Healthcare Homes Group Limited

St Leonards Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

St Leonard's Court provides accommodation and personal care for up to 25 older people some of whom may be living with dementia. At the time of our visit there were 22 people using the service. The home was situated in the village of Mundford in Norfolk.

St Leonard's Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection took place on 7 August 2018 and was unannounced.

At our last comprehensive inspection on 13 April 2017 we rated the service 'Requires Improvement' overall. At that inspection we found improvements were needed in relation to the safety of bed rails in use for some people. We found covers (bumpers) in use at that time were ill-fitting and posed a potential risk to people of injury and entrapment. These concerns were a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulation 2014. We found at this inspection that improvements had been made. We checked the beds of people living at the home who were using bedrails and bumpers and found these were safely fitted. The provider is no longer in breach of the regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was mixed feedback about staffing levels. Staff were busy however we observed that there were sufficient staff to meet people's needs in a timely manner. We have recommended the provider continue to closely monitor staffing levels. Staff were recruited safely.

Risks to people were assessed, monitored and updated as and when necessary. Action was taken to reduce the risk of incidents and information about risks to people were documented in their care records so that staff were aware.

Staff were supported through training and supervision to perform their roles effectively.

People's individual nutritional needs were met. People were supported to access a range of health professionals to maintain their health and well-being. People were treated with kindness, respect and compassion, and their privacy and dignity was upheld.

Clear information about how to make a complaint was available for people. The service worked in partnership with health and social care professionals and other organisations, to ensure people's care needs were met and that staff kept up with good practice.

The provider had quality assurance processes in place, which helped to maintain standards and drive improvement. People who lived at the home, relatives and staff told us the service was well led. Staff were aware of their roles and responsibilities and were well supported.

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.

People had risk assessments in place to mitigate against risks to their safety.

Staff were busy but overall there were enough staff to meet people's needs in a timely manner.

People received support to take their medicines safely.

People were supported by staff that had been recruited safely with appropriate pre-employment checks.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People were supported to eat and drink enough to maintain a balanced diet.

People were referred to other healthcare services when their health needs changed.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

There was a procedure to record and respond to any concerns or complaints about the service.

People received end of life care and support which met their individual needs and preferences.

Is the service well-led?

Good

The service was well-led.

The management of the service was visible and approachable.

There were processes in place to ensure the quality and safety of the service were monitored.

St Leonards Court

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 comprehensive inspection took place on 7 August 2018 and was unannounced. The inspection team consisted of an 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 care service.

Before the inspection, we requested that the provider 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 was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from the local authority quality assurance team to aid with our planning of this inspection.

We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at other records including three staff recruitment files, training records, meeting minutes, medication records and quality assurance records.

We spoke with six people who lived at the home, four members of care staff, the activities co-ordinator, the chef, the head of care, the chief operating officer and the registered manager. We spoke with relatives of five people currently living in the home and also spoke with one healthcare professional.

Good

Is the service safe?

Our findings

At our last inspection on 13 April 2017, we rated this key question 'Requires Improvement' because we identified areas that required improvement. We found a person had ill-fitting covers (bumpers) over the bedrails on their bed. This did not protect the person from the risk of entrapment or injury from the bedrails themselves. This was a breach of the regulations.

At this inspection we found that the necessary improvements had been made. We checked all bed rails in use and found that they were well fitting and the bumpers with them were covering the rails safely. In addition, we found that the registered manager had introduced a regular check, every time staff provided care to a person who had bedrails in place they completed a chart and signed to say they had considered the positioning and safety of them. We have rated this key question 'Good' at this inspection.

People told us they felt safe living at the home. Relatives we spoke with also reiterated this, telling us that they felt their family member was safe. One relative said in respect of safety, "Fantastic, they are good, I have worked in care and I watch them and I look." Staff were knowledgeable about what was meant by safeguarding and whistleblowing and knew how to report any concerns they had about people's safety.

