North East Care Homes Limited

Stainton Lodge Care Centre

Inspection report

Stainton Way,
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Middlesbrough,
Cleveland,
TS8 9LX
Tel: 01642 590 404
Website: N/A

Date of inspection visit: 22 July, 5 and 11 August 2015
Date of publication: 09/10/2015

Ratings

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

Overall summary

We inspected Stainton Lodge Care Centre on 22 July, 5 and 11 August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. We commenced the inspection at 6am, as a part of this routine inspection, to meet night staff and observe practices. This was the first inspection since the care home had opened.

Stainton Lodge Care Centre is a nursing home. It provides care and treatment for up to 73 people who either have complex mental health needs or are older people living with dementia. The service is divided into four units across two floors.

On the first day of the inspection the manager was on leave. The home has not had a registered manager in place since June 2014. When we commenced the inspection there was a manager in post who had submitted an application to become the registered

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manager. The manager intended to add this home to their existing registration as manager for Stainton Way Care Centre, which is located in an adjacent building. However, prior to completing the inspection we were informed that the manager had resigned. 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.

Not having a registered manager is a breach of the provider's registration conditions. To date the provider has not formally notified us of this change and this is a breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009. Both of these matters we will be dealing with outside of the inspection process.

We found that the service provided in the unit for people with complex mental health needs was very well organised and in line with expected good practice. Since opening in May 2015 the unit had gradually filled and there were seven people using this service. People had variety of mental health needs but we found that the clinical lead had carefully considered people's compatability when determining who to admit. Staff on this unit clearly understood how to meet people's needs and what to do if people lacked the capacity to make decisions. It was a very well organised and run unit.

We noted that the home has been open for over a year but remained a very sterile environment. All of the units were decorated in beige colour schemes and were reminiscent of branded hotel schemes. We saw that no consideration had been given to making the residential unit dementia friendly or to make this unit easy for people to navigate.

On the residential unit for people living with dementia we found that staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but remained unclear about the requirements of this Act. We found that there was no information to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finances. No records were in place to show that staff completed capacity assessments where appropriate and made 'best interest' decisions.

We found that on the residential unit some people had difficulty making decisions, were under constant supervision and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, what restrictions people were subject to or if there were conditions attached to any authorisations. One person persistently asked to leave and banged on the door trying to get out but staff could not confirm whether an authorisation was in place for this person.

We saw that assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were well-developed on the nursing unit. On the residential unit we found that staff needed to ensure these were updated and altered as people's needs changed. At times staff were not recording the review of people's needs that they had completed. Staff were able to discuss in-depth the support each person needed and how they worked with people.

Throughout the day we observed care practices and saw that they were treated with respect and dignity when care was provided. However, we noted that on the residential unit staff left the bedroom doors open whilst people were asleep in their rooms. Staff could provide no explanation for this practice and we saw it compromised people's dignity.

The home had a good system in place for ordering, administering and obtaining medicines. However some improvements were needed in the way the staff managed medicines. We saw gaps in the recording of medicines on this unit; staff did not make sure discontinued medicines were removed from the medicine and administration records (MAR). Charts and protocols for as required medicines were not always in place. We saw that no action had been taken to ensure the labels on medicines were intact, which meant staff could not be sure that the medicine given was correct. Also there was some overstocking of medicines, which meant staff were re-ordering medicines when plenty were already in the home. We saw that a medicines audit was carried out but these were not always dated and staff on the residential unit were not using them to look at how to improve their practice.

Albeit the provider had systems for monitoring and assessing the service over the last few months a care

Summary of findings

consultancy had undertaken them. During the inspection the provider told us that this arrangement had ceased and they would recommence overseeing the service. We also found that when the manager was away the staff on the residential unit failed to complete audits and monitor the performance. Staff on this unit were also unclear as to who they reported to, with some staff referring to the deputy manager from Stainton Way overseeing them whilst others told us they reported to Stainton Lodge's clinical lead. The clinical lead told us they were not involved in overseeing the operation of the residential unit. We discussed this with the manager on their return from holiday and they informed us this was an issue they had identified and were taking action to ensure the home operated as a whole and appoint a lead for the residential unit.

