

Stennards Leisure Retirement Home

Stennards Leisure Retirement Home (Mos)

Inspection report

133 Anderton Park Road
Moseley
Birmingham
B13 9DQ
Tel: 0121 449 4544

Date of inspection visit: 9 March 2016
Date of publication: 18/05/2016

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 

Overall summary

We inspected this home on 9 March 2016. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 16 older people. At the time of our inspection 16 people were living at the home.

The registered manager was present during our 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 living at the home told us they felt safe. The registered provider had systems in place to protect

Summary of findings

people from the potential of abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

People and their relatives told us they were happy with the staffing arrangements in the home and expressed their confidence in staff. Recruitment processes in place ensured staff working at the home had the right skills, experience and qualities to support people.

We saw that people received their medicines as prescribed. However, potential for errors were noted in respect of medication administration where medicines were not needed routinely or were not in a monitored dosage system.

People were supported by staff who had the skills and knowledge to meet people's individual needs. Staff told us they received support through induction, training and ongoing supervision.

Staff we spoke with told us they had received training in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff sought consent from people and asked their opinion of how they wanted care provided. The registered provider had appropriately identified those people who may need a Deprivation of Liberty Safeguards (DoLS) in relation to potential restrictions. However mental capacity assessments had not been undertaken in line with MCA guidelines.

People were supported to eat and access food that they enjoyed. People were supported to access a range of

health care professionals in order to maintain their health and well-being. Staff were not consistent in describing people's needs arising from their health conditions which may have had an impact on people's care should they have shown signs and symptoms of their condition.

People spoke to us about how caring and kind staff were towards them. We saw and people told us they felt involved in decisions for how they were cared for. People told us they were encouraged to remain as independent as possible in all elements of their daily lives. We observed staff ensuring people's privacy and dignity was maintained.

People were consulted about all aspects of the initial planning of their care and in relation to the daily routines they preferred. People and their relatives were not always involved or contributed to the reviewing of their individual needs. People told us activities provided were of particular interest to them and were activities they enjoyed.

Procedures were in place to support people and their relatives to raise any complaints. Plans were in place to ensure that any informal concerns raised would be recorded and utilised to improve the service.

All of the people and staff we spoke with were very complimentary about their experience of the home and the quality of the leadership. Staff told us that they were well supported by management. There were systems in place for monitoring the quality and safety of the home however these were not always utilised to drive improvements within the home.

Summary of findings

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.

People told us that staff knew how to keep them safe. Staff could describe how to recognise when people might be at risk of harm and were aware of the provider's procedures for reporting concerns.

We saw any potential risks to people had been assessed to keep people safe. People and staff told us they were happy with the staffing arrangements.

People told us they received their medicines when necessary but the home did not consistently follow safe practice around medication that was not needed routinely.

Good



Is the service effective?

The service was not always effective.

People told us they had access to a variety of freshly prepared food. Staff were able to describe how to support people's health and dietary needs. However some care plans did not contain enough guidance for staff to follow.

The provider was aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS); however, Mental Capacity Assessments had not been undertaken in line with MCA guidelines.

People were supported by staff who had the knowledge and skills to meet their individual needs.

Requires improvement



Is the service caring?

The service was caring.

People told us that staff attitude and approach was kind and respectful.

People told us they felt involved in the planning of their own care and that staff respected their decisions.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



Is the service responsive?

The service was responsive.

People were supported to contribute to their care plans.

People were offered activities that were of interest to them and ones which they enjoyed.

People were supported to raise complaints.

Good



Summary of findings

Is the service well-led?

The service was well led.

People and staff spoke positively about the leadership of the registered manager.

People were supported to express their views and experiences about living at the home.

Quality assurance systems were in place and included auditing a number of key areas. Further developments were needed to ensure information was captured and utilised to drive improvements within the home.

Good



Stennards Leisure Retirement Home (Mos)

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 9 March 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we had about this provider. We also liaised with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

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 received when we requested it.

