

Mr & Mrs F Bartlett

St Leonards Rest Home

Inspection report

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16 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 and 16 July 2018 and was unannounced.

St Leonards Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was providing personal care and accommodation for up to 15 people. The service cared for older people, people living with dementia and people with mental health needs. Care and support took place in one adapted building over two floors. During the inspection there were 15 people living at the service.

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.

At our last inspection published on 12 January 2018 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because people were placed at risk when staff were using wheelchairs to assist them to move around the service as staff were not using them safely. This was a breach Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities). We found a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no records of best interest decisions being made where people did not have the mental capacity to make informed decisions about their care. We also found a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of accurate records to monitor, assess and make improvements to the service provided.

We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when. The provider sent us an action plan stating that they had addressed the breaches by 28 November 2017, before the report was published.

We found during this inspection that these regulations had been met. However, we found that safe recruitment practices were not followed.

The registered provider was not following safe recruitment practices. Issues we found with the records had not been identified by the registered provider.

Accidents and incidents were investigated and followed up by the registered manager but oversight and analysis of trends in incidents were not documented. Care records were comprehensive and detailed but recruitment records needed improvement. We have made a recommendation about record keeping and governance of the service.

Medicines were appropriately acquired, stored, dispensed and disposed of.

Staff had received safeguarding training, were knowledgeable on recognising signs of potential abuse and knew how to raise concerns.

There were sufficient numbers of staff employed to support people.

Appropriate checks and documentation in relation to fire safety and health and safety was up to date. The environment was clean and tidy.

The service was working in accordance with the Mental Capacity Act 2005 (MCA).

Staff received regular training and were well supported. Newly employed staff members completed the Care Certificate. This is a set of nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care.

The registered provider and registered manager understood the importance of promoting best practice and were members of various organisations that shared information on improving practice.

People were treated in a kind and compassionate way.

People and relatives were consistently involved in planning and delivery of care.

Staff knew people very well and understood their needs. People were referred to healthcare professionals as appropriate.

People were able to participate in a range of activities.

People and relatives were informed of how to make a complaint and any received were responded to.

People were treated equally and their diverse needs respected.

There was an open culture among the staff team.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Safe recruitment practices were not followed.

Medicines were safely managed and administered.

Staff were knowledgeable on safeguarding procedures.

Is the service effective?

Good ●

The service was effective.

Staff were working in accordance with the Mental Capacity Act 2005 (MCA).

Staff were well supported by the registered provider and registered manager.

Staff received sufficient training to carry out their duties.

People enjoyed the food provided and their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people with kindness and compassion.

People and relatives were involved care planning and provision.

There was a pleasant atmosphere in the service.

Is the service responsive?

Good ●

The service was responsive.

Care records reflected people's needs.

There were a range of activities available for people to participate in.

People were aware how to make a complaint and these were responded to by the registered provider.

Is the service well-led?

The service was not always well-led.

The service did not have systems in place to identify gaps or errors in employment records.

Though incidents and accidents were monitored, documentation failed to evidence that they were being analysed for trends.

The registered provider and registered manager regularly sought feedback from people and relatives.

Requires Improvement 

St Leonards Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 and 16 July and was unannounced. The inspection was prompted in part by concerns we received about the service. The inspection was completed by two inspectors.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. The inspection was unannounced, therefore on this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that providers complete providing key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to five people, two relatives, five care staff, the registered provider and registered manager. We reviewed documentation including six people's care records, three employment files, training records, staff induction, complaints, accidents and incidents, policies and procedures and safeguarding records. We also examined documentation related to the suitability and safety of the premises and provision of food and drink. We looked at how the service managed medicines. Not all people living at St Leonards Rest Home were able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the service. We received information about the service from the local authority.

Is the service safe?

Our findings

People told us that they felt safe in the service, comments included, "We're safe, we're quite safe" and "I like it here. I was starting to struggle at home but I have everything I need here". One relative told us their family member was, "Safer than she'd be at home".

