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St Stephens Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

St Stephens Nursing Home is a nursing home providing personal care to 31 people with complex needs at the time of our inspection. The service can support up to 31 adults who live with dementia, enduring mental health conditions and/or a physical disability. Accommodation consists of single, spacious bedrooms and multiple communal areas for people's comfort and relaxation. St Stephens Nursing Home will be referred to as St Stephens within this report.

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

The provider continued to deploy high staffing levels and excellent skill mixes to retain people's welfare. They had good oversight of everyone's safety and checked their processes reduced risks. A relative said, "I go home happy." The registered manager had good systems to protect people from poor practice and to manage their medication safely.

The provider continued to heavily invest in staff to maintain their outstanding expertise. A relative told us, "The staff are well trained and know exactly how to get the best from my [relative]." The management team retained strong assessment procedures to minimise disruption from failed placements. A relative stated "It was a big step for us to move my [relative] into a home. The staff were superb." The provider maintained an excellent nutritional care model. 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. Staff excelled in the application of the MCA and people stressed they felt at the heart of their decision-making.

The registered manager continued to maintain high standards of dignity and respect. A relative commented, "If I ever needed care such as this, I would come here myself." Another relative added, "This home is fantastic." They instilled a highly inclusive environment and genuine desire to celebrate difference and each person's individuality. The registered manager continued to plan and agree care highly focused on involving people and their representatives.

The management team continued to build highly advanced care plans and assessments that fully involved people to help staff meet their needs. A relative said, "I can't ask for more. My [relative] is content and much calmer since he came to the home." The registered manager maintained an excellent programme of activities for people's stimulation and wellbeing. They continued to provide exceptional care for people at the end of their lives.

Staff and people told us leadership was exceptional. A staff member stated, "Working at St Stephens is great. I feel really valued." The management team continued to engage extremely well with other agencies to provide an outstanding service. They endeavoured to review lessons learned and involved everyone in service development. The provider continued to excel at acquiring people's feedback about quality assurance.

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 outstanding (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

St Stephens Nursing 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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector, a specialist advisor, with a mental health nursing background, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Stephens 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 registered with the Care Quality Commission. This means that they 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.

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 and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke about St Stephens with one person, eight relatives, six staff, the registered manager and the provider. We further discussed the home with two visiting healthcare professionals. 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 walked around the building to carry out a visual check and ensure St Stephens was clean, hygienic and a safe place to live.

We looked at records related to the management of the service. We did this to ensure the provider had oversight of the home, responded to any concerns and led St Stephens in ongoing improvements. We checked care records of four people and looked at staffing levels, recruitment procedures and training provision.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider continued to deploy exceptional staffing levels with excellent skill mixes to retain people's safety and offer greater meaning to their lives. An external professional commented they had been commissioning placements at St Stephens for a long time. They added "I have never had a concern regarding the quality of care. Staffing levels are brilliant."
- There were 15-20 staff to help up to 31 people and the management structure ensured shifts ran smoothly. A staff member said, "Staffing is high, so I feel safe and the high dependency is always covered." One person discussed the high level of staff and added, "Everything I ask for is done."
- The registered manager followed the same safe recruitment procedures found at their last inspection to ensure employees were suitable to work with vulnerable adults.

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

- The registered manager had good oversight of everyone's safety, checked systems reduced risks and reflected on any lessons learned. People and relatives told us they felt reassured by a safe and comfortable environment. One relative stated, "I have complete peace of mind. I know my [relative] is safe here." Another relative added, "I have confidence in them and can sleep at night knowing [my relative] is safe."
- The registered manager maintained good oversight of infection control procedures to ensure a safe environment.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had good systems to protect people from abuse or poor practice. They recently reinforced this with extensive five-day training for staff as part of National Safeguarding Adults Week.

Using medicines safely

- The management team had good protocols to manage people's medication safely. They trained staff and regularly checked medication administration was safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- The provider continued to heavily invest in their staff to maintain their outstanding expertise. A visiting professional told us, "They are able to assist patients with challenging behaviour other providers can't because the staff are highly skilled." A relative added, "The staff are excellent."
- Every employee had a personalised training programme based around their developmental needs and interests. A staff member stated, "[The provider] supported me in learning English. The training is amazing, like using visual aids and acting out what is good and bad practice."
- An example of exceptional training provision centred on supporting staff to be able to care for one person with highly complex conditions. This and their medical equipment would normally prevent transfer to a nursing home. Nurses worked several shifts at the hospital to understand how to support the person's specific requirements before admission.
- Through careful and extensive planning, the person was admitted to St Stephens. This had a huge impact on the individual because the outstanding training meant they could remain in a comfortable, homely environment. A nurse said, "The training we got was astonishing. By the time we finished I was really confident I knew what I was doing."

