Colleycare Limited

St Leonards Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 3 and 6 October 2017 and was unannounced.

The service was previously inspected in August 2016 where it was found the provider was not meeting the regulations. Risks were not assessed appropriately for people receiving care and support. We asked the provider to complete an action plan to address our findings. We found during this inspection improvements had been made and the service was meeting the requirements.

St Leonards Care Home is a traditional style care home that is registered to provide accommodation for up to 45 older people some of whom are living with dementia. At the time of our inspection there were 41 people using the service. The service had a registered manager in post.

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.

We saw people were well cared for and comfortable in the home. Everyone we spoke with told us they felt safe living at St Leonards. Comments we received were, "I do feel safe here they look after me well" and "Yes very safe."

People were safeguarded from abuse and neglect as staff demonstrated good knowledge of what to do if they suspected someone had been inappropriately treated. Medicines were managed safely and people received their medicines as prescribed by the GP. Staff received training in the administration of medicines and were assessed as competent before they supported people with their medicines.

Care records were personalised, up to date and accurately reflected people's support needs. Information in care plans included life history, interests, likes and dislikes and provided staff with sufficient information to enable them to provide care effectively. We saw people were treated with kindness and compassion. We saw one person who was walking up and down the unit and did not appear to be settled. We saw staff intervene and encouraged the person to help them by carrying a folder into the office to distract them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff that were well trained and motivated. One member of staff told us, "If you want to progress they are good." They went on to say they were on the management pathway. Staff received supervisions from their line manager to ensure discussions could take place to highlight any concerns or training requirements.

Managers provided effective leadership and held regular meetings with staff and people who use the service to ensure everyone was involved in the running of the home.

The service was cleaned to high standards and we saw there were three members of domestic staff employed by the provider and were engaged in cleaning duties throughout the day.

People were actively involved with the local community and encouraged to engage in activities and entertainments available within the home.

Professionals who regularly visited the service told us they had no concerns. One told us, "They prefer to call us out to be on the safe side, which is fine by us."

There were systems in place for monitoring and auditing to ensure the service delivered high quality care.

Regular fire testing and drills were carried out and people had individual emergency plans in place in the event of an emergency.

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.

Risks were appropriately assessed and staff had been provided with guidance on how to manage risks.

Medicines were managed safely. Staff ensured they followed correct procedures in the administration of medicines.

Is the service effective?

Good

The service was effective.

Staff were well trained and motivated to effectively support people.

Induction procedures were robust and ensured new staff were competent to carry out their role.

Staff understood the requirements of the Mental Capacity Act 2005 and people's choices were respected.

Is the service caring?

Good

The service was caring.

People and their families' views were sought through regular meetings.

People told us they were happy with the service. People were consulted with their end of life wishes.

Is the service responsive?

Good

The service was responsive.

People's care plans were regularly reviewed and updated to reflect their current care needs.

People were consulted and involved in developing their care plans.

Is the service well-led?

Good

The service was well led.

Internal audits were robust to ensure a high quality service was delivered.

The service worked collaboratively with other professionals to ensure people's health needs were met.

The registered manager kept up to date with current best practice and ensured staff were given this information.

St Leonards Care Home

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 checked 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 took place on 3 and 6 October 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using a specific service. Their area of experience was older people's care.

Prior to the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents. Prior to the inspection a Provider Information Return (PIR) had been submitted. A PIR is a form that asks the provider some key information about the service what the service does well and any improvements they plan to make.

During the inspection and to gain further information about the service we spoke with four people who use the service and one relative. We also spoke with a visiting professional, the registered manager, the deputy manager, the well-being co-ordinator, three members of staff, and the administrator.

In addition we observed staff supporting people throughout the service and during the lunch time meal. We also inspected a range of records relating to the way the service is run. These included two medicine charts, staff files, four care plans and quality audits.

Good

Is the service safe?

Our findings

During our previous inspection we found the service was not compliant with regulations. Risks to people were not appropriately assessed to ensure they were safe. We found during this inspection improvements had been made.