Where potential safeguarding incidents had occurred, staff had recorded the details and the incident had been reviewed by registered manager and head of care. The management team had then reported these to the required external agencies, such as the local authority and CQC.

Risk assessments for people were consistently reviewed and updated in a timely manner. There was guidance written for staff about how to manage risks that had been identified. We looked at people's risk assessments and care planning documents, recognised tools such as a pressure ulcer risk assessment and nutrition screening tool were used. These helped assess the level of risk for people. Where people had risks associated with their care, the required equipment had been identified. Examples included a pressure mattress to help reduce the risk of a pressure ulcer developing and a pressure mat to help alert staff to a person's whereabouts. We saw and records confirmed that the equipment was used as planned to help mitigate against any risks.

On the whole, people's relatives were positive that there were sufficient staff to meet their needs. Relatives recognised that care staff worked hard and were busy but didn't see that this impacted on their opportunities to spend quality time with people. One relative told us, "Here [St Leonards Court] they have the time for [people], even though they might be busy." Another person's relative commented, "Calls bells are answered quickly, they could do with more staff however my personal view is that it does not impact on [people], it would be more for the [staff] sakes." A third relative said, "I've got a code for the front door, I don't hear calls bells and seldom do I hear anyone wanting for [personal care]."

Most care staff we spoke with told us they felt staffing levels were not sufficient to meet people's needs and described how they were so busy they were stretched and had insufficient time to spend with people.

We spoke at depth with the registered manager and the Chief Operating Officer for the provider company about the staffing levels. The registered manager told us the staffing levels were based on people' dependencies and that since commencing in the role she has always used a dependency tool and visual observations of care in practice, "I stood back and observed when I first started here. As a result, I implemented six additional care hours straight away. I put in place a 1pm until 6pm shift. At my recent budget meeting I have arranged for extra care hours to be introduced at weekends because I could see that was a need." The registered manager also told us that they were 100% confident that staffing levels were adequate and that no member of staff had raised concern with her or the provider about the staffing levels. They assured us that if staffing levels were not sufficient they would have taken action. We saw records that demonstrated the dependency tool and records were updated monthly or as people's needs changed.

We also spoke with the head of care about the staffing levels who told us, "Every shift is different. We've had a new [person] here for a few days which has been challenging [while they settled in]. But staff haven't come and told us they feel we are short staffed. Both [registered manager] and I take it in turns to be on call and staff can always call us for support. I came in at the weekend because they phoned me to say they needed help [with a situation]. If we are on call we answer the phone as soon as possible."

During our visit, we observed that there were sufficient numbers of staff on shift to spend time with people at frequent episodes during the day, however the activities staff spent the majority of their time also helping the care staff. It was a very hot day when we visited and many people spent time with fans on in the communal lounge trying to keep cool and several were very sleepy so there was little interest in activities for that member of staff to facilitate. However, we did see throughout our time at the home staff were visible and were quick to intervene if people became upset or distressed, showing concern and giving people adequate time. Staff were not task orientated and were available and interacting with people.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with staff to ensure people's needs continue to be met in a timely manner.

The provider continued to have appropriate recruitment procedures in place, which ensured staff were suitable to support people who lived at the home. Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check is a criminal record check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained references about them.

Medicines were safely managed. Staff had undergone training in medicines administration and safety and their competencies were checked. Storage of medicines was secure and stock balances were well managed. We audited stock balances with the head of care, and found they corresponded to medicines administration records (MAR) and were correctly recorded. Records were detailed and well kept. Staff were observed administering medicines appropriately and safely. Staff told us they were confident that people received medicines as they the prescriber intended.

Fire safety procedures were in place to protect people from the risk of fire. These included regular checks of the fire alarm system. Fire exits were clear at the time of our visit. Staff had received training in fire safety and evacuation. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

Systems were also in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) by staff. Staff received training in infection control and were clear of their role in this. We observed staff hand washing at frequent intervals. Improvements were made if things

went wrong, the service learnt from this and used the information to make improvements.