We visited from the early hours of the morning and spent time with people in each of the units. We found that people required varying levels of support. We saw that staff provided people with support to manage their day-to-day care needs and staff had taken appropriate steps to ensure people received care and support, which was tailored to their needs. We did note that on the residential unit there were no activities taking place throughout our visit. One of the staff showed us rummage boxes they had been making but none of these were out on display on the unit.

Checks of the building and maintenance systems were undertaken to ensure health and safety and the provider was taking action to resolve problems with the temperatures in the treatment rooms being excessive.

People we met were able to tell us their experiences of the service. They were complementary about the staff and found that home met their needs. People told us that they felt the staff had their best interests at heart and if they ever had a problem staff helped them to sort this out. They told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that individual's preference were catered for and people were supported to manage their weight and nutritional needs. We saw that people living at Stainton Lodge Care Centre were supported to maintain good health. A external catering company provided the chefs and assistant cooks at the home. They reported that there was always plenty of ingredients to hand and they made home-cooked food.

We saw that the provider had a system in place for dealing with people's concerns and complaints. The new manager had ensured this had been improved and concerns were now thoroughly investigated. People we spoke with told us that they knew how to complain and felt the manager would respond and take action to support them.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. The clinical lead, a nurse, a senior carer, and seven care staff were on duty during the day and a nurse, a senior carer and five staff were on duty overnight. The manager split their time equally between Stainton Lodge Care Centre and Stainton Way Care Centre. We found information about people's needs had been used to determine that this number of staff could meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who had diabetes. We found that the staff had the skills and knowledge to provide support to the people who used the service. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs.

We found that all relevant infection control procedures were followed by the staff at the home.

We found the provider was breaching two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to adhering to the requirements of the Mental Capacity Act 2005, and governance arrangements. You can see what action we took 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

The service was not consistently safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems were in place for ensuring care records were kept and the management and administration of medicines. However on the residential unit these needed to be improved and we found the systems in place for checking these were not effective.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. On the residential unit the plans needed to be updated as people's needs changed.

Staff on the residential unit needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their privacy and dignity were promoted.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People on the nursing unit were involved in a wide range of everyday activities. People were encouraged and supported to develop their skills. During the course of our visit we saw limited activities for the people upstairs. However, we noted that action was being taken to rectify this issue.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well led.

No registered manager was in post. The provider had appointed a new manager who had recently commenced working in the home. However prior to the end of this inspection we were informed that they had resigned.

The provider had employed a consultancy company to undertake the performance monitoring of the service and at the time of the inspection this had just been implemented. Just prior to the completion of the inspection the provider informed us that this arrangement had ceased.

We found that the new manager was very conscientious and were ensuring that action continued to be taken to make the necessary changes. It is now unclear who will be taking forward action to improve the residential unit.

Stainton Lodge Care Centre

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse and a specialist advisor who was a support worker.

Before the inspection we reviewed all the information we held about the home and discussed the service with the local commissioners.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with 12 people who used the service and three relatives. We also spoke with the staff from the consultancy company, the manager, clinical lead, two nurses, three senior carers, ten care staff, the cook and a domestic staff member.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at eight people's care records, seven recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the whole of the home.

Requires Improvement

Is the service safe?

Our findings

We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them. Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures. However some improvements were needed in the way the staff managed medicines.

We saw gaps in the recording of medicines on the residential unit; staff did not make sure discontinued medicines were removed from the medicine and administration records (MAR). Charts and protocols for as required medicines were not always in place. We saw that no action had been taken to ensure the labels on medicines were intact, which meant staff could not be sure that the medicine given was correct. Also there was some overstocking of medicines, which meant staff were re-ordering medicines when plenty were already in the home. We saw that a medicines audit was carried out but these were not always dated and staff on the residential unit were not using them to look at how to improve their practice.

We found that the new manager had implemented systems to ensure staff improved their practices in this area. We noted that this had secured improvements on the nursing unit but not on the residential unit. It was notable that staff on this unit were not always completing the checks and make the necessary changes. The new manager acknowledged that further work was needed to ensure all staff consistently administered medicines in line with expected practice.

