

Masterpalm Properties Limited

Stoneleigh House

Inspection report

Cooper Street
Oldham
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stoneleigh House is a residential care home providing accommodation and personal care for up to 31 people within a large stone-built property, which has been converted and extended. There were 22 people living at the home on the day of inspection.

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

We found improvements were required with the management of medicines, the audit and governance process and the system for ensuring appropriate and safe staffing levels were deployed based around people's needs.

People's medicines were not managed safely, this included the management of stock and record keeping. People told us there seemed to be enough staff and requests for help were met in a timely way. However, the providers system for determining how many staff were needed to meet people's needs, showed not enough staff had always been deployed. Staffing levels had been reduced in the afternoon and overnight. This reduction in staffing had not been risk assessed, to ensure it was safe.

We have made a recommendation about how the provider determines whether safe staffing levels are deployed.

The home had introduced a detailed audit and governance system, with a clear schedule in place explaining what would be assessed and when. However, the audit process had not identified any of the issues we found during inspection. There was no overarching action or improvement plan in place, to enable greater oversight of what needed to be addressed, who by and when.

We have made a recommendation about how the provider identifies and addresses actions and improvements.

People told us they felt safe living at Stoneleigh House. Risk assessments explained how staff could support people in line with their wishes, whilst keeping them safe. Staff knew how to identify and report safeguarding concerns, with training provided and refreshed. Accidents and incidents had been documented and reviewed to identify trends and help prevent reoccurrence. The necessary employment checks had been completed, to ensure staff were suitable to work with vulnerable people.

People and staff's views were captured via meetings and questionnaires. People and staff spoke positively about the support they received and how the home was managed. Staff told us they enjoyed working at the home and had noticed improvements since the current manager had been appointed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 January 2021).

Why we inspected

We carried out a focused inspection of this service in November and December 2020 when breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do to improve safety and governance within the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. The local authority had also requested we inspect, in order to increase care home bed capacity within Oldham. The report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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 included checking the provider was meeting COVID-19 vaccination requirements.

You can read the reports from our last focused inspection and the previous comprehensive inspection, by selecting the 'all reports' link for Stoneleigh House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to the management of medicines and the audit and governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stoneleigh House

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by one inspector.

Service and service type

Stoneleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not currently have a manager registered with the Care Quality Commission. The previous registered manager had left following the last inspection. The lead senior care worker had taken over responsibility for running the home and told us they intended to apply for registration in the near future. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Due to the home experiencing an outbreak of COVID-19, we gave notice of our intention to inspect to ensure we had prior information to promote safety. Inspection activity started on 19 January 2022 and finished on 27 January 2022, at which point we had received all the additional information and clarification we had requested from the provider. We visited Stoneleigh House on 20 and 21 January 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people living at the home about their experiences of the care and support provided. We also spoke with six staff members, which included the manager, area manager and care staff.

We reviewed a range of records relating to the safe and well-led key questions. This included four people's care records, risk assessments, safety records, audit and governance information. We also looked at medicines and associated records for four people.

After the inspection

We requested additional evidence from the provider. This included information on partnership working, auditing and action planning, meeting minutes and training data.

Is the service safe?

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 requires improvement. At this inspection this key question has remained the same. This means some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we recommended the provider reviewed the controlled drugs process at the home. Although the process had been reviewed, improvements to practice had not been made.

- Medicines were not always managed safely. We found controlled drugs (CD) had not been administered and documented in line with guidance. A page had been torn from the CD register, medicines had not been documented as being returned or destroyed when no longer in use and the stock balance for the one person receiving a CD was incorrect, meaning at least 2 tablets were unaccounted for.
- Counts of other prescribed medicines did not tally. For example, based on medicines received and administered, 65 pain relief tablets for one person were unaccounted for. This medicine was variable dose, meaning either one or two tablets could be given each time it was administered. However, the amount given each time had not been recorded on the medicine administration record (MAR). This meant effective stock control could not be maintained.
- Remaining stock had not been carried over on the MAR when the next month's supply of medicines was received. As a result, the amount listed as being available was incorrect. Running balances had not been used to assist with stock checking and ensure medicines had been administered in line with prescriber guidance.

We found no evidence people had been harmed, however, medicines were not being managed safely. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection staff had not been recruited safely and the provision of training and support to ensure they could provide safe care was inconsistent. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe recruitment processes had been followed. All required safety checks and documentation had been completed in the personnel files we reviewed. We saw evidence new staff had completed a detailed

induction, to ensure they could provide safe care.