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 seven of the people who lived in 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 two relatives of people and one visiting health and social care professional during the inspection to get their views. In addition we spoke at length with two care staff, the cook, the deputy manager, the registered manager and the registered provider. Following this inspection we spoke with four relatives and one health professional.

We sampled three people's care plans and medication administration records to see if people were receiving the care they needed. We sampled three staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at the home. A person told us, “I do feel safe, people look after us well”. Another person said, “I absolutely do feel safe here”. Relatives told us they felt sure their relatives were safe. They told us, “They are very safe living there, I have no qualms”, and “[name of person] is safe, the best place they have ever lived in.” People we spoke with told us that if they had any concerns or did not feel safe they would tell a member of staff. A person told us, “If I was worried I would tell the staff of course. I would feel confident to.” A relative we spoke with told us, “I could approach any of the staff if I had any concerns. I’ve never walked out of the home with any concerns though; [name of relative] couldn’t get any better care.”

Staff we spoke with had received training in how to safeguard people from abuse. Staff were able to describe how they protected people and the procedures for reporting if they witnessed or received allegations of abuse. A staff member told us, “If I saw any abuse I would report it straight away to the manager.” Another staff member said, “We have a whistleblowing telephone number to use if we are worried about anything. The number is on the poster on the notice board.” The registered manager described their responsibilities in relation to safeguarding procedures and the appropriate action to take.

We saw any potential risks to people had been assessed and any change in risk had been appropriately responded to in order to protect people’s safety. Risk assessments were developed with people’s individual health and support needs in mind. We saw that staff assisted people to move or walk safely. We spoke with a relative who told us, “I have seen a real difference in [name of relative] mobility. Staff have supported and encouraged them to walk in a safe way.” Staff we spoke with explained how they kept people safe and we noted this was in line with people’s care plans. Staff told us they had gained knowledge through training about how to protect and keep people safe, subjects included moving and handling and health and safety. A member of staff told us, “I always make sure that cleaning substances are locked away.”

We looked at some of the fire safety arrangements that were in place. Staff told us they had received fire training and they could consistently describe what action they would take in the event of a fire. Discussions with the

registered manager identified that they had plans in place to develop individual evacuation plans for people in line with their fire risk assessments. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. One member of staff told us, “All accidents and incidents have to be reported to [name of manager]. We complete the relevant forms.”

People told us and we observed that there were enough staff on duty. One person told us, I only have to ring my buzzer [call alarm system] and staff come straight away to help me”. A relative told us, “There are always staff around when I visit. They always seem to have the time to sit and talk with people”. The registered provider told us they used a dependency tool to support their calculations for staffing levels and reviewed staffing levels when people’s needs changed. Staff we spoke with were positive about staffing levels and told us they did not feel under pressure, time restricted or rushed when supporting people.

We found that the registered provider had processes in place to ensure that staff were recruited safely. We checked three staff recruitment records and saw that the provider had obtained appropriate pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS) prior to staff commencing work. A member of staff told us, “After my interview I had to complete my DBS check and evidence different documents to confirm my identity before I could start working.”

We reviewed how medicines were stored, administered, handled and disposed of. People received their medicines safely and when they needed them. One person told us, “I get my tablets on time, they are never missed.” Another person told us, “I only have one tablet, I have it regularly.” We observed medicines being administered and this was undertaken in a sensitive and dignified manner. Whilst staff told us they were aware of how medicines should be administered and we saw medicines had been administered to people, there were no medicine protocols in place for any medicines that had been prescribed for “use as needed” (PRN). This meant there was a risk that people might not receive the medicines that they needed or that they would be given them at the wrong times. We saw that staff were signing in people’s daily notes to indicate that prescribed creams and lotions had been applied, but there were no instructions for staff about the frequency of application of such prescribed items or details

Is the service safe?

of where they were to be applied on the person. Improvements to reduce the risks identified during our inspection were actioned by the registered manager before we left the home.

