Stennards Leisure Retirement Home

Stennards Leisure Retirement Home (Frankly Beeches)

Inspection report

123 Frankley Beeches Road
Northfield
Birmingham
West Midlands
B31 5LN

Tel: 01214775573

Date of inspection visit:
23 August 2016

Date of publication:
21 October 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this home on 23 August 2016. The home was last inspected in June 2015 and was meeting all the regulations. The home is registered to provide personal care and accommodation for up to 18 older people. At the time of our inspection 17 people were living at the home and one person was in hospital. We observed how care was provided to people and whether people were happy living at the home.

There was a registered manager in post who was present throughout the inspection. 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.

People and their relatives told us that they felt safe with the staff who supported them. Staff were aware of the need to keep people safe and understood their responsibilities to report allegations or suspicions of poor practice. Assessments had been undertaken to identify any potential risks to people and guidance was available for staff to follow to minimise those risks. Moving and handling transfers were not always carried out in a safe manner. Safe recruitment practices were in place. Medicines were being given as prescribed and stored safely.

Staff were provided with training to keep their knowledge and skills current. Staff told us that they had received a planned induction when they commenced working at the home. Staff's knowledge and understanding of The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had improved. However, not all staff demonstrated the need to gain people's consent to care and support before providing assistance. People were provided with a good choice of food and were supported to access relevant healthcare professionals when needed.

People were cared for by staff who knew them well and who they described as kind and compassionate. People expressed how they wanted their care to be delivered. People's decisions and choices were respected by staff. People told us that they were treated with dignity and had their privacy respected.

People and their relatives had been involved in the development of their care plans but told us that they had not always contributed to the reviewing of their care needs. People were supported to participate in some social activities of their interests. People told us that they felt enabled to raise concerns and complaints and were confident that these would be investigated and acted upon.

People, their relatives and staff described the home as well-led and felt confident in the registered manager. People told us that they were asked their views about the care and support they received. There were systems in place to monitor and improve the quality and safety of the service provided.

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.

Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

There were enough staff to meet people's needs and people were supported by a consistent staff team.

People told us that staff supported them to take their medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's consent was not always sought before they were offered care and support.

Staff were not always aware about which of the people using the service had an authorised Deprivation of Liberty Safeguards and those who were awaiting assessment.

People were supported to access healthcare from outside the service to meet their needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who people considered were kind and caring.

People's dignity, privacy and independence was promoted and maintained.

People expressed how they wanted their care provided and told us that staff listened.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care but could not always recall contributing to the reviewing of their care and support needs.

There were some activities planned to keep people busy and to meet their social needs.

People were confident that if they had the need to complain then the complaint would be responded to.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff spoke positively about the manager and the way the home was led.

The registered provider encouraged people, their relatives and staff to express their opinions and experiences of the home.

There were procedures in place to monitor the quality and safety of the service.

Stennards Leisure Retirement Home (Frankly Beeches)

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 was planned to check 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.

This inspection took place on 23 August 2016 and was unannounced. The visit was undertaken by one inspector 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 service.

We looked at the information we had about this provider. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was returned within the timescale requested. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with eight of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with five relatives of people and one health care professional during the inspection to get their views. In addition we spoke at length with one of the proprietors, the registered manager, four senior care staff, one care assistant and the cook.

We sampled some records including five people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with described how they felt safe living at the home. One person we spoke with told us, "Now I've got someone here all the time. I feel safer, especially at night." All the relatives we spoke with felt assured that their loved ones were comfortable and safe. One relative said, "[name of relative] is much safer living here. No unwanted visitors."

We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. One person living at the home told us, "I'd feel happy approaching a member of staff if I needed any advice." Staff told us that they had received training in how to safeguard people and records we looked at confirmed this. Staff we spoke with shared examples of what they would report to their internal managers or external agencies, if required. One staff member told us, "If I was to see anything that caused harm to anyone living here, I would go to manager straight away. [name of manager] would sort it out." We saw information displayed within the home regarding safeguarding and whistle-blowing procedures. One member of staff said, "Whistle-blowing is having the right to confide in someone if something is wrong without getting into trouble." The registered manager told us they would take the necessary actions to investigate potential abuse which included reporting incidents of abuse to the Local Authority or to The Care Quality Commission.