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager continued to excel in the application of the MCA. They created in-depth care plans with each person to guide staff about supporting them with the least restrictive approach. The provider jointly developed a model with a university to discretely observe people unable to express their needs. This assisted staff to comprehensively understand what they required, how effective treatment plans were and to

focus care on retaining their independence.

- Treatment was strengthened by the use of evidence-based tools for staff to continuously assess people's cognitive health with the least restrictive practice. This helped staff understand the benefits of using safehold rather than medication for those with behaviours that challenged them. This remarkable procedure enabled people to live more meaningful lives.
- People and relatives stressed they fully felt at the heart of their care planning and decision-making. Staff consistently obtained consent and best interest decisions before any formal treatment changes were introduced. A relative commented, "I have a meeting with the staff to discuss my wife's care and make any adjustments necessary."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team continued to have strong assessment procedures to minimise the disruption to people of failed placements. A visiting professional told us St Stephens had a great reputation for successfully admitting and supporting individuals from unsuccessful placements elsewhere. A relative added, "My [relative] has only been here for just over one week and I am amazed at how well he has settled. The staff are just great."
- The registered manager developed excellent working relationships with other health and social care agencies in the continuity of people's care. Care planning was focused on each person's abilities, optimum treatment and a continuous measure of the effectiveness of outcomes. A visiting professional said, "The care plans are fantastic. If I covered a shift I would feel very confident at immediately hitting the ground running."
- People and relatives stated staff checked on them and discussed their care throughout each day. One relative told us, "I have had all his care and treatment explained to me. I feel better now I have a better understanding of what is happening with my [relative]." Another relative added, "I don't worry about my [relative]. I know if he needs a doctor the staff will get one."

Adapting service, design, decoration to meet people's needs

- The provider excelled at altering the home solely with the aim of enriching people's lives. They built two bedrooms and renovated two others to add en suite shower facilities. This instantly impacted people's privacy by creating more comfortable, convenient and dignified living spaces.
- St Stephens was a converted house with a homely environment, which people stressed was vital to their welfare. A visiting professional said though communal areas were small this did not affect how staff aided complex individuals that challenged them. They added, "It's the calmness that amazes me. Whenever I visit, everyone is incredibly relaxed and enjoying their day."

Supporting people to eat and drink enough to maintain a balanced diet

- The provider continued to demonstrate an excellent approach to people's nutritional and oral healthcare. For instance, they enhanced the appetite of each person who had a pureed diet by presenting food moulded to resemble its original format. A relative commented, "His food is very good and he appears to enjoy it."
- Each person had highly detailed care records to reduce the risk of malnutrition. The registered manager introduced extensive oral health support that followed new national guidelines to maximise high standards in nutrition. This included staff training and competency assessment, as well as more detailed monitoring documentation to optimise people's food intake.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The registered manager continued to maintain high standards of dignity and respect. A visiting professional told us, "This home really is outstanding. I know you inspect with the 'mum's test' in mind and I would not hesitate if I had to place my mum at St Stephens." The management team promoted an ethos of highly personalised, compassionate care. A relative said, "Staff encourage and love him." Another relative added, "Respect and dignity is always shown to my [relative]."
- Everything was geared towards optimising people's self-respect and retaining a homely environment to enhance each person's meaningful life. For example, the provider refurbished a double bedroom into a single one and used the extra space to build an en suite wet room. This led to greater privacy for the occupant. One person stated, "This is my home. I love the girls and boys." Relatives added, "This is a home from home" and, "This home cares for me as well."
- The management and staff teams delivered care focused on helping people to regain and advance their independence. This included specialist communication tools and equipment to aid each person's ability to express their needs. Multiple examples of the impact this had on people included a reduction in distress that led to better connections and ability to make choices.
- Staff had their own roles and everything ran smoothly. The interaction between staff was excellent. They were a well-organized team and able to adapt to the changing needs within the home. When a person required a particular member of staff, they responded and changed over to facilitate the need. Relatives spoke about feeling a part of a family involving all the staff and people who lived there. A relative commented, "I get lots of reassurance from the caring staff."