- People told us enough staff were deployed to meet their needs and they didn't have to wait too long for assistance when requested. Staff also stated the home had enough staff, although the afternoon shift was much busier.
- The manager told us ideally they needed four staff in the morning and afternoon and three at night, however, due to issues with recruiting staff and not wanting to use agency, they were currently running with three in the afternoon and two at night. No risk assessment had been completed to ensure staffing reductions were safe.
- The home used a system to determine how many staff were required to meet people's needs. The latest copy on file showed the amount of staff hours available was not enough to meet people's needs. The provider told us this was because the new manager was unfamiliar with the system and had overestimated people's level of need. We were provided with an up to date copy which showed daily and weekly staffing hours exceeded what was required.

We recommend the provider reviews the process for determining people's dependency levels and support needs, to ensure staffing levels are sufficient and safe.

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

At our last inspection we recommended the provider reviewed people's daily records to ensure dietary information was recorded correctly. The provider had made improvements.

- People's dietary needs were clearly recorded on food and fluid charts, these also explained what and how much people had consumed each day, along with how this had been provided, for example pureed.
- Care files contained a number of risk assessments, which provided staff with the necessary information to meet people's needs and keep them safe.
- Checks of the premises and equipment had been completed as required. However, the home's fire safety risk assessment required updating and some certificates to confirm compliance, were out of date. The manager was unaware certificates had not been provided by the relevant organisations following safety checks. They agreed to request these and we will follow this up at our next inspection.
- Accidents and incidents had been documented. Records included what had occurred, action taken and the outcome.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place. Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.
- Additional measures had been implemented due to the COVID-19 pandemic. Appropriate policies, procedures and cleaning schedules were in place and government guidance around visiting procedures and vaccinations had been followed.
- Specific risk assessments for people deemed to be at increased risk and how this would be managed, such as those living with dementia who may not understand the need to isolate, were not in place. The manager agreed to complete these following the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Stoneleigh House. Comments included, "I feel safe here, not at all worried or anxious" and "I feel safe. It's very good here. I was nervous when I first came, but everyone was so nice."

- Staff had received training in safeguarding and knew how to report concerns. Information about safeguarding was on display within the home.
- Safeguarding concerns had been reported in line with local authority guidance, with a record kept of what had occurred and actions taken.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This means service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection audit and quality monitoring processes were not robust and record keeping was not accurate or consistent. This was a breach of regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had implemented a number of audits, which were completed on a daily, weekly, monthly and less frequent basis, depending on the area being assessed. However, these had not identified any of issues we found on inspection.
- For example, care plans viewed contained contradictory information about some people's needs, such as details of the type of modified diet they required and whether they required repositioning. Although care files had been audited and reviewed monthly, none of these issues had been identified.
- Monthly management supervision had been completed, during which the provider reviewed key areas with the home manager, such as auditing, medication and care plans. Documentation from the last three of these meetings stated there were no concerns with medicines management, auditing or care plans, which we found not to be accurate.

Systems and processes to monitor the safety and quality of service provision were not robust. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Continuous learning and improving care

At our last inspection we recommended the provider continued to embed a culture of openness and transparency, using this to inform and identify improvements. This remains a recommendation at this

inspection.

- The manager told us they did not have or use an overarching improvement plan, onto which any issues noted during audits or monitoring was recorded. As a result, it was not clear how actions were monitored and addressed.
- The lack of a centralised system for recording and monitoring actions and improvements had resulted in a delay in some areas being addressed. For example, audits dating back to July 2021, referenced televisions in two of the three lounges being broken and needing to be replaced. This had yet to occur.

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

- We found the home to be an inclusive environment. People's views had been captured through meetings and surveys.
- People and staff spoke positively about the home and support provided. Comments included, "The staff are very helpful, they would sort anything out for you", "It's good here, staff are nice and support us" and "The manager is very supportive, she works hard."
- Staff feedback indicated the home had made improvements under the new manager. One told us, "Management is really good since [manager] has taken over, definitely noticed improvements." Another told us, "The new manager is fair but can put her foot down when needed. It's much better than before, there needed to be some changes here which are happening."

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 manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings, phone calls and interactions with care staff.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, this included local health professionals and exercise providers.
- Involvement with community based groups, continued to be affected by restrictions in place as a result of the COVID-19 pandemic. However, when safe to do so, the provider planned to reconnect with these groups and invite them back into the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were being managed safely. We identified concerns with the management of controlled drugs, stock control and record keeping.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the safety and quality of service provision were not robust. Auditing had not identified the issues noted on inspection.