Staff we spoke with knew the risks associated with people's care. For example, risks associated with food and drink and moving and handling people. We saw that assessments had been undertaken to identify risks to people's health and their physical and emotional well-being. Where risks had been identified people's care plans described how staff should minimise those risks and what equipment and actions staff should take to support people safely. A relative we spoke with told us that their relative had been moved to a downstairs room following an operation. This indicated that the service was aware of and responsive to risks associated with the person being upstairs. We observed some moving and handling transfers of people during our inspection. We saw staff supporting a person with the use of specialist equipment. We saw they took great care to ensure they did this safely to prevent the risk of injury to the person. Staff interacted well with the person and explained what was happening and was constantly reassured. This meant the transfer was accomplished correctly and without little anxiety to the person. We also observed staff assisting people to move from their chairs to a standing position. We saw on two occasions that people were assisted to move by staff who used an inappropriate transfer. This was brought to the registered manager's attention who advised us that staff had all received moving and handling training but further training had been arranged and they would address this particular transfer method with all staff.

Staff and records confirmed that they had received first aid training. Staff we spoke with gave us a clear account of what they would do in a certain emergency to ensure people received safe and appropriate care in such circumstances. We saw that accidents and incidents were recorded and up to date.

People, their relatives and staff we spoke with consistently told us that they felt there were currently enough staff available to meet people's individual support needs. A person who lived at the home told us, "I don't have to wait for help. I think there's enough [staff]." One relative we spoke with said, "I visit quite a lot and I

never see people having to wait for staff to help them. There is always enough staff." All the staff we spoke with were happy with the staffing arrangements.

The registered provider had established how many staff were needed to meet people's care needs. The registered provider advised us that they used a staffing tool to provide assurance that there were sufficient numbers of staff on the rota. On the day of the inspection we observed there were enough staff to respond to people's needs in a timely manner. The registered manager told us that they do not use agency staff and that any absences were covered by permanent staff. This meant people would be supported appropriately by staff who knew them well. A health professional who we spoke with told us that the home is well-staffed and that they had no concerns relating to people's safety.

The provider had arrangements in place to make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices. Prior to staff commencing in their role pre-employment checks had been undertaken. This included obtaining appropriate references and criminal record checks. Staff told us that these checks had been undertaken before they started to work at the home.

People we spoke with told us that staff helped them with their medicines and made sure they had them when required. One person we spoke with told us, "They [staff] give me painkillers when I get an ache." We saw that for people who wished to manage their own medicines, assessments had been carried out to ensure that they were able to do this safely. We observed a member of staff giving people information about their medicines, telling people how many tablets there were and asking if they required any pain relief. People were supported with patience and understanding. We looked at the medicine administration record (MAR) and the controlled drugs book for four people who lived at the home. We found balances for peoples' medicines were accurate with the record of what medicines had been administered. We saw that guidance for the administration of 'As required' medicines were available for staff to follow. The medicines were administered by staff who were trained to do so and staff we spoke with knew people's specific conditions and how to support people to take their medication in line with their care plans.

Requires Improvement

Is the service effective?

Our findings

People were positive about the care they received from staff. One person who lived at the home told us, "If you're poorly, they [the staff] pop in all the time to check you are okay."

People received support from care staff who had the appropriate skills and knowledge to meet their individual needs. People and relatives we spoke with told us that they did not have any concerns and were confident in the staff's abilities. One relative told us, "Staff say the right thing at the right time and certainly know what they are doing."