People told us they felt safe living at St Leonards. We received comments such as, "I do feel safe here they look after me well." and "Yes very safe."

People were protected against risks to ensure they remained safe. We saw examples of risk assessments in place. For example, a detailed risk assessment for one person who had diabetes to ensure in the event of the person's diabetes becoming unstable, staff would have a plan to follow. In addition the person had a diabetic passport which states the blood glucose target range for the person and information for staff to follow if there was a deviation in the range.

Personal Emergency Evacuation Plans (PEEPs) were in place for staff to follow in the event of an emergency such as a fire. This detailed each person's ability to move safely from the building. It informed staff what support would be required to move the person to safety. We saw fire drills and evacuations were completed on a regular basis.

Staff had knowledge and confidence to identify safeguarding concerns and acted on them to keep people safe. All the staff we spoke with were able to explain the services; procedures in relation to the safeguarding of adults. Safeguarding information was displayed in the front reception to inform people and visitors the procedure for reporting any concerns.

The service followed safe recruitment practices. Inductions were in place for new staff and before they were able to work unsupervised. Records showed that all the necessary documentation was in place to ensure only suitable staff were recruited. This included a Disclosure and Barring Service check (DBS). The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work especially that involve children or vulnerable adults. We saw a staff notice board in the front reception which helped people and visitors to identify staff. The service only used a small percentage of agency staff when needed.

People's medicines were managed and administered safely. We observed a member of staff administering people's medicines and found them to be competent and knowledgeable about people's medicines. Medication Administration Records (MAR) were correctly signed and where 'as required' medicines were given the correct codes were used and an explanation of why the person required the medicine documented on the reverse of the chart. This ensured the correct procedure in the administration of as required medicines were followed.

There were sufficient staff deployed to meet people's needs. We saw staff did not rush people and were able

to spend quality time with them.

Accidents and incidents were documented appropriately. Guidance was given to staff to complete the form correctly. For example, it reminded staff to give a full account of the accident and to ensure they explained exactly what happened and not what they think might have happened. This ensured any accidents or incidents were correct and could be investigated effectively if necessary.

The service was cleaned to high standards and we saw three members of the domestic team engaged in duties to ensure the premises were clean and tidy.

Good

Is the service effective?

Our findings

People told us their needs were met by the service. Comments we received were, "I feel my needs are met by staff," "My main needs are met" and "They come and help me and talk to me."

Staff confirmed they received an induction to enable them to support people effectively. Records showed that staff completed training in mental capacity, deprivation of Liberty, infection control and moving and positioning. The service had a training matrix which was published three months in advance to enable staff to attend. The service had a 'Best Practice' forum to allow staff to discuss areas of best practice and empowered them to look at ways to improve the service.

People received individualised care from staff who had the required skills to carry out their role. We spoke with a visiting professional who told us they had no concerns and that staff were responsive to people's needs. They told us, "They prefer to call us out to be on the safe side, which is fine by us."

Staff received supervisions (one to one meeting). Staff were aware who their supervisor was and the upcoming dates for their supervision. Staff told us they felt supported in their role and could always speak to the registered manager at any time. People were cared for by staff that were well trained and motivated. One member of staff told us, "If you want to progress they are good." They went on to say they were on the management pathway. Management pathway is specific training in management and leadership.

The service provided a nutritious menu with drinks and snacks offered throughout the day. People told us they liked the food. Comments included, "The food is nice, we have a choice for breakfast, lunch and supper" and "The food is good we have choices." We observed the lunch time meal. We saw people in the dining room relaxed and chatting about their day. Where people required assistance this was provided in a calm unhurried manner. A volunteer offered assistance during this busy time. People's dietary requirements were catered for, a weekly 'special dietary requirements' update was given to the chef. The service ensured any referrals were made to the dietitian and other professionals if there were any concerns regarding a person's dietary intake.

The service worked with other professionals involved in people's care. There were regular visits from district nurses, opticians, chiropodists and other health care professionals. The GP visited the service on a weekly basis. We saw a doctor's book for staff to make reference to during the visits.