Despite this feedback, we found areas of concern about the safety of the service in relation to recruitment practices. One senior member of staff told us recruitment procedures were good and told us, "We like all references and checks before [staff start working]". However, we found that this practice had not always been followed.

The provider was unable to demonstrate they applied consistent safe practice when recruiting staff. Employment records reviewed were inconsistent and the provider was unable to demonstrate that concerns found during the recruitment process were properly explored, risk assessed and documented to keep people safe. One staff file demonstrated that the individual had undergone a Disclosure and Barring Service (DBS) check prior to starting their role but the provider had not sought any references or proof of identity until they started a new role within the service two years later and they only had information of three months of employment history.

Although a second file had evidence of a DBS check, there was no documentation in place to show that a positive conviction had been risk assessed and there were two gaps in their employment history. Despite the registered provider's recruitment policy stating that they must receive at least two written employer references, two different references appeared to be signed by the same person. There was no evidence to demonstrate that the provider had explored the reasons why the applicant had left a previous role in the care industry. A third file also had an unexplained gap in employment history and no information documented about why a previous role in care ended. These checks help employers make safer recruitment decisions and help prevent the employment of staff who may be unsuitable to work with people who use care services.

Though the provider had clarified some of this information following the inspection, failure to follow safe recruitment practices was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the deputy manager about medicines management. We checked how medicines were acquired, stored, dispensed and disposed of. We also examined the provider's medication management policy. We asked if staff received regular training updates and if medicine administration competency checks were undertaken. The provider was unable to demonstrate that staff received regular, ongoing staff competency checks, though training was offered and undertaken. The registered provider put a system of competency checks in place following the inspection.

We noted there were no gaps in the Medicines Administration Records (MAR) records, including those concerning topical applications. All MARs contained relevant information, such as if the person suffered

from allergies or preferred to take their medicines in a particular way. Medications were safely stored, administered, and disposed of. We looked at how medicines given on an 'as needed' basis (PRN) were managed. PRN protocols were in place for all medicines taken this way; they outlined how, when and why they should be taken. Two people received their medicines covertly, that is without their consent or knowledge. We noted mental capacity assessments had been carried out in these cases and best interests' meetings held, with relevant parties present.

Medication audits were conducted weekly and looked at aspects of medicines management, such as ordering and disposal. There was also an annual medicines audit, undertaken by the provider's dispensing pharmacist on 12 April 2018. This had identified a number of minor issues which the provider had since rectified.

Staff members had undertaken adult safeguarding training within the last year. They understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member said, "The manager would deal with anything like abuse straight away. It wouldn't be tolerated".

We reviewed records of accidents and incidents. These were investigated and followed up by the registered manager every week to look for any trends or themes. This analysis was not documented which was highlighted to the registered manager as an area for improvement, though the lack of documentation had not caused a negative impact on people. Records included action that had been taken to mitigate the risk of reoccurrence for example, 'advised [name] must be supervised during bath time'. Staff understood the rights of people with mental capacity to take risks and make potentially unwise decisions.

We asked people if they thought there were enough staff on duty to provide safe and effective care. One person told us, "Yes, I think so. If I need something, they (staff) are always there". We asked staff the same question. One staff member said, "I think so. I don't find myself rushing". Our observations made during our inspection confirmed this. One relative told us, "Any time of the day they answer the door quickly". Due to the layout of the building, staff had good visibility of people and were on hand to support them quickly. We also noted that those whose mobility was restricted had access to their call bells. We observed that call bells were answered promptly.

We noted there were Personal Emergency Evacuation Plans (PEEP) which outlined how people could evacuate the building or be kept safe in the event of an emergency, such as fire and flood. These were kept in a communal area for easy access. We found that all documentation in relation to fire safety and health and safety was up to date. This included: electrical safety, gas safety, and water temperature safety testing. Wheelchairs and equipment were also checked on a monthly basis.