People who were identified to be at risk had appropriate plans of care in place, such as plans for ensuring action was taken to manage pressure area care and to safely assist people to eat. Charts used to document change of position and food and hydration were clearly and accurately maintained and reflected the care that we observed being given. The risk assessments and care plans on the nursing unit had been reviewed and updated on a monthly basis. We found that on the residential unit these were not always up to date and staff had not reflected changes in people's needs such as when individuals became more prone to falls. We found that although their was a system for auditing care records this was not consistently implemented on the residential unit. Thus staff responsible for auditing care records were only checking whether the forms were completed not the accuracy of the information contained in the documents. We found that the system for monitoring the service was not effective.

This was a breach of Regulation 17 (1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home. They found staff kept them safe and were very caring. People said, "The staff are excellent and I like it here." And, "The staff try really hard and do their best and to be honest I have no worries about the home."

Relatives told us that they thought the staff provided care that met people's needs and kept individuals safe. Relatives said, "We are very happy with the care they are receiving." And, "Staff really go out of their way to make sure my relative is happy."

From our observations, staff took steps to ensure people living at the service were safe. We spoke with six members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The

Requires Improvement

Is the service safe?

purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. The new manager discussed how they were introducing new tools that would further assist the provider to analyse incidents to determine trends and how they intended to use this to assist the senior managers look at staff deployment.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. The clinical lead, a nurse, a senior care, and seven care staff were on duty during the day and a nurse, a senior care staff and five staff on duty overnight. The manager split their time equally between Stainton Lodge Care Centre and Stainton Way Care Centre. Also additional support staff were on duty during the day such as administrators, catering, domestic and laundry staff. We found information about people's needs had been used to determine that the number of staff needed.

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. However we noted that the hot water was running below the recommended temperature of 43°c and mentioned to the clinical lead that people may be experiencing baths in cool water.

Requires Improvement

Is the service effective?

Our findings

The staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However, staff on the residential unit were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. We found that that staff on the residential unit had not completed any capacity assessments even though they had sent Deprivation of Liberty Safeguard authorisations for all 23 of the permanent residents on this unit. We also found that staff had not taken steps to complete 'best interest' decisions within a multidisciplinary team framework.

We saw that care records showed that relatives not the people they related to had signed care plans. Staff were unclear as to why this would be acceptable as there was no information to show the person was unable to make decisions about their care. Where relatives made decisions for people the care records did not to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves. The new manager and senior support worker told us this was an area they were working on and had requested information from relatives.

We saw that 'Do not attempt cardio-pulmonary resuscitation (DNACPR) certificates [these indicate that staff would not attempt to revive the person if they went into cardiac arrest] were in place for seven people and the form recorded that these people lacked the capacity to make decisions. No capacity assessments had been undertaken and no 'best interest' decisions were recorded for this plan. DNACPR should only be in place when people are at imminent risk of cardiac failure and it is unlikely that they would successfully be revived. Staff were unaware that if people had previously decided that they did not want life preserving treatment this should be recorded on an advanced directive not a DNACPR.

This was a breach of Regulation 11 (Need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that lots of information was recorded in the daily records but staff on the residential unit did not appear to use this to assist them to evaluate whether the care plans remained appropriate. Generic care plans and assessments were used, which staff filled in but these did not prompt them to write pertinent information. We found that staff on the whole had a very good understanding of people's needs and had altered the way they worked but the care records did not reflect the actions they took.

When we arrived at 6am and found that most people were still in bed, we observed that on the residential unit the bedroom doors were left open. Staff could not explain why they needed to do this and accepted it was quite undignified for the individuals asleep in their room. However, despite this being raised we found throughout the morning staff did not alter this practice and it meant that people walking up and down the corridors could see people asleep in their rooms. The practice only stopped following us raising this with the clinical lead. We had found this practice was not evident on the nursing unit and the clinical lead explained they did not tolerate this behaviour but were not responsible for practices on the residential unit.