Staff we spoke with told us that they received regular training which was appropriate to the people they supported. One staff member told us, "I'm always on training. It's continually refreshed." Records we sampled confirmed this. Discussions with the registered manager identified that there was no evidence of any competency assessments being carried out. There were no effective systems in place to assess and monitor how the knowledge and skills gained by the staff were being put into practice and continually developed. The registered manager advised us of their intentions to implement staff observation checks, including medicine competence observations following this inspection.

Staff told us that they received a detailed induction and had initially worked alongside more experienced staff so they were supported to learn about people's individual needs. Records demonstrated that the registered manager supported staff to complete the Care Certificate [a nationally recognised set of standards used for induction training of new staff].

Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. One member of staff told us, "I have regular supervision with my manager and if I need anything in-between I can always approach her." We observed that staff participated and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. The registered provider had suitable management on-call rotas in place to support staff when they required advice 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

We saw and heard that generally staff asked people's permission before supporting people with their need and support needs. However, we did observe on some occasions staff not asking consent. For example, we saw staff removing people's plates without asking if people had finished. On one occasion we saw a member of staff assisting a person to wipe their face without asking their permission or explaining what they were about to do. We shared this information with the registered manager who advised us that they would undertake more observations of staff in practice to monitor their interaction with people. Where people

were unable to make decisions we saw that Mental Capacity Assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families. One relative told us that they and their family had been involved by the staff and doctor when making a medical decision on behalf of her relative. She understood the concept of best-interest decisions and was happy with the way the family had been consulted and involved.

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. The application procedures for this in care homes are 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 were being met. A number of DoLS applications for consideration had been submitted to the supervisory body and the service was awaiting an assessment to be conducted on the people referred. Some applications had been returned as authorised however, some staff we spoke with were unclear about which of the people using the service had an authorised DoLS and those who were awaiting assessment. The registered manager agreed to rectify this by speaking with all the staff regarding the current progress of any DoLS applications. In addition they said they would ensure that individual care plans were clear in relation to how staff should adhere to the authorisations in place.

People we spoke with told us that they had a choice of meal each day and could choose what they preferred. One person living at the home told us, "We have very good food. You could have something different if you wanted to." One relative we spoke with told us, "[name of relative] eats quite well. We were quite amazed when she came here at how well she did eat." Menus were available to assist people in the choice of the food. We saw that people chatted with each other during lunch and there was a calm, unhurried atmosphere. We saw that food was hot, well presented and there were different choices available. We did note that meals were all served with gravy and people were not asked if they wanted gravy or how much gravy they preferred. We observed one person advising staff that they felt unwell and would prefer something lighter to eat. A choice of soup was offered as was a choice of sandwich filling. We observed staff supporting people with their meals and this help was accepted by a number of people. However, we observed that one person was not eating very well and a member of staff supported them to eat. We saw that when staff did offer support this was very task focused. For example, the member of staff did not sit down to support the person they rested one elbow on the dining table and did not engage in any conversation with the person. Throughout the inspection we saw that hot and cold drinks were being constantly offered to people indicating that staff knew the importance of hydration. Staff we spoke with had a good understanding of people's dietary and hydration needs.

People told us that they were well supported with their health needs and that a member of staff always accompanied them to hospital appointments, the dentist and optician appointments. One person told us about how bad their health condition was when they first moved into the home and explained that with the support of the service they had lost weight which had benefitted their health and well-being. Staff we spoke with had a good understanding of how to support people to maintain good health. Care plans were in place for staff to follow in relation to a number of health issues, for example, diabetes. We saw that these gave details of how to help maintain the person's blood glucose levels and the action staff should take if the person's blood sugars were too high or low. Records showed people were supported to access a range of healthcare professionals We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

All of the people we spoke with spoke positively about the caring nature of the registered manager and her staff team. One person living at the home told us, "The staff are very kind." A relative we spoke with said, "Staff are lovely. Same staff and no surprised faces. Staff are easy to talk to and have a good sense of humour."

We saw that throughout the day of our visit there no restrictions on visiting times. A relative we spoke with said, "As a family we make sure someone visits every day. Staff always welcome us."

