Stocks Hall, or their relative, had been involved in the planning of their care. Assessed needs had been reviewed on a regular basis or as people’s needs changed. Revised assessments offered clear explanations about how needs had changed and what staff needed to do differently. We saw that plans of care were being followed in day to day practice and therefore people’s needs were being met.

Records showed that consent, where appropriate, had been obtained from those who lived at the home, in areas, such as the taking of photographs, medication administration, opening of personal mail, use of equipment, such as bed rails and wheelchair safety straps and inclusion in the home’s rememberance book.

The care records we saw were, in general person centred and well written. However, on occasions they could have been more specific in certain areas. For example, where a person required to be transferred using a hoist, it may have been beneficial to record the size of sling, which the individual used. One relative commented, “Staff are good and use the hoist properly, they know what they’re doing.” We observed two members of staff operating a hoist whilst transferring one person from a wheelchair to their lounge chair. This manoeuvre was conducted in a safe and competent manner.

The complaints procedure provided clear guidance for any interested parties about how concerns should be raised and people we spoke with told us they would know how to

Good

Is the service responsive?

make a complaint, if they needed to do so. One relative said, "I would just go and speak to Sami (the manager). I wouldn't have any problem with that. She is very approachable. She would get things sorted out." Systems were in place for recording any complaints received. This helped the registered manager to assess and monitor the frequency and type of complaint, so that any patterns emerging could be easily identified. No complaints had been received since our last inspection.

Of the people we spoke with only one person had made a complaint. She said, "The unit manager dealt with it properly. He followed it up, investigated and reported back to me. I was completely happy with the results."

Preferences had been well documented for each person within their care files. Records showed one person liked to watch 'top gear'. We saw they were watching this programme on television during our visit. This showed staff responded well to people's choices and diverse needs.

Notices showed weekly trips out were arranged in the company's mini bus, for those who wished to participate. Other outings included, church attendance, shopping trips, visits to garden centres and parks. We were told that a singer had attended the home on Valentine's Day and this entertainment seemed to be enjoyed by all. When asked about trips out one relative commented, "They do go out in the minibus, I know, but Mum doesn't want to go on any trips. She would rather stay here."

The activity boards displayed a variety of ongoing entertainment, such as gentle exercises, sing-alongs, arts and crafts, baking, readers choice and film afternoons. We saw a member of staff playing dominoes with one person in the afternoon. We were told that two people helped out in the local charity shop and people from the local community were encouraged to become involved with the home, by joining in activities, such as the annual tea party. The home's relationship with the local charity shop was equally beneficial to Stocks Hall and the charity itself. We saw that clothes had been loaned by the charity shop for a magnificent wedding display in the foyer to celebrate Valentine's Day.

People spoke of the things they enjoyed doing, which included cooking, bingo and quizzes. On the morning of our inspection some people were busy making gingerbread men, which they decorated after lunch. People also told us they enjoyed going out, "When it's nice (weather)." We were told by the registered manager and staff that the home was very much involved with the local community. It was evident that Stocks Hall was a big part of the Burscough community. We were shown photographs of people enjoying local events. We were told that a school choir visited the home from time to time and musical entertainers also performed at Stocks Hall on a regular basis.

The staff team encouraged people to be involved in fundraising events, both for Stocks Hall and also for other causes. The home had raised money for Comic Relief and Race for Life. Photographs showed people enjoying their involvement in these charity events.

The presence of several staff on the dementia care unit was evident. We saw these staff members providing stimulation through music and lights to those living with dementia, who required a great deal of intervention, including the need for one to one support. Staff had closed the curtains in the small lounge, provided some disco lights and were playing country music, including Jim Reeves and some other well known artists. There was a lively atmosphere. Staff encouraged people to use percussion instruments, such as tambourines and everyone, including the staff team were singing along with the music. Staff worked hard to interact with people. The facial expressions and body language of the people showed they enjoyed the entertainment.

Good

Is the service well-led?

Our findings

An annual business plan clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided. A company representative conducted unannounced inspections on a regular basis and formally recorded their findings, with action plans developed to make improvements in response to issues identified.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. The results of which were produced in a graph format, for easy reference. These covered all areas provided by the service. 'The Stocks Way' was embedded within the philosophy of the home and this offered people who lived with dementia a meaningful and purposeful life style. Meetings were held for those who lived at the home and their relatives, with a recod of the discussions taking place. This allowed people to talk about things they felt were important in an open forum. People who lived at the home and their relatives told us that communication in the home was good and took place on a daily basis. One person said, "We don't need meetings because we talk all the time."

We found quality monitoring of the service was, in general good. A wide range of quality and safety audits had been frequently conducted, in areas such as fire, medication, person centred care, safety, staff competencies, the environment and nutrition. Although, we identified some areas, which could have been better, we were satisfied that the registered manager was in the processs of addressing these and had recently implemented effective systems for identifying any shortfalls. For example, the registered manager checked two care files each day to make certain all necessary sections had been completed and to ensure they were person centred and detailed enough to provide clear guidance for the staff team. This helped staff to deliver the care and support people needed in accordance with their personal preferences and individual wishes. Action plans were subsequently drawn up to address any areas in need of improvement and systems were in place to monitor the effectiveness of any measures taken. The registered manager was responsive to our findings and very keen to address any shortfalls identified.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

The registered managers of each location within the company and senior personnel experienced an annual away day, which allowed them to share information and ideas. This helped the company, as a whole to progress and advance in a structured way.

We saw minutes of a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and so that any relevant information could be disseminated amongst the entire workforce. Agenda items included, staff training, health and safety, clinical governance and the management of safeguarding concerns.

The registered manager had recently introduced additional guidelines for staff in relation to the Care Quality Commission's five key questions of, 'Safe', 'Effective', Caring', 'Responsive' and 'Well-led.' Staff monthly 'coffee moments' allowed those who worked at the home to get together to discuss these areas, which were linked to monthly questionnaires completed by staff, entitled, 'Turning great ideas into action', which outlined how staff felt the service could learn and improve, how people could be kept safer and how the management team could effectively support the staff team to better the service provided. Staff also completed monthly reflection reports, which were self assessments of their strengths, weaknesses and areas for improvement. These fed into supervision sessions and appraisal meetings.

A wide range of policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, fire awareness, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA), which covered the underpinning principals, including decision making, best interests and less restrictive practices. The home had adopted the practice for all staff to sign each policy and procedure to indicate they had read and understood the contents.

Good

Is the service well-led?

Stocks Hall had been accredited with an external quality award, which demonstrated that a professional organisation periodically assessed the standard of service provided through structured auditing processes.

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 always been taken to ensure people were protected against the risks of receiving inappropriate or unsafe care or treatment. This was because risks relating to their health, welfare and safety had not always been well managed. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who used the service were not protected against the risk of acquiring an infection because equipment was not always appropriately cleaned. Regulation 12(1)(a) (2)(c)(ii)