On their return from holiday we discussed this with the manager who informed us, as a routine parts of their system for monitoring the service this was a check they undertook. They assured us that when they were in the home the practice did not occur. We found that the system for monitoring the service was not consistently working as when the manager was away staff on the residential unit deviated from the expected practices.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some people who had difficulty making decisions were under constant supervision; and prevented from going anywhere on their own. Staff on the residential unit did not know whether people were subject to DoLS authorisations, which were needed if people lacked capacity to make decisions and why these types of

Is the service effective?

restrictions were made. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The clinical lead told us that all 23 people from the residential unit had DoLS authorisations in place. DoLS authorisations can only be used if the person has a mental disorder, lacks capacity to make decisions, if the choices they wish to make would put them at risk of harm, or if they cannot agree to their liberty being restricted. It was unclear why everyone on this unit would need a DoLS authorisation as a number of people we spoke with could make decisions about the care they received. The staff explained that at a letter from the local authority had stated authorisations were needed if they used keypads to restrict access and exit from the service. We explained that the MCA requires that staff presume that people have the capacity to make decisions and they can agree to restriction unless an appropriate mental capacity assessment shows otherwise. Where people do not lack capacity a DoLS authorisation cannot be used.

We spoke with people who used the service about the home. People were told us the staff were good and kind and they felt the staff cared about by them. People said, "The staff are helpful and do not mind giving me a hand." And, "The night staff are lovely and check that I'm ok, plus get me cups of tea".

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had difficulty communicating, managing behaviours that may challenge and various conditions such as diabetes. We confirmed from our review of records that staff had completed mandatory training such as fire, infection control, first aid, medicines administration, food hygiene and other course such as nutrition and dementia care. We also found that the provider completed regular refresher training for these courses. We found that the staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff told us that they had received supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records were in place to confirm that supervision had taken place. We found that all of the staff had an annual appraisal. Staff told us that the new manager had held meetings with them and outlined what they would be doing to make changes to the home. The new manager showed us the minutes from the meeting.

People said, "Not only is the care good but the food is really nice." And, "The food is good and you get plenty." And, "The cakes are always lovely and if you want more you can have more."

We found that the provider has contracted out the catering management to a different company. The employee of this company discussed how they worked with the provider and new manager to ensure people received an adequate diet.

When we started the inspection we found that people who were up had been given cups of tea and jugs of juice were available. We saw staff frequently offered people drinks.

We observed the care and support given to people over lunch. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted or dozed off and were not eating.

People were offered choices in the meal and staff knew people's personal likes and dislikes. The quality of the food looked good. All the people we observed enjoyed eating the food and very little was left on plates.

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that where people had lost weight dieticians were contacted. Two nurses, seven care staff and the cook had completed a focus on under-nutrition training, which we heard enabled them to consider a wider range of ways to encourage people to eat.

Requires Improvement

Is the service effective?

We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had lost weight, the staff had contacted the GP and dieticians who assisted staff to support people to maintain a healthy diet.

Good

Is the service caring?

Our findings

All the people we spoke with said they were happy with the care and support provided at the home. People said, “I am very happy in the home.” And, “The staff are lovely and very caring.” And, “I have no concerns as the staff are very kind.”

Every member of day staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction they had with people and every aspect of care given. All of the staff spoke with great passion about their desire to deliver high quality support for people. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

The new manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from our discussions that staff knew people very well, including their personal history, preferences, likes and dislikes and they had used this knowledge to form very strong therapeutic relationships with people. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

People on the nursing unit were seen to be given opportunities to make decisions and choices during the day and were encouraged to be as independent as possible. The care plans on both units included information about personal choices such as whether someone preferred a shower or bath. The care staff told us that they checked the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

We found that the way the home was decorated was not helpful for people living with dementia. Everywhere was painted in non-descript colours that blended in to each other. There was no signage to indicate where individual’s bedrooms were or where bathing facilities and toilets could be located. This type of colour scheme does not assist people living with dementia find their way around or remain as independent as possible. The new manager had reviewed current guidance around supporting people living with dementia and told us they were working with the provider to ensure the environment was improved.