Staff were aware of their responsibility to help prevent the spread of infection and had received training in this subject. Personal protective equipment (PPE) such as gloves and aprons were available in the service. The service was clean and tidy, including bathrooms and toilets. One relative told us that they were happy with the level of cleanliness in the service. There were daily kitchen cleaning rotas in place, in addition to fridge and freezer and food temperature records. The environment was pleasant and there was a nice atmosphere in the service.

Is the service effective?

Our findings

People told us that the service cared for them effectively. Comments included, "I would recommend here to anyone", "They're excellent here, my sons and daughters think it's lovely too". One relative told us that the service was "Superb" and that they "Couldn't fault them".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 the last inspection on 12 January 2018, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no records of best interest decisions being made where people did not have the capacity to make informed decisions about their care. We found during this inspection that this regulation had been met.

Where a person did not possess mental capacity, we noted up to date mental capacity assessments were in place, in addition to evidence of best interest meetings with relevant parties and referrals for DoLS authorisation when necessary. These referrals were 'decision specific' and outlined clearly why authorisation was being sought. People had received mental capacity assessments where this was appropriate and staff sought the consent of people with capacity before acting. We noted this was done in the process of care planning and review of care plans.

Initially when asked, staff were not aware which individuals were subject to a DoLS but the registered provider was aware. Staff did have an understanding of mental capacity, one staff member told us, "Everyone is assumed to have mental capacity until it is proven that they don't". Staff knew that decisions about capacity needed to be reviewed because a person's capacity can change. Staff described DoLS in the context of "Protecting [people] from harm". They spoke of the importance of enabling people to make choices.

Newly employed staff received an induction and were working to complete the Care Certificate. This is a set of nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. One member of staff told us they were, "Working through the Care Certificate at the moment". Staff felt supported by the registered provider,

registered manager and staff team. One recently employed member of staff told us, "Everyone is so supportive with helping me". Other comments from staff included, "The bosses are very supportive, they've helped me a lot over the years", "You can always speak to [registered manager and registered provider]".

The registered provider spoke of the importance of supporting their staff, they told us, "We try our best to look after our staff and they look after us" and "They can call us twenty-four seven". The registered manager told us that they ensure staff take regular breaks, particularly when they are caring for people with high levels of care needs.

One staff member reported they had not had any formal supervision in approximately eight months. We looked at records of supervision which were not up to date. However, staff told us that they were well supported because the registered provider and registered manager were in regular contact with them and provided day to day informal supervision. The culture within the staff team was supportive and caring. There were formal team meetings twice per year but the registered manager and registered provider met informally with staff very regularly. One staff member told us, "I can go to them anytime I like".

We looked at training certificates held by the provider. We noted staff were able to access a variety of training relevant to the needs of the people they were caring for. These included commonly provided subjects such as dementia awareness, moving and handling, fire awareness and safeguarding vulnerable adults. Staff also had access to other opportunities for training such as management of anaphylaxis, catheter care and managing challenging behaviour. One person told us that they thought the staff were well trained. A member of staff told us, "The training side of things has improved".

We saw that staff practice was observed and this provided an opportunity for feedback, though this could have been done more frequently. Comments included, 'performed the procedure well' and 'encouraged resident to choose clothing, helping to make decision when resident unable'. Staff told us that they used reflective practice to facilitate learning from their experiences. The registered provider told us that they were members of various organisations that help to promote best practice and learning such as; CareAware and Hampshire Care Association. The provider also received updates from the Medicines and Healthcare products Regulatory Agency (MHRA). This enabled the provider to be aware of issues affecting the safe use of medicines and equipment.

We observed people receiving their lunchtime meal. There was a pleasant atmosphere and people were given time to enjoy their food. One person told us, "The food is lovely". Staff had identified ways of supporting people to meet their nutritional needs and records reflected this. One person told us that they had a choice of what they could eat and if they didn't like the food, staff would get them something else. The staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves.