We saw during the day that people actively spent time with people and interacted well using people's preferred methods of communication. We observed that staff were caring and compassionate towards people. We saw staff provided comfort and reassurance to people to elevate their anxiety. For example, some of people who used the service were living with dementia. We observed a member of staff supporting one person. The member of staff knelt down as she spoke and made sure that she had eye contact, talking to the person gently and encouraging her to move to the dining room. The person became tearful so the member of staff withdrew so as not to exacerbate any distress and then returned to the person a few minutes later. This showed that staff had a caring approach with people.

People told us that they felt involved in their own care. A person we spoke with told us, "It's my choice what time I go to bed. Last night I went early as I wasn't feeling too good." Another person said, "'It's very nice. You do what you like, when you like and how you like." We saw people had been supported to make decisions in relation to their funeral arrangements or whether they wished to be resuscitated. There were opportunities for people to attend regular meetings and engage in reviews of the care they received at the home. People who lived at the home spoke a lot about their personal choices which indicated that this was an important part of the culture within the home. It was clear that staff had a good understanding of people's needs and preferences in relation to the way their care and support was provided.

People told us that they were supported to attend religious observances of their choice. One person we spoke with told us, "'Once a week I have Holy Communion. It's important to me." However, we spoke with one person who told us, "'I used to go to church every week. Someone does come here but I think it's more for the catholic people. I miss that. I like a service; it's important to me." We discussed our findings with the registered manager who advised us of their intentions to discuss individual spiritual needs with people again following this inspection.

People told us that they were supported to maintain their independence. One relative told us, "Mum still values her independence and likes to do as much herself as possible. Staff respect this." We observed people who lived at the home participating in light household tasks. For example, one person sat and folded napkins in preparation for lunch. We observed people's views being respected. For example, the two televisions were both on in the communal lounge area and not many people appeared to be watching them. One member of staff suggested that they might put some music on and checked with all the people in the lounge whether this was alright with them first.

The provider stated in the provider information return (PIR) that people were treated with dignity and compassion. People told us their dignity and privacy was respected by staff. One person told us, "'Everybody treats me respectfully. Nobody ever shouts at me or shouts for me. I think we all respect each other." A relative we spoke with said, "My relative is currently sharing a room, but she still gets private time." Staff greeted people by their preferred choice of name and personal care was provided in private areas of the home. We saw that staff sought people's permission before entering their bedrooms. One person told us, "It's important to me to have my privacy. They [the staff] always knock before they come in." Some people living at the home shared a bedroom. This may sometimes make it more difficult for people to have the level of privacy they may prefer. The registered provider had made some arrangements to enhance people's privacy by having privacy screens in these bedrooms. All the staff we spoke with told us that they always use the privacy screens to maintain people's dignity.

Good

Is the service responsive?

Our findings

People living at the home told us that they had been asked when they first moved into the home how they would like their care and support to be provided. One person told us, "The manager asked me lots of questions when I moved in about what I like to do." Care plans we reviewed were centred around each person and contained pertinent information about their whole life including health needs. We saw care plans included descriptions and information about 'A day in the life of [person's name]' For example, in one person's care plan it stated 'please offer me my choices in writing'. We observed that staff respected this throughout the day. We saw staff understood people's individual preferences and routines in their daily lives. We received some mixed comments from people and their relatives about their involvement in the reviewing of their care plans. Some people told us they were involved in care plan reviews and some told us they had not always been involved. One person we spoke with told us they had not contributed to the process of reviewing their care plans but said that staff were always there and their views had been respected. One relative told us, "When my relative first came here, we did the care plan. We haven't done it since but they [the staff] constantly chat to me about [name of relative].I always feel that I can voice any concerns. The staff are approachable." Whilst we saw that care plans had been reviewed, we were unable to establish who had been involved in that review.