Good

Is the service effective?

Our findings

At our last inspection on 13 April 2017, we rated this key question Good. At this inspection we found that the home had sustained this rating.

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with people before they moved to the service to discuss their needs and to ensure that the home could meet them.

Staff were knowledgeable about people living at the service and had the skills necessary to meet their needs. Relatives were complimentary about the abilities of the staff to deliver effective care. One relative told us, "They [staff] have a very good understanding of dementia and have good training and deal with everybody with their own personalities, they know the [people], they know different stages of dementia and know people's individual needs."

We reviewed the training and learning undertaken by staff. Training had been completed using eLearning and face to face delivery of courses and included moving and handling, safeguarding adults and dementia awareness. Staff told us the training provided was good and had given them the confidence to undertake their role.

Staff said they received regular supervision; there was good team work and communication between themselves and their colleagues. They also felt supported in their job role. Staff told us they found supervisions a good opportunity to discuss their development. One staff member commented, "Registered manager and head of care are very good. I can always go to them and talk. Staff are more of a family. We have one to one meetings often enough and could ask for more needed." People received effective care because they were supported by an established and trained staff team that worked effectively together.

Care plans were in place in relation to people's nutritional needs and appropriate assessments such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. Records were kept of people's fluid intake where needed to ensure they consumed sufficient to maintain their health, or to ensure that the relevant healthcare professional was made aware if they were not.

During our visit we saw people were offered hot and cold drinks between meals as well as ice lollies and snacks. There was also fruit available. Staff took time and showed patience to people who needed assistance to drink. Pictorial signs were positioned on the wall with arrows for direction as a visual reminder to people where to get extra snacks and drinks from.

The chef told us how they met with new people moving to the home to establish their dietary preference's and any specific needs. They said, "New [people] I sit down with them and their relative and go through likes and dislikes. For example [person] only eats carrots, [person] eats no veg what so ever – likes and dislikes are important."

People were offered choice of meals prepared by the catering staff. We spoke with the chef who was clearly very knowledgeable about people's preferences and any specialist dietary needs they had, they told us, "I have a good knowledge of [people]. I am passionate about encouraging them to eat, and they are like my extended families, granddads and grandmas. I do have a passion for my job and love my job, I am not just a cook and it does not stop at the kitchen door, I definitely feel I make a difference."

We observed the dining experience at lunchtime. People were encouraged to eat independently and where required, staff supported and there were specialist plates and cups available. Food was attractively presented and people appeared to enjoy their meal. However, tables were not set and on one table some storage items were left on the table during the meal. We also saw whilst one person was offered a 'gentleman's apron' as a clothes protector when eating, no one was offered napkins or serviettes.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. For example, people had seen opticians and dentists when they required. Records showed where advice had been sought and implemented to maintain or improve people's health conditions. A healthcare professional we spoke with told us, "It [St Leonards Court] seems pretty good, staff seem quite patient, not seen anything derogatory. The overall standard seems good."

The home was accessible to people living there. A small passenger lift provided access between the two floors and people had access to the outside garden area which was secure. A summer house in the garden had recently been added which provided people with another area in which to relax or socialise. We saw people accessing the garden freely. There were several communal areas to choose from including a quiet lounge which was also referred to as the 'man cave' where people could access if preferred.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. During our visit we heard staff asking for people's consent before they assisted them with any support.

Mental capacity assessments had been undertaken and recorded, showing the specific decisions, the people involved and consideration of the least restrictive solution made in the person's 'best interests'. Authorisations were in place and applications had been made to the local authorities where the staff had identified their care and support potentially restricted a person's liberty

Good

Is the service caring?

Our findings

At our last inspection on 13 April 2017, we rated this key question Good. At this inspection we found that the home had sustained this rating.

People's relatives continued to be complimentary about the care their family members received at St Leonards Court. One relative told us, "It's wonderful! The caring is very good, all [family members] needs are being attended to, they could not be better looked after." Another relative commented, "Compassion and the care here is excellent."