The medicines were administered by staff who were trained to do so. We saw and staff told us that they had their competency assessed in relation to the administration

of medicines. The registered manager advised us that the process would be reviewed following our inspection. There were regular audits of the medication to ensure people received their medication as prescribed. This was supported by an independent medication audit by the community pharmacist who supplied the home.

Is the service effective?

Our findings

People told us how skilled the staff were in supporting them. A person we spoke with told us, “Oh they know what they are doing”. A relative said, “Staff have enough knowledge to support [name of relative].” Staff told us that they were supported with training opportunities to develop their skills in order to meet people’s needs effectively. All the staff we spoke with were complimentary about the training they had received and told us they enjoyed participating in the sessions. One member of staff told us, “I’m about to start another qualification, I’m really supported to do well.” Records we saw confirmed that regular training had taken place and more had been arranged to ensure staff skills and knowledge were continually developed. We did note that one member of staff did not have a current qualification in relation to the role they were undertaking. This was rectified and a training session had been arranged before we completed our inspection. We saw and staff told us that competency assessments are regularly carried out. This involves observations in the workplace to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed. Staff told us they received regular supervision and had an annual appraisal. One staff member stated, “Supervision is regular, we sit down and discuss how I’m feeling and how I’m performing.”

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. One member of staff told us, “During my induction I shadowed three shifts and then I was observed by a senior member of the team.” The registered provider advised us that new staff recruited had to complete the care certificate, which was a key part of the provider’s induction process for new staff.

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 people 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. 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. We found that an application had been made for two people to the local supervisory body for DoLS as required. However, at the inspection the registered manager was unable to confirm if mental capacity assessments had been undertaken in line with MCA guidelines prior to DoLS applications being submitted. Following this inspection we received evidence to demonstrate that MCA assessments had been undertaken in line with expectations. Staff we spoke with were clear about which people they supported were subject to a DoLS.

Staff were able to demonstrate an understanding of the need to consider people’s ability to give consent. For example, we saw staff asking permission to remove people’s plates once they had finished their meals. A person living at the home told us, “I prefer my own company and staff always ask me where I prefer to eat my meals. They always respect my decision.” One relative we spoke with told us, “One of the first questions I asked when [name of person] moved in here was ‘what are the rules’. I was told there were none. I see people having the freedom to walk around the building; they have the run of the house. After all it is their home.” Staff we spoke with were unable to describe how they should gain people’s consent if people could not make informed decisions about their daily life. The registered provider advised us that they would support staff to further develop their understanding.

We saw that people were supported to access food and drinks in line with their needs and choices. One person told us, “The meals are great, plenty of choice.” We saw people were able to access fresh fruit and drinks independently. We observed one mealtime which was relaxed, unhurried and informal. Menus were on display in the dining areas to inform people what options they could choose. We saw that the interactions between staff and the people they were supporting were positive and support was offered to people discreetly. One person we spoke with told us, “I just like soup.” Although this was not on the planned menu we saw this being offered to the person to meet their individual choice. A relative we spoke with told us, “I often

Is the service effective?

come and visit and see staff sitting eating and drinking with people, it is really nice to see that.” Another relative told us, “[name of person] has put on weight since living here, they weren’t eating when they lived on their own.”

A person we spoke with told us, “The doctor is called whenever I need them.” A relative we spoke with told us, “[name of relative] is supported to access health professionals when necessary.” A health professional we spoke with told us, “Staff work really well with my patients and support them with compassion.” Records showed people had been supported to access a range of health

care professionals including psychiatrists, opticians and chiropodists. We saw that one person’s care records identified a specific health condition. Staff we spoke with were not aware of the medical emergencies that could arise with the person’s condition. We spoke with a relative who told us that they were happy with how the staff monitor their relative’s health condition. We discussed our findings with the registered manager who agreed to update the care plan with specific guidance for the staff. This would ensure the person received the health care they needed in the event of a health emergency.

Is the service caring?

