Stonecross Care Home (Kendal) Ltd

Stonecross Care Centre

Inspection report

107 Milnthorpe Road
Kendal
Cumbria
LA9 5HH

Tel: 01539232954

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26 May 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Stonecross Care Centre (Stonecross) is a residential care home providing personal care and accommodation to older people. At the time of the inspection, 28 people were receiving regulated activities at the home. The service can support up to 32 people. The home is an adapted building with two lounge areas and a dining room on the ground floor. Bedrooms are based over three floors.

People's experience of using this service and what we found
People were not always safe. People were not safe in the event of a fire or a fire alarm sounding at the home. Risk was not appropriately identified, assessed or managed in a timely way. During the inspection, we identified substantial and widespread failings in respect of fire safety arrangements and in the leadership and governance of the service. Not all staff had been trained in fire safety and had not received instruction or had experience of using equipment which was central to fire evacuation processes.

During the inspection, the fire service inspected the home and issued immediate enforcement processes against the provider for a number of fire safety issues.

People could access materials that were harmful to them and, on occasions, an empty kitchen. These were safety issues for some of the people who lived in the home and supported that governance systems were not robust and had failed to identify key concerns. Oversight within the home was inconsistent with a number of managers being appointed in a short space of time. This contributed to people being exposed to the risk of harm.

Recruitment and staff disciplinary processes did not meet current legislation and guidelines. They were not effective at ensuring staff members were always suitable to work with vulnerable people. Some essential safety checks had not been made and, in one case, staff disciplinary action had not been scrutinised at the right level or had any provider or expert oversight. A temporary staff member who was not providing direct care to people was working and there were no records available to support any checks had been made about whether they were appropriate for the role.

People received medicines as prescribed and visiting professionals were complimentary about the care and support people received.

Infection, Prevention and Control (IPC) processes were appropriate and we were assured about the service's ability to mitigate the transmission of infections.

Staff were competent with safeguarding processes and knew how to protect people from abuse. Relatives said their loved ones felt safe in the home and were trusting of staff and management. We observed good practices and interactions between staff and people during the inspection. The service's safeguarding processes were robust.

Staff supported people to have access to healthcare professionals and specialist support and the service worked well with external specialists.

The provider and managers acted during and immediately after the inspection to address the risks we found. This included improved monitoring, checks and reviews.

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

Rating at last inspection
The last rating for this service was good (published 4 June 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we carried out a focused inspection to review the key questions of safe and well-led only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

The registered provider has been responsive to concerns noted during the inspection and has started to take action to make improvements and promote safety within the home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stonecross Care Centre 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the regulations in relation to management of risk, recruitment of staff and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority and fire service 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Stonecross Care Centre

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 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 conducted by an inspector.

Service and service type
Stonecross Care Home 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 had a manager in place who was to apply for registration. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 25 May 2022 and ended on the 26 May 2022.

What we did before the inspection
We used information gathered as part of monitoring activity that took place on 4 May 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our

system about the service. This included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with three people who used the service. We spoke with two relatives about their experience. We spoke with five members of staff including the interim and home managers and two senior care workers. We also spoke with a provider representative who was a director of the provider company. We spoke with three external healthcare professionals and obtained their feedback of the care and support people received. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed three care records. We also considered a variety of records relating to the management and governance of the service.

We looked around the home in both communal and private areas to establish if the environment met the needs of people who lived there.

After the inspection
We continued to seek clarification from the provider representative to validate evidence found.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- Environmental risks were not always suitably monitored and addressed.
- Whilst carrying out a visual inspection of the home, we saw good practice guidance had not been considered and implemented to prevent the risk of people accessing materials that were subject to the 'Control of Substances Hazardous to Health' (COSHH).
- In addition, people could access the kitchen as the access door was often left ajar and the closing mechanism was defective. This would be a risk when staff were unavailable to supervise people who were particularly vulnerable.
- During the inspection, we became aware of concerns around fire safety. The home's fire risk assessment was substantially out of date, we noted obstructed fire escapes and there were a lack of checks on essential fire safety measures such as the integrity of fire doors.
- In the event people need to be evacuated from the building, staff and emergency services rely on people's Personal Emergency Evacuation Plans (PEEP's). These were out of date and had only been reviewed in January 2022. They provided an unreliable position about the people who lived in the home and their particular mobility requirements.
- Records demonstrated a number of staff members had not received fire safety awareness training and not enough had received fire fighting training. The manager was in the process of arranging some fire safety training but this did not meet the requirements to ensure all fire safety risks were properly mitigated.

We found no evidence that people had been harmed. However, these series of risks had not been identified and acted upon and were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

.● Following the first day of inspection, the fire service inspected the home. They instigated their own enforcement around fire safety concerns and provided the provider with a schedule of required improvements and a time-scale for when these had to be completed. At inspection, the provider representative said these would be actioned straight away to make the home compliant with fire regulations. Thereafter, and prior to the publication of this report, the fire service advised CQC that most essential fire safety issues had been resolved.

- Items subject to COSHH were relocated during the inspection and the manager said they would arrange for locks to be fitted to some facilities, including the kitchen, in order to keep people safe.