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 Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent to care and treatment was sought in line with legislation. Staff we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We saw that DoLS applications were made by the management and clearly recorded in people's care plans. Where best interest decisions were required these were in consultation with families and professionals. There had been 11 applications made to the local authority which had been authorised.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and were very caring. We saw examples of kindness throughout our visit. For example, one person had a favourite chair which was in a busy corridor. We saw when staff walked through the corridor they all stopped and chatted to the person. The person interacted well with all the staff that stopped for a chat and staff told us, "They like to know what's going on, this chair is in the right position for this."

Staff knew people's individual communication skills and abilities. Staff told us about one person who could display challenging behaviour at times. They told us, "We take a cue from (name) we let them take the lead." There was a range of ways used to make sure people were able to say how they felt about the service. We saw a comments and suggestions box around the service to allow people and their families to make any suggestions. We saw that people frequently visited the manager's office and were encouraged to treat these areas as part of their home. Up to date information was available on notice boards throughout the service. This included minutes of residents meetings which also included an easy read format, information about advocates, and how to air concerns.

Staff involved people in their day to day decisions and carried out reviews with people who were able. Where this was not possible relatives were involved. One relative told us they were consulted about decisions and the service had listened to and acted on their views. They went on to say, "I am always able to visit any time of the day which I am very grateful for."

People were encouraged to be as independent as possible some people were able to access the community services with minimal support from staff. We saw one person was able to drive their car and visit their family when they wanted to.

People were encouraged to personalise their rooms. We saw some rooms were personalised with furniture and ornaments. The service had a quiet lounge for families and people to have privacy and some quiet time. We saw memory boxes outside people's rooms and appropriate signage to help orientate people. Memory boxes contained specific information relating to people's former life. This enabled people to feel orientated and encouraged discussions with staff.

Staff respected people's privacy and dignity, we observed staff knocking on people's doors and waiting for a response before entering.

People and their families were given support when making decisions about end of life care. All staff had received end of life training. Care plans we viewed had end of life plans in place which identified people's individual preferences at this time. At the time of our inspection there was no one receiving end of life care. However, we were aware the service had supported people previously during this time and had received support from relevant healthcare professionals such as palliative care nurses.

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing their care plans. We saw evidence of this in care plans we viewed. Staff responsible for care planning were aware of relatives and representatives who held power of attorney and involved them where appropriate in decision making. People's needs were reviewed regularly and when any changes occurred. We saw examples of this in people's care plans. One example we saw was where a person's cognitive ability had deteriorated. Staff were given details of the changes to the person's support needs and ways of ensuring the person remained as independent as their condition allowed.

We saw that one person was anxious during our visit and staff intervened to distract the person. The member of staff asked the person to assist them with carrying some folders to the office. We observed that the person became more settled thereafter. This demonstrated staff knew the people they were supporting and took measures to respond appropriately.

The service had access to a video link to qualified nurses to support people if they were are feeling unwell and may require short term treatment. This was a lap top device which linked up via a web camera and people could see the nurse they were talking to. This allowed the nurse to rule out any serious health issues and to get any treatment needed without having to call a doctor or without the need for anyone to go to a hospital. Staff told us this was working well and it had reduced the need for GPs to be called out when the issue can be dealt with by the nurse. This demonstrated the service was proactive in responding to people's well-being and health needs.

People had a range of activities they could be involved in. The service employed an engagement lead who assisted people in activities. This included accessing services outside the service such as attending sessions at the local nursery as volunteers. People were supported with shopping trips and excursions to local beauty spots. In addition, community groups were invited to the service to present different workshops of interest to people. The service had a number of volunteers who supported people to engage in activities. During our visit we observed chair based exercises taking place. We saw people engaged and enjoying the session. Where people were unable to join in due to their deteriorating health one to one sessions were provided.

The service had a 'Gentleman's Club' which met every two weeks for general discussions, games and outings. In addition we saw the service had specific items displayed around the service such as tools that may have been used in the past by the gentlemen living at St Leonards such as drills and locks.