Staff had clearly developed positive, caring relationships with people using the service. All staff were observed interacting with people with warmth and kindness. Staff were busy but care and support was unhurried creating a relaxed atmosphere throughout the home. At times some people became anxious which began to manifest into some mild aggression towards themselves and others. We saw that staff intervened quickly and diffused the situation with kindness and responded appropriately.

A person who had recently moved to the home was finding the transition challenging and upsetting. We saw staff were kind hearted and gentle in their interactions. We overheard a staff member's thoughtful and respectful interaction with them when they were trying to encourage them with a personal care task.

People and their relatives were supported to be involved in their care. The registered manager told us how they sought people's views and involvement in their care. They said, "We involve [people] and their loved ones as much as possible in the everyday life and activity in the home and ask them what they would like to do. People are offered choices and are asked what they think, we are always positive and compassionate and assist them to remain as independent as possible. After all this is their home we just have the pleasure to work with them."

People's relatives told us the standards of personal care for people was appropriate and in some cases an improvement on people's lives prior to moving into the home where they may have been struggling. One person's relative told us, "[Family member's] personal hygiene is now good and now their clothes are always clean. They also always have their own clothes on."

Staff told us that they respected people's privacy and dignity. We saw that they always knocked on people's doors and waited for an answer before entering to ensure people's privacy was respected. A staff member gave us an example of how they ensured privacy and dignity was respected and also how they promoted people's independence. They told us, "For personal care we go somewhere private. Personal care and washing, we encourage people to do as much for themselves as possible. We don't take people's dignity away. If people can do something for themselves they we let them. We have a couple of people who don't like you to touch them so we offer them the flannel. We always offer a towel or (privacy) screen if people would like."

Good

Is the service responsive?

Our findings

At our last inspection on 13 April 2017, we rated this key question Good. At this inspection we found that the home had sustained this rating.

We observed staff were responsive to people's needs throughout our visit. This included spending time with people on a one to one basis or in small groups. People and their relatives or those important to them had an opportunity to visit the home prior to making a decision to move there. People had been assessed before they moved in to ensure that the staff understood how they wished to be supported and that the home was able to meet the person's care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant, had been involved in providing information to inform the assessment.

People's care records were detailed and person centred. Information in them described how people should be supported in all aspects of daily living and their personal preferences. Care plans were kept under review and updated when any needs changed. On our arrival at the home, the registered manager and head of care were undertaking a review and updating some of the care records. The registered manager told us they encouraged staff to make amendments if needed as they were working closely with people and were often best placed to update the plans. A relative we spoke with confirmed they were kept informed of any changes and consulted about their family member's care.

People and their relatives told us about activities which took place at the home and how people's hobbies and interests were met. One person told us, "It is alright here, we had two singers here, painted leaves for the trees (art work to the dining room wall)" One person's relative said, "They do armchair aerobics, had a rock and roll day, they had [person] up singing on the mic. There have been trips to [local] restaurant one to one. People went to a steam rally – the [registered] manager and head of care took them. They have craft activities, they made a coloured mobile (hanging in lounge/dining room) made a door sign for [family member's bedroom] room and the hairdresser comes once a fortnight."

There were little activities taking place during our visit however it was an exceptionally hot and sunny day and as a result many people were tired and sleepy. Staff focus was on offering additional fluids and ensuring people were keeping as cool as possible. During the late morning we saw several people took part in a knitting activity however this quickly developed into more of a friendly chatting session between people, staff and visiting relatives. We spoke with the activities co-ordinator who told us, "We have entertainment and also we get out as much as possible. We go into the village, café and the pub." The head of care commented, "We are deeply involved in the community. We have links with the primary school and we went to the sports day, the weather was so hot though so only two [people] went. The vicar comes occasionally, people go out one-to-one with staff to a local restaurant, families go to the pub, sometimes we take the men to the pub for 'a half' and we've been to the steam rally."