Staff we spoke with had a good understanding of people's individual preferences and knew what was important and of interest to people they cared and supported for. Staff spoke with sincerity and compassion when describing people's likes and dislikes. One member of staff said, "We spend time getting to know people. We know that [name of person] does not like her first name and prefers to be called [name of person]. So that is what we do."

We asked people how they were supported to follow their interests and take part in social activities. A person we spoke with told us, "We have entertainment and a man comes in to do our exercises." Another person told us, "We have a lovely garden." We saw that a daily newspaper was delivered for people to read. We observed people reading and knitting and staff singing with people. On the afternoon of our visit a singer had been arranged who knew many of people who lived at the home by name. She engaged people in the music and they appeared to be enjoying it greatly. People told us about a forthcoming event to a country pub for lunch and were very much looking forward to it. This helped reduce the risk of people becoming socially isolated.

People were supported to maintain relationships with people that mattered to them. We observed a member of staff supporting a person to read a postcard from their relative that had been delivered. One person living at the home told us, "I write letters all the time to my relative who lives in another part of the world." One person told us they had had celebrated a birthday recently and the home had put on a party to which her family were invited. A relative we spoke with told us, "I'm always invited to activities that are going one. Gives me the opportunity to spend quality time with my mum."

People we spoke with were aware of how to make a complaint. One person told us, "If you've got any problems, you speak to the Manager. She's very good." A relative said, "We'd feel confident about making a

complaint. I don't worry because [name of relative] is cared for. I've no qualms." The registered manager described the complaints procedure and we saw evidence that where people and their relatives had raised complaints and concerns these had been responded to and resolved. The registered manager told us that all information received was analysed to make improvements to people's lives. This showed the registered provider had a system in place for people and their relatives to access if they were not satisfied with any part of the service they were receiving.

Good

Is the service well-led?

Our findings

People living at the home and their relatives told us that they felt the home was well run. A person we spoke with said, "I'm really content living here. The manager is lovely." One relative told us, "It's very much home from home. [name of manager] has been lovely and supportive, not only to my mum, but to all the family." One health professional we spoke with told us that they thought the home was well-led by the registered manager.

People and their relatives told us they were asked for their views of the home through resident meetings and satisfaction surveys. One person told us, "We have residents' meetings and they [the staff] listen to what we say, but people don't have much to say really." Another person said, "I wouldn't change anything." We reviewed the outcomes of the surveys which showed that overall people were satisfied with the service they received. We saw where there had been suggestions for improvements this had been acted upon. For example, we saw that one person had requested a particular magazine to read and we saw that they now had their magazine. People had been consulted about the décor in the dining room and had chosen a 'sea-side' theme. In the reception area of the home we saw a suggestion box and 'grumbles book'. This demonstrated that the home encouraged feedback from people to help them continually improve the service provided.

Staff we spoke with told us that there was a culture of honesty and openness. Where accidents and incidents had occurred the registered manager had recorded each one accordingly. These had been analysed to identify any trends or patterns and to see if there were any lessons to be learnt to prevent reoccurrence. One health professional told us about an incident that had occurred and confirmed that the registered manager had taken the appropriate steps to immediately safeguard the person. Records we reviewed collaborated this.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the registered provider. The registered manager was knowledgeable about the aspects of the service. We saw that the registered manager and registered provider took an active role in the running of the home. During our visit we saw that they were both visible in the home and interacted positively with people, their relatives and staff. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, Where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw the ratings were clearly on display in the home. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff told us and records confirmed that the leadership was consistent. Staff told us that they received regular supervision with their manager and attended staff meetings. We saw that staff had completed staff surveys and suggested their opinions on how the service could be improved. All the staff we spoke with told us that the registered manager was supportive, approachable and felt they were listened to. One staff

member told us, "[name of manager] is a good boss. I enjoy working here." Another member of staff said, "I get great job satisfaction out of my job."

The registered provider had systems in place to monitor the quality of the service people received. The registered manager completed regular audits and checks and when necessary identified improvements. The registered provider and registered manager worked together to ensure the home made the required improvements.