Staffing and recruitment

- The provider had not always followed safe recruitment procedures. Checks with previous employers in

health and social care and some other pre-employment considerations had not been completed in four of the five recruitment files we considered.
● Checks such as those into identity, right to work and criminal records had been made.
● One of the three staff disciplinary file we considered raised concerns. A significant safety issue involving a member of staff had developed and senior staff had intervened to ensure people were safe. However, thereafter, the provider had no recorded involvement in the matter and subsequent disciplinary decisions were not consistent with best practice to ensure the staff member was safe to work with vulnerable people.

There was no evidence anyone had been harmed as a result of these issues but this series of employment concerns are a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were enough staff employed. One person we spoke with told us they did not have to wait for staff to support them. Rotas and our observations at inspection supported this position.
● During the inspection, the provider representative and manager told us an immediate safety review of all staff employed would be actioned and CQC kept informed of developments.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff. We were told all people living in the home had been vaccinated against COVID-19.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating safe visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the home. The registered provider had a system for responding and reporting abuse. A healthcare professional told us they felt the home was a safe and happy place for elderly people to live and they had no concerns around any abuse or neglect.
● Staff told us they had received safeguarding training and were aware of the importance of reporting abuse.

Using medicines safely
● People received their medicines when they should. When people were unable to take their medicine, pharmacists or GP's had been consulted about this.
● On one occasion, staff had not done enough to correct errors by other agencies that prevented a person receiving their medicine in a timely way. The manager said that the matter would be raised with staff in their supervisions.
● Staff had been trained on the safe administration of medicines. A senior member of the care staff told us they took the administration of medicines seriously and said it was an important part of their care and support of people. They said their competence in this area had been checked in the past.

Learning lessons when things go wrong

● The manager was developing a system to review all accidents and incidents so that lessons could be learned. We noted this included looking at all falls for trends and themes.

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.

Inadequate

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 good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding 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 provider did not always understand risk and regulatory requirements. They did not appreciate the significance of ensuring environmental safety concerns were the primary responsibility of the registered provider and had allowed the issues highlighted in the 'safe' section of this report to develop over a period of time.
- There was no evidence of any provider led checks and audits. For example, staff recruitment files and employment processes had not been considered by anyone other than a manager. In the absence of a manager who was registered with CQC, the registered provider should have had substantial involvement in the running of the service but there was no documented evidence of any meaningful input. This position had allowed the service to breach regulations implemented to keep people safe.
- A safety issue had been raised with the registered provider some weeks before inspection and there was no evidence to support this had been acted upon until we raised the matter at inspection. A visiting professional told us of a situation where they regularly observed a tripping hazard at the home and had to raise the matter with senior staff to ensure the matter was resolved. In another case, we noted that a staff member had raised concern about their working conditions. This had been elevated to the provider by management staff but at inspection, the issue had not been addressed.
- Documentation was not always complete, accurate and up to date. Some people did bot have PEEP's in place. Some were inaccurate and others were not up to date. We highlighted an anomaly in one person's medicine's records that can be seen in the 'safe' section of this report. The manager accepted senior staff and management could have documented the issue in a better way. They agreed written representations should have been made to correct an error made by other agencies so that the person received their medicine in a timely way.
- We received some assurances that auditing systems within the service were in the process of being implemented and this coincided with the employment of a new senior member of staff. However, these needed to be consistently implemented and more wide ranging so that they addressed the multiple concerns related to lack of safety processes within the home.

We found no evidence that people had been harmed. However, systems were either not in place, followed or robust enough to demonstrate the service was effectively managed. Any processes that were in place, were not effective to ensure compliance with essential safety requirements. These series of issues are a breach of

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our inspection visits, the registered provider confirmed they were working with the company who supported them with their governance documents to ensure all areas of concern were rectified.
● The registered provider agreed to stop any further admissions until essential fire safety works and processes had been resolved. After inspection, they started work on the programme of improvements, including fire safety, and liaised with CQC and the fire service on this. They told us they were committed to making improvements to ensure they provide a high-quality service within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others
● During the inspection visit, we saw positive and caring interactions between staff and people who lived at the home. People told us they were happy with the care and confirmed they received person-centred care. Relatives confirmed that they were happy with the care provided to their family members.
● The registered provider was open and honest about the failures seen at inspection. They said they were committed to working in partnership with other agencies to make the required improvements to make the home safe again. They provided us with assurances that immediate improvements would be made within the service.
● We saw evidence of partnership working with health and social care professionals to meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved in how the service was managed. Relatives told us that the service had started to engage in regular communication with the home. We saw evidence of engagement between the management team and people who lived at the home.
● Staff we spoke with told us they felt listened to and were supported by the senior management team. Staff members raised concerns about a lack of any provider led input. Staff did say that the care team network was strong, there was good team spirit and the home was a good place to work.

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 Risks, including environmental concerns and fire safety issues, had not been identified and acted upon.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place, followed or robust enough to demonstrate the service was effectively managed. Any processes that were in place, were not effective to ensure compliance with essential safety requirements. There was a lack of appropriate provider oversight and this had led to failures in addressing concerns.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Mandatory recruitment checks were not being completed and inappropriate disciplinary processes had left a staff member who may have been unsuitable to work with vulnerable people.