

Care Homes UK Ltd

# Stockingate Residential Home

## Inspection report

61 Stockingate  
South Kirby  
Pontefract  
West Yorkshire  
WF9 3QX

Tel: 01977648683

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Stockingate Residential Home is a residential care home providing personal care to up to 25 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 21 people using the service.

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

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the care and support people needed. Staff received regular training and supervision which helped to ensure they had the knowledge and skills to look after people safely. The home was clean and tidy. Regular cleaning helped ensure people were protected against the risk of infection.

Staff knew people well and understood the risks associated with their support. Care plans and risk assessments provided guidance about individual and environmental risks. People received their medicines safely, when they needed them. Recruitment procedures ensured only suitable staff worked at the service.

There was evidence of continuous learning. Following an accident or incident there were discussions with staff to identify if there were any themes or trends and what could be done to prevent a reoccurrence. The culture of the home was positive and staff worked hard to ensure people lived happy lives. The quality of the service was regularly monitored through audits, meetings and feedback surveys. Improvements were made where needed and there was an ongoing improvement program for the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 December 2021) and there were breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 19 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve infection prevention control and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last focused inspection, by selecting the 'all reports' link for Stockingate Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

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

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Stockingate Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Stockingate Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stockingate Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

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

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, deputy manager, housekeeping, senior care and care staff. We reviewed 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider failed to ensure government guidance around the management of infection control was being followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance.

### Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from the risk of abuse. People felt staff in the service kept them safe. One person told us, "I feel very safe here, I don't have any issues with the home or the staff, they are all very nice."
- Staff understood how to recognise abuse and could describe the actions they took to report any concerns. Staff had received training in recognising abuse.
- There were processes in place to ensure any incidents were reported to the appropriate body.

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Assessing risk, safety monitoring and management

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way.

#### Using medicines safely

- The service managed people's medicines safely. People's medicine support needs were clearly documented in their care plan and included a list of medicines prescribed, how and when they should be administered.
- People's medicines administration records (MARs) were completed correctly and medicines stock held by the service was consistent with stock levels documented on the MARs.
- Care staff supported people with their medicines had received training and their competency had been assessed.
- Some people received medicines prescribed as and when required (PRN), information on how safely manage these medicines was recorded. One person told us, "I get my tablets everyday without fail."

#### Staffing and recruitment

- People told us they did not have to wait for staff to come and help them when they needed assistance because staff were always around. One person said, "There are always staff around if I need them."
- Staff told us there were enough staff to support people safely. We saw people were supported promptly and did not have to wait for their support.
- The registered manager told us, "Dependency tools are available and we regularly complete individual dependency assessments. We look at levels of dependency and balance those outcomes with any prospective new admissions to make sure we have enough staff."
- Staff were recruited safely. We saw checks were carried out which included using the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Processes and systems were in place to learn and improve people's care following an accident or incident. For example, a tracker was used to analyse falls each month. This included tracking the time of day falls occurred to help identify possible themes. Action was taken as a result of the analysis, which included reviewing people's care needs, reviewing of staffing numbers or referrals to health care professionals.
- The provider shared information gathered through accidents and incidents which occurred across all its homes to promote people's safety. This enabled registered managers to take actions to prevent similar incidents.
- Incidents and accidents were reported to the relevant authorities, including the local authority,



safeguarding teams and the Care Quality Commission.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to ensure systems to assess, monitor and improve the quality and safety of the service were sufficiently effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 17.

- We found improvements had been made to the providers' systems and processes to ensure all areas of the service were running well and people were receiving good quality care.
- The registered manager's oversight and monitoring of the service had brought about improvement in key areas. For example, staff were compliant with current COVID-19 guidelines. A staff member told us, "Things are really good here. There have been changes for the better and staff morale is great as a result."
- Governance and oversight of the service was embedded. Audits focused on safety and quality monitoring. There were systems to ensure buildings and equipment were safe. The provider carried out weekly environmental audits and checks on equipment such as hoists and slings. Any findings were supported by action points where identified improvements could be made.
- The audits were driving improvement and there was an improvement plan in place for making sure any areas requiring improvement were addressed.

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

- The provider was acting on their responsibilities to meet the duty of candour. We saw incidents had been notified to the appropriate agencies including to the CQC as required.
- Ratings were on display at the home and on the providers website.

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

- There was a positive culture within the service. People told us the registered manager and staff approachable and the culture of the home was open and friendly. One person said of the registered manager, "I really like her, she always asks if everything is okay with me."

- Staff were complimentary about the registered manager. Reflecting on the changes they had implemented since their appointment. Staff spoke of an increased friendliness and positive atmosphere in the service and told us how the registered manager had worked with staff, leading by example, to set clear guidelines for the provision of good quality care. A staff member told us, "The management structure has changed, and I believe communication is much better."
- Specific staff roles had been created with delegated areas of responsibility, which meant people's day to day experience of living at the home was centred around them and their quality of life. For example, staff were employed to undertake specific roles which activities staff who supported people to take part in activities. We observed people enjoying dancing and playing tambourines in a music activity.

Continuous learning and improving care;

- The registered manager promoted learning for all staff to improve care for people. There was evidence that incidents at Stockingate and other homes run by the provider were reflected on, discussed and shared with staff through meetings, supervision and general discussions.

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

- Feedback from key stakeholders was sought to improve the service. People, staff and relatives were asked to share their views of the service via regular communication, meetings, surveys and reviews.

Working in partnership with others

- The provider worked with a variety of health and social care workers. The registered manager had developed working relationships which supported positive outcomes for people. We saw evidence of referrals to relevant professionals when required. For example, dieticians.
- People were supported to access healthcare services as they needed. For example, GPs and dentists.