

Seaham Care Limited

# Dr. Ashdown's Stockton Lodge

## Inspection report

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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

### About the service

Dr. Ashdown's Stockton Lodge is a nursing home providing accommodation for up to 39 older people and people living with a dementia. There were 30 people using the service when we visited.

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

Risk assessments were clear and readily identified how to mitigate them. Staff were familiar with these documents and the actions they needed to take. The electronic care record templates didn't always offer the range needed and couldn't be modified. The registered manager was in the process of finding a different more effective electronic care record system.

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. The electronic care records needed some enhancements made to support staff to evidence the relevant documents had been completed. The registered manager had identified this gap in practice and had measures in place to ensure staff completed these in a paper format.

There were enough staff on duty and staff were recruited safely. People told us staff were caring and they felt safe. We observed staff deliver care and support in a kind and compassionate manner. It was clear staff understood people's needs and how to manage any presenting risks.

People were protected from abuse by staff who understood how to identify and report any concerns. Incident monitoring records were appropriately used to understand themes and reasons for the events. Medicine management was effective. Staff adhered to government infection control and prevention guidance.

The systems the registered manager had in place allowed them to critically review the service and proactively looked at how improvements could be made. Staff told us that the registered manager was approachable and listened to their views. People felt the registered manager was running a good service.

Staff were passionate about providing good care outcomes and took ownership for their practice. They had established good working relationships with all visiting professionals, and this had supported them to

deliver effective care and support.

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

#### Rating at last inspection

The last rating for this service was good (published 21 September 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr. Ashdown's Stockton Lodge 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.

# Dr. Ashdown's Stockton Lodge

## **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

An inspector carried out the inspection.

#### Service and service type

Dr. Ashdown's Stockton Lodge is a 'care home', which provides nursing care. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. 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 9 people who used the service about their experience of the care provided and contacted 7 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, 4 nurses, 2 senior carers and 12 other care staff members.

We reviewed a range of records, which included 4 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.



## Our findings

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

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

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

- Risk assessments were in place to reduce the risk of harm to people and provided staff with guidance on the actions to take to reduce the risk. The staff ensured these clearly and thoroughly outline the risk and how to mitigate it but the electronic care record templates didn't always offer the range needed and couldn't be modified. The registered manager had identified this issue and had measures in place to cover these gaps.
- The service assessed people prior to them moving to the service to ensure the service could safely meet the person's individual needs.
- The registered manager was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.
- The environment and equipment were safe and well maintained.

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.
- The electronic care records did not support staff to accurately record information about the completion of capacity assessments and best interest decisions. The registered manager had identified this gap and was in the process of ensuring these were addressed.

### Staffing and recruitment

- There were enough staff to meet people's needs. The provider regularly reviewed dependency levels to check the staffing levels continued to meet people's needs.
- People reported they found they were confident staff would be at hand when they needed them. One person said, "The staff are wonderful and there is always plenty."
- The provider operated safe recruitment systems that ensured suitable staff were employed.

### Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. One person said, "Really the staff are fantastic, and I'm treated so well, there is nothing they could do better."
- Relatives were kept informed of any changes to people's needs and found the care delivered met people's needs.
- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as required' medicines.

### Preventing and controlling infection

- 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.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made. For example, they identified the temperatures in the treatment room were maintained at an appropriate level via the installation of air conditioning units.
- The registered manager had identified the electronic care record system needed improvements. They found the current one was too basic and did not support staff to evidence how they delivered the care or demonstrate they were considering all aspects of a person's needs. The management team were in the process of identifying a more effective electronic care record system.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- The registered manager operated an open and transparent culture whereby they shared appropriate information with people and families about any incidents and concerns.
- Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted a positive, person-centred culture. People told us the registered manager was approachable and acted swiftly to address any issues.
- The staff had good links with the local community and worked in partnership with other agencies to

improve people's opportunities and wellbeing.

- The service involved people and their families in discussions about individuals' care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.
- The registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.