Our findings

People told us staff were caring and kind when supporting them. One person told us, “Staff are so kind.” Another person said, “Staff are all lovely. I am happy living here”. A relative we spoke with said, “Staff are so caring and nice. A really good bunch.”

We saw that people were comfortable approaching and chatting with staff openly. We heard staff speaking with people in a calm and kind manner; they demonstrated their patience and understanding when supporting people. Staff that we spoke with told us they enjoyed supporting people. A staff member said, “I’m a key worker to [name of person] they have told me what they used to do when they were younger.” One professional we contacted as part of our information gathering for this inspection stated, “Staff provide individual care to people. [name of person] is a totally different person that they were when living on their own.” We saw during our inspection staff providing support to people who were upset or anxious; we saw they listened carefully to their concerns by simply spending time sitting with them and offering reassurance.

People told us that they were able to express their own opinions and make decisions that were important to them. One person told us, “I decide what I want to do every day.” We spoke with a relative who told us, “Staff treat people as individuals here and not as a block of people.” The staff told us that they encouraged people to remain as independent as possible. A person living at the home told us, “I like to make my own bed, I’m not fussy; just prefer to do it myself.”

People told us that they were happy that they could have visitors at any time. A person living at the home told us, “My son can come and visit me at any time.” Another person told us, “My granddaughter visits me when she can.” Relatives confirmed that they could visit without restrictions. One relative told us, “I visit frequently. I’m always welcomed. [name of relative] couldn’t have a nicer place to live at. It’s like home from home.” Another relative told us, “All my family visit at different times and there has never been a problem.”

The provider stated in the provider information return (PIR) that people are treated with dignity and compassion. People told us they were treated with dignity and respect. A person living at the home told us, “Staff are very respectful. Couldn’t have any better staff.” A relative we spoke with told us, “I see staff treating people lovely, they are never impatient. They sit and talk to people and offer reassurance.” Another relative told us, “I watch staff respecting people with their dignity, privacy and independence.” People we spoke with told us they have privacy when they want it. One person told us, “I like to sit in the conservatory when my family come, it’s quieter.” A relative told us, “I’m welcomed when I visit and get to spend quality time with [name of relative]. Staff could describe what they did in practice to protect people’s privacy and dignity. One member of staff we spoke with told us, “I make sure doors are closed when I am supporting people with their personal care.” We did note that on the day of our inspection the staff handover was conducted in a communal area and action had not been taken to consider and protect the privacy and dignity of people. The registered manager advised us that they would ensure the door was closed for future handovers.

Is the service responsive?

Our findings

People told us they were given opportunities to express their views about their care and support needs. A person said, "My granddaughter helped me when I met with [name of manager] to talk about my care plan." Another person told us, "My son helped to decorate my room." The person was keen to show us their room and we saw it was decorated to their own taste and displayed items that were of great sentiment to them. A relative we spoke with told us, "I was involved in all aspects of my relatives care planning." Staff we spoke with were knowledgeable about people's personalised support needs and preferences. Staff we spoke with told us they spent time with people to discuss individual preferences and how they wanted their care to be delivered. People told us and staff confirmed that they were asked about the gender of staff who provided their care and their wishes were respected.

Care records contained personalised information detailing how people's needs should be met, for example what time the person liked to be supported to get up and go to bed. They included information about people's life history, individual interests and pastimes. Whilst we saw care plans had been regularly reviewed; discussions with people and the registered manager identified that people had not always been involved or consulted with during the reviewing of their care needs. The registered manager informed us that the process of reviewing care plans would be reviewed following our inspection.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. A person living at the home told us, "I have my hair done by the hairdresser, always feel lovely after it's done." Another person told us, "I like to go to the bingo hall. Staff go with me." A third person told us, "I enjoy walking to the local park in the summer." A relative we spoke with told us, "There is enough activities, I've seen them happening. The other day I watched a member of staff throwing a balloon to one of the people. This person does not verbally communicate, but you should have seen the pleasure on their face." We saw that a range of activities were available

for people to get involved in such as visits to the local pubs and exercise classes. We saw the home was flexible and responsive to people's individual needs and saw activities were planned with individual people. For example, we observed people enjoying an exercise and singing session. Another person preferred to use technology to occupy themselves. A third person told us, "I really enjoy receiving letters from my daughter and having private time to sit and read them." A health professional told us, "I'm really pleased with the individual care [name of person] receives. The staff have supported them to access their preferred religious observances which is an important aspect of their life."