The provider had a complaints procedure in place which was displayed on a noticeboard near the front entrance of the home. We spoke with the registered manager who told us there had been no complaints

received at the home since our last inspection. People and their relatives told us they knew how to complain if they needed to. One person's relative told us, "I would be quite happy to say something to the [registered] manager."

We spoke with people and relatives who were happy with the way their care was provide and told us they received the care and support they wanted.

People and their relatives were given support when making decisions about their preferences for end of life care and there were end of life care plans in place. One person's relative who's family member was being cared for at the home towards the end of their life told us, "I myself have had training in end of life care and I can tell they [staff] know what they are doing. They are keeping [family member] comfortable. There is compassion and the correct paperwork is in place and before we even got [family member] here [St Leonards Court] from the hospital the [specialist] mattress was here before we arrived." We also found where necessary, people and staff were supported by additional healthcare services such as the community nurses.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. We saw that these had been completed appropriately, either with the person's involvement or as a best interest's decision by relevant people such as the GP, people's next of kin or power of attorney.

Good

Is the service well-led?

Our findings

At our last inspection on 13 April 2017, we rated this key question 'Requires Improvement' because we identified some areas that required improvement. We found at that inspection concerns about the safety of covers (bumpers) on a set of bed rails at the home which placed the person at risk of harm. The management oversight of the home had failed to identify this concern. At this inspection we found improvements had been made. Bed rails and covers had been fitted correctly and there was effective management oversight of the checks in place. As a result, the rating for this key question as improved from 'Requires Improvement' to 'Good'. Under the leadership of the registered manager the overall rating for the home has also improved to 'Good'.

People and their relatives were very complimentary about the management and oversight of the home. One relative told us, "[Registered manager] is wonderful, on top of her job all the time. She has been very helpful to us and I cannot fault the staff they are all very sociable and kind to [family member], they tend to whatever they need. We could not expect anything to have gone better – it is great." Another relative told us, "It is well led, the [registered] manager is very good, staff morale is very good, our family are all happy with the care." A third relative commented, "Brilliant team, they look after each other, pulling together. [Registered manager] and [head of care] are brilliant."

We found a welcoming and calm culture at the home. Staff told they told us they enjoyed their jobs and that the registered manager was approachable and supportive. One member of staff commented, "The home is run brilliantly. [Registered manager] is improving the home." Another staff member said, "Morale is a lot better with this [registered] manager and she has just about got it right now. We have monthly staff meetings and I can go and talk her, she always tries to accommodate." A third member of staff told us, "I would recommend it and would tell anyone how it really is. It isn't the poshest of places [environmentally] but it's a home. They'll [people] get love, choices and be cared for."

A range of quality assurance systems were in place to ensure monitor and improve the quality of care being delivered. This was facilitated through an electronic audit system which promoted managerial oversight in regularly monitored areas of the home such as training compliance and care records. It also enabled management oversight in areas such as management of complaints and infection control and prevention.

Opportunities were available for people to comment on their experience of the care delivered through regular surveys the most recent of which commenced on 1 August 2018. There were also 'resident and relative' meetings held however at the most recent one no one turned up. The registered manager told us she asked people's relatives why they did not attend and was told they didn't feel they needed to because they had no issues and could see the registered manager anytime.

Staff meetings were held around every six weeks and were an opportunity for the registered manager to disseminate information and update staff on key areas within the home. The registered manager told us that as well as meetings they also had an 'open door' policy for all staff which meant she welcomed their feedback and input.

The service worked in partnership with other organisations to make sure they were following current practice and providing effective care. The registered manager told us how the home worked collaboratively alongside district nurse. GP's, social services team and the dementia intensive support team, "We receive very good response and support from them. All our team members are able to voice concerns, give constructive feedback and contribute to multidisciplinary meetings, reviews and advocate for [people]."

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC. It is a legal requirement that a Provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed the last assessed rating at the entrance to the home.