The service had volunteers with a mixture of involvement such as assisting with meals, Tai Chi, poetry and art and crafts.

We spoke with the engagement lead who told us, "It's about making every day a celebration." They went on

to tell us the service was good to work for they told us, "It's just joyous, they let me run with my mad ideas, they are supporting me with my NAPA level two. NAPA is a National Activity Provider Association it equips staff with skills and knowledge to enable them to engage with people in meaningful activities. The engagement lead was motivated and enthusiastic in their work. They told us, "There is no sitting and rotting in chairs here." We saw a large activity room designed to allow people to engage in art and crafts as they wished. In addition the service had a small kitchen for people to make themselves a drink or have their breakfast if they were a late riser. A member of staff told us, "If someone wakes up in the middle of the night they can make themselves a drink. It's home from home."

The service was actively involved in 'Turtle Song'. Turtle Song is a singing and song writing initiative for people with memory problems and all forms of dementia. It gathers together professional musicians, workshop leaders and musical students to deliver a high quality, challenging and enjoyable experience. We saw that two people were booked to attend the next event.

Cultural needs were met by the service in the form of monthly church services. A visiting pastor visited for people who required support.

Concerns and complaints were well documented with actions and outcomes together with lessons learnt. A quarterly analysis was completed and shared with people and their families. The complaints received in the last year had been responded to and resolved. There had been many compliments about the service. One compliment we saw was, 'Thank you so much for looking after (name) it was an enormous comfort to know that they were looked after in such calm and tranquil surroundings by such caring people'.

The service used a transfer of information report when a person was required to move between services, a copy of which was retained in their care plan and reviewed prior to sharing.

Good

Is the service well-led?

Our findings

The registered manager was visible and hands on. Staff told us they felt supported and could always speak to them at any time. We saw the registered manager chatting to visitors, staff and people throughout our visit. They offered assistance during the lunch time meal which was an opportunity for them to observe practice and enabled them to engage with visitors and people living at the service.

There were a number of systems and processes in place for monitoring the quality of care. These included direct observation; we saw the registered manager walked the floor several times throughout the day. The service carried out an annual satisfaction survey which sought feedback from people, families, staff and external professionals. Resident and relatives' meetings gave opportunity for comment on areas such as re-decoration and refurbishment, meal service, housekeeping activity and entertainment, staffing and recruitment. All people attending the meetings were enabled to give their views which were recorded in minutes and distributed for people to read. Staff meetings informed staff of future plans and gave staff the opportunity to give examples of good practice and any areas for improvement.

Audits undertaken enabled additional monitoring of the quality of the service provided. We saw examples of audits and corrective action taken as necessary. For example, where issues were identified such as staff requiring an update in training, this was actioned and addressed ensuring the next available training date was available for staff to attend.

The service had a positive culture that was person-centred open and inclusive. It had a well-developed understanding of equality diversity and human rights and put these into practice. The service had an equalities action plan which was used to identify any areas that required addressing. We saw each issue was identified and actions to be taken where necessary with a timescale where applicable. For example, where people were identified with a physical impairment, we saw that equipment and adaptations were in place for individual people which were identified within care plans. Disabled access was available for all areas within the service with a passenger lift for those living on the upper floor.

We saw the service had built community links to break down barriers between generations. This was evident in the attendance at local pre-school groups some people living at St Leonards attended. In addition we saw that schools were regularly invited into the home to provide events such as singing and interaction in general.

The registered manager kept up to date with current practice and national guidance. We saw they attended local provider forums and fedback relevant best practice information to staff following these meetings.

The service worked in partnership with GPs, district nurses, social service staff and other professionals who supported people living at St Leonards. We saw one comment from an external professional which stated how welcoming staff were and how well lead the team were. The registered manager was supported by the organisation and received regular visits for supervision and appraisals. This ensured the service was meeting the expectations of those using the service and was working within legislative guidelines.

The service had notified the Care Quality Commission about significant events. We used this information to monitor the service and ensure they responded to keep people safe.