People were supported to maintain relationships with people that mattered to them. We saw visitors arriving to spend time with their friends and were welcomed by staff and other people living at the home. One person told us, "I go out with my son, it's a real struggle but I look forward to it and don't want to give it up yet." Another person told us, "My relative lives in another part of the world but I'm still able to talk to them through the internet, it's really quite marvellous." A relative we spoke with told us, "I don't live local but I call my relative every week and I really value this time."

The home had a complaints process in place. People we spoke told us they did not currently have any complaints but confirmed that they would feel comfortable telling the staff or the registered manager if they did. One person told us, "I've never had a complaint since I've been here." Another person told us, "Any complaints I would tell [name of manager]." A relative said, "If I had an issue or complaint I would go to [name of manager] and I'm confident it would be dealt with." Information about how to make a complaint about the service was in an accessible area. Records identified no complaints had been received during the past twelve months. Discussions with the registered manager confirmed that whilst all concerns were responded to the information collected had not been recorded, utilised or used to enable continuous improvements to the home. We were advised that all concerns would be recorded following this inspection.

Is the service well-led?

Our findings

We asked people about their experience of living at the home. One person told us, "I couldn't be in a better place than this. I wouldn't make any changes to it." Another person told us, "I had a recent hospital stay and I couldn't wait to get back here, my home." People and their relatives knew who the registered manager was and spoke positively about her. A person we spoke with said, "[name of manager] is lovely and kind, she's got a heart of gold." One relative told us, "[name of manager] is very thorough. Communication is excellent. She is very easy to talk with." Another relative told us, "[name of manager] is marvellous. She never seems flustered and has always got time for everyone. She listens to me with interest." A health professional we spoke with told us, "[name of manager] is very friendly, helpful and always approachable." We saw the registered manager and provider were involved and interested in the individual care of people. We observed that they made themselves available to people, their relatives and staff and were visible within the home.

The provider sent out satisfaction surveys to people and their relatives to enable people to express their views about life at the home. The feedback was analysed and shared. The provider advised us they were planning to develop a system to display the 'You said' and 'We did' comments for people to see that their views had contributed towards improving the home. One person told us, "I have completed a survey, my daughter helped me." All the relatives we spoke with confirmed that they had completed surveys. This demonstrated that the provider actively promoted an open culture and sought people's views about the service. People told us and we saw that the service held regular meetings providing opportunities for people to be regularly involved with the service.

The registered manager described ways in which they were keeping themselves up to date with changes to regulations and understood their responsibilities and what was expected of them. The registered manager told us, "I'm so well supported by the registered providers. They play an important part of running this home. They visit regularly and check that I'm doing my job."

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 were clear about the leadership structure within the service and spoke positively about the approachable nature of the registered manager. One member of staff told us, "[name of manager] is a fantastic manager. I feel so supported." Staff were able to describe their roles and responsibilities and knew what was expected from them. We saw and staff told us that regular staff meetings were held. The registered manager advised us of plans to develop staff surveys to support staff to be actively involved in the running of the home. The registered provider had suitable management on calls systems in place to support staff.

We saw there were some effective systems in place to monitor the safety and quality of the home. Checks were being completed by the registered manager and provider. These included the health and safety of the environment, medicines audits, completion of staff competency and sampling care records. The registered manager advised us that there had been no accidents or incidents during the past 12 months. The registered manager and registered provider described their intention to capture all incidents and use the information to further improve the home for the people that lived there.