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager continued to instil a highly inclusive environment and genuine desire to celebrate difference and people's individuality. They helped staff embrace people's diversity with monthly training, including one-to-one guidance delivered with a sensitive approach. This outstanding method enriched staff skills in such areas as challenging discrimination to uphold Lesbian, Gay, Bisexual and Trans human rights. A relative told us, "This is an excellent home. There is a warmth here you feel when you come in; a sense of peace amongst all the activity."
- Staff were highly mindful of each person's right to personalised care and treatment. At the same time, they had a real desire to treat people with respect and to create a loving environment. A visiting professional said, "Staff have a great attitude and really do care for residents as if they are their own family. I quite often think from their conversations that they honestly do feel the residents are their family members." A relative added, "I feel that my [relative] lives in a big family with all the love and support he would get if he was at home."

- Staff care and attention to people was constant and they persistently stopped to chat, giving them a reassuring hug. Undoubtedly, care delivery was a very high standard, underpinned by the special approach and exceptional manner of staff, which provided the best for everyone.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager continued to plan and agree care highly focused on involving people and their representatives. This commenced at the first point of contact with the management team meeting families to discuss their needs and preferences. There was a real desire to get to know each person on a continuous basis to achieve the family-like approach to care. A relative stated, "We chat about day-to-day needs and if we can do anything to improve care. I know my loved one is being cared for 100%. That makes a difference. In fact, I would say 110%."
- The management team displayed 'Get to know me' boards in people's bedroom to outline their preferences, life history and backgrounds. This guided staff to continuously deliver care focused on each individual. A relative said they felt a lot of relief on admission and as they came to trust the exceptional care provided. They added they enjoyed the time together again with their family member because "the whole weight of my [relative's] care has been taken off my shoulders".
- Staff worked hard to involve the whole family in people's treatment. The registered manager described a relative who stopped visiting because they struggled to understand their family member's diagnosis. They spent a lot of time supporting and educating the relatives, who were able to re-engage, which had a highly positive effect on the person. A visiting professional told us, "Families have always fed back they are very happy with the service. We have never had negative feedback, which is pretty amazing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team continued to build highly advanced care plans and assessments, fully involving people, to help staff meet their needs. A visiting professional stated, "They are not just simple guides staff follow. They are very detailed and used at every opportunity during the day."
- Care plans centred on reviewing treatment and outcomes throughout the day. A visiting professional told us staff "reflect on the progress of treatment, which makes it easier for them to amend things as they change". A staff member added, "The communication we have is better than anywhere else I've worked by far. We literally know exactly what we are doing from one minute to the next."
- Commissioners held St Stephens in high esteem because staff worked proactively to exceed targets. They supported people with complex needs, when other services failed, to improve and regain purposeful lives often for the first time in years. A relative commented, "My [relative]'s mental and physical health has really improved since coming here. His life is made as comfortable and fulfilling as possible."
- Care focused on ensuring everyone's support was tailored to their personalities, life histories and preferences to improve their quality of life. A relative said, "They know him now better than I do. When you have someone in care it's very difficult to leave, but I go home confident he is well cared for." Staff endeavoured to include the whole family to enhance their awareness of each person. This advanced people's ability to engage in meaningful conversation and participate in activities to provide harmonious moments and quality life experiences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider continued to deliver outstanding support for people with a disability, impairment or sensory loss. Staff used multiple proven tools and specialist equipment to assist each person to improve their communication. This resulted in people's enhanced interaction skills and more frequent engagement.
- The registered manager additionally deployed computer equipment to develop interactive skills and increase contact with relatives, which essentially improved family connection. They told us, "It's had a massive impact on their relationships. It's huge for them and their families. The improved communication also makes a difference for us to better understand them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The registered manager continued to deliver an excellent programme of activities for people's stimulation and wellbeing. Extremely high staffing levels meant each person had opportunities throughout every day to develop their social skills and fully occupy themselves. One person stated, "I love playing games." A relative added, "I just love the way the staff are always doing something with the residents, playing games and entertaining them."
- Activities consisted of multiple one-to-one and group events throughout the day based around each person's assessed and known interests. A relative said, "The staff spend so much time with him. He has things to do and has company all the time." Through extensive communication exercises and observation, staff recognised one person used to work in a catering setting. They expressed a desire to have a 'job' again. Consequently, the management team created risk assessments and care plans to enable them to work in the kitchen, which gave them self-worth.