We found that the nursing unit was extremely well run and worked to enhance people lives. The staff on this unit were exceptionally good at meeting the needs of people, inclusive of individuals with very complex needs. The clinical lead coherently explained how they assessed people to ensure not only that staff could meet their needs but the individuals would get on with each other. We found that they had a very effective admission criteria and this had led to a harmonious environment being created in the nursing unit.

Good

Is the service responsive?

Our findings

People said, “The staff are lovely and really kind.” And, “Nothing is a problem for them.” And, “When I have been poorly the doctor is called straight away.”

People on the nursing unit confirmed there was a good choice of activities and we saw people take part in excursions and activities within the community. At the time of our visit the activities coordinator was working in the adjacent service. We heard that they split their time across the two services and it was expected that care staff completed activities with people when they were not at the service. We found that although staff on the residential unit tried to provide activities, people on this unit had little to do.

Staff told us that the activities coordinator was developing rummage boxes for the residential unit and they showed us some of these. The new manager told us they aimed to provide constant access to this equipment, as well as review the level of access to activity on the residential unit.

People said, “Sometimes we listen to music or even talk among ourselves.” And, “The activities staff are good and think of interesting things for us to do.”

We found that resident and relative meetings were held on a monthly basis and reviewed the minutes from these meetings. These showed people were asked for their views about a variety of things such as activities and action was taken to incorporate this into the plans. We did note that with only one activity coordinator working in the two homes it was difficult for all the units to have activities delivered on each unit each day. The new manager told us this was an area they were reviewing and intended to ensure more activities were available on each unit.

The staff we spoke with were knowledgeable about the care and support that people received. We found that the staff met the individual needs and goals of each person. We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. People did tell us that over the last year there had been four changes in manager and this was unsettling but they were confident that the deputy manager and administrator would resolve concerns. We saw that the complaints procedure was written in plain English. We noted that it did suggest that CQC investigated complaints, which is inaccurate so we asked that this was amended. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that where formal complaints had been made in the last 12 months these had been thoroughly investigated. The manager had a solid understanding of the procedure.

Requires Improvement

Is the service well-led?

Our findings

The home did not have a registered manager in post. The previous registered manager left in June 2014. Since then another manager was appointed but left prior to being registered with CQC. A new manager came into post in April 2015 and had applied to be registered. However prior to completing the inspection we were informed that this manager has resigned.

It is a condition of the provider's registration to have a registered manager and this is a breach of that condition. To date the provider has not formally notified us of this change and this is a breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009. Both of these matters we will be dealing with outside of the inspection process.

We looked at the systems in place for monitoring the quality of the service. Albeit the provider had systems for monitoring and assessing the service over the last few months a care consultancy had undertaken them. During the inspection the provider told us that this arrangement had ceased and they would recommence overseeing the service. It was unclear as to when the provider would begin fully overseeing the service and with the latest manager resigning we were unclear as to what oversight would be given to the service.

We found that the nursing unit was operating well and staff consistently considered how they could maintain and improve the service. We found that the current system had not assisted staff on the residential unit to critically review the service. We reviewed the audit system, and found for the residential unit there were gaps in the frequency of completion.

We also found that when the manager was away, staff on the residential unit failed to complete audits and monitor the performance. Staff on this unit were also unclear as to who they reported to, with some staff referring to the deputy manager from Stainton Way overseeing them whilst others told us they reported to Stainton Lodge's clinical lead. The clinical lead told us they were not involved in overseeing the operation of the residential unit. We discussed this with the new manager on their return from holiday and they informed us this was an issue they had identified and were taking action to ensure the service operated as a whole and appoint a lead for the residential unit.

We saw that the care records, staff competency checks, risk assessments and maintenance audits had not highlighted the breaches in regulation we found. Therefore staff had not taken action to; for instance, ensure the care records provided all of the pertinent information such as impact of medical conditions. We found that the system was not always effective.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service were complimentary about the staff and the home. From the information the people shared we gained the impression that they thought the home met their needs. We found that the new manager was reflective and that they were looking for improvements that they could make to the service. It is now unclear whether or how this will be progressed as the new manager has left.

Staff told us, "The new manager is approachable and has discussed the improvements they intend to make." And, "The new manager is interested in what we do and we are pleased they have taken over the running of the home."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.**