End of life care and support

- The registered manager continued to provide exceptional care for people at the end of their lives. They applied National Institute for Health and Care Excellence (NICE) guides for people with life-limiting conditions. The essence of end of life care was a holistic model based on each person's advanced decisions and their spiritual requirements. Relatives fed back, 'I have been surrounded by love' and, 'It was a care that was founded on love, compassion and kindness.'
- The registered manager reinforced this excellent approach by auditing each death to review how end of life care could be optimised. They analysed symptom management, recordkeeping, staff skills and relative involvement. Staff did reflective practice and held meetings to debrief on potential lessons learned. The provider trained staff to administer intravenous fluids to reduce unnecessary hospitalisation and help people stay at the home in their familiar surroundings.

Improving care quality in response to complaints or concerns

- The registered manager maintained the same effective complaints system they had at our last inspection. Although they had not received any complaints in the last 12 months, people told us they understood relevant procedures. A relative said, "If I had a problem I would know where to go and who to speak to. I go home happy."

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager continued to have outstanding systems to assess quality assurance and people's wellbeing. They fully understand their responsibility to review processes at St Stephens maintained everyone's safety and audited every aspect of the service. This included checks of infection control, medication, staff and care files, MCA procedures, health and safety, nutrition and end of life care. The overview programme was extensive and the management team were proactive in managing the service to minimise the occurrence of incidents.
- The management team endeavoured to review any lessons learned and involved everyone in their improvement drive. They monitored key indicators of safety performance and found their systems minimised the occurrence of falls, pressure ulcers, hospital admissions and infections. This fared very well against national averages and boosted people's quality of life.
- Staff told us leadership was exceptional. One employee said, "The manager and owner are incredible. They're here all the time to support us." The registered manager was compassionate, experienced and highly skilled. A visiting professional stated "[The registered manager] is extremely knowledgeable. I am inspired by her work ethic, genuine kindness and desire to help."
- Relatives confirmed communication and the management of the home was outstanding. One relative said, "When my [relative] had to come into a home, I was very reluctant, you hear such terrible things. This home has given me faith in the system." The registered manager had excellent comprehension of the impact of family contact. They paid for relatives to be able to stay overnight at people's end of lives, temporary illness or to celebrate their anniversaries. They added, "They become a part of our wider family."

Working in partnership with others

- The management team continued to engage extremely well with other agencies to provide an outstanding service. They undertook a pilot working with the multi-disciplinary team aimed at optimising each person's life by reducing the use of sedative medication. They evidenced how this changed staff perceptions and ultimately enriched people's experiences.
- The registered manager told us they meet with commissioners every month to discuss people with complex needs. They explained the purpose was to review treatment, the level of support and what they could do differently. They added, "It makes a massive difference because we can explore and share any ideas. It's about what we can improve on to make people's lives better."

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

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

- The provider continued to excel at acquiring people's feedback about quality assurance. They achieved this through multiple forums, such as afternoon tea meetings and satisfaction questionnaires. A relative commented, "The home gets us together to discuss care and any issues we have, which are very few. The care here is first class."
- The registered manager gained feedback from people, relatives, external professionals and staff on various aspects of St Stephens. The different surveys gave an extremely complimentary and comprehensive picture of everyone's experiences, with 100% of respondents stating they would recommend it. Comments seen included: 'Thank you, thank you, thank you to everybody for the exceptional care you give [my relative];' 'My concerns were anticipated by staff before they became a worry;' 'You're simply the best;' and, 'Calm, dedicated and friendly staff atmosphere.'
- The management team heavily invested in their workforce, valued their input and involved them in service development. An employee stated, "[The registered manager] always respects my work and input, it makes me feel proud for what I did that day." The registered manager monitored staff and proactively intervened to check their welfare. They said, "We recognise if we can help staff with their own issues it eases their personal lives and makes them more effective."

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 continued to work with agencies as part of their duty of candour and exceptional desire to consistently improve. They followed up notifications about incidents by conversing with the local authority and CQC to review any lessons learned. They assessed treatment outcomes with reflective practice, meetings, training and circulating best practice. The management team worked openly and maintained contact with people and relatives.
- The management team proactively anticipated people's needs in line with the latest proven, best practice approaches to excellent care delivery. The provider's group of registered managers discussed the recent NICE guidelines on oral healthcare. They held several meetings to design an excellent new system, train staff and implement enhanced records. The registered manager told us system review always focused on how "to improve our care provision".