We asked the provider how they managed people's dietary needs and how likes, dislikes and changes in people's special diets were communicated. We were shown documentation completed when someone first came to live at the service. It contained detailed information about their likes and dislikes, possible specialist diets and cultural or religious food requirements. This information was reviewed regularly by kitchen staff as part of the 'Resident's Day' programme. This programme provided an opportunity for the person's care plan to be reviewed in detail.

Is the service caring?

Our findings

People told us the service was caring, comments included, "The staff are lovely and very caring" and "It's very nice". We also spoke to relatives who told us, "The staff are really nice" and, "[staff are] very personable".

Staff spoke about people living at the service with genuine compassion and showed concern for people. Comments from staff included, "They're our friends" and "I love all of these people". The registered provider and registered manager spoke about people with empathy and told us examples of their caring approach for instance, helping to take people on visits home as much as they were able to.

Staff told us examples of supporting people emotionally. One member of staff explained that, alongside help from external professionals, their emotional support had resulted in positive outcomes for one person. They told us that previously the person did not leave their bed but now, "Stands and walks with [their] frame".

We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. Staff were respectful, supported people's dignity, were kind and took time to explain their actions to minimise people's anxiety. There was a high level of engagement between people and staff and no incidents of discourteous staff actions. Staff were responsive to people's needs and addressed them promptly and courteously.

We looked at people's care plans to ascertain how staff involved people and their families with their care as much as possible. Support plans and risk assessments were reviewed regularly by staff but were not signed by people, relatives or representatives. However, people and relatives we spoke to confirmed that they were consistently involved in the planning of care and records of contact with family members were kept. Relatives were able to visit the service whenever they wished.

There was a calm and inclusive atmosphere in the service. Staff were knowledgeable about the people they were caring for and could explain to us people's individual needs and requirements. It was evident staff saw people as individuals and people were complimentary about their care in this respect.

We spoke to staff about meeting people's needs in view of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. Staff gave us examples such as a representative of a local church coming to support people at the service. One staff member said people's diverse needs would "definitely" be met. We observed a poster at the service about the importance of respecting people from all backgrounds that had been produced by a member of staff.

Is the service responsive?

Our findings

We found that the service was responsive to people's needs. One relative told us staff were "Always happy to answer concerns" and "I couldn't have wished for better".

Care records were broken into various sections providing thorough information that allowed staff to gain a good understanding of the person. Though there was no formal system of reviewing care plans, we found that care plans were detailed and had been recently updated. These were recorded on a new electronic database that the service had recently introduced.

Care plans were legible, up to date and securely stored. People's choices and preferences were documented. We noted personal and social histories were detailed; it was possible to 'see the person' in care plans. Staff were knowledgeable about the people they were caring for. For example, we noted one person suffered from anxiety and depression. We noted there were up to date risk assessments and care plans in this regard, clearly outlining to staff what measures were needed to provide appropriate care. We also noted the provider had made use of external expertise, in the form of a referral to the Older People's Mental Health Team.

We noted another person living at the service exhibited distressed and sometimes challenging behaviours due to advanced dementia. In the light of this, the person was receiving one to one care during the day. The care plan contained a behavioural support plan and a communication support plan, which were detailed, up to date and relevant. For example, the behavioural support plan outlined behaviours of concern, how staff could recognise them and the actions they should take to minimise the impact on the person and others living at the service.

It was evident all staff knew people well; for example, staff could tell us about the health, mobility and food preferences people had in detail without referring to documentation. One staff member agreed and told us, "Because we're small, we get to know our residents better". Knowing people well enabled staff to highlight any concerns when people's needs were not being met and the service made referrals to appropriate professionals for example; district nurses, dentists, GPs, dieticians, speech and language therapists and the older persons mental health team. Staff assisted people to attend hospital visits. One member of staff told us, "We all work closely [together]". We observed that this was the case during the inspection.

Pre-assessment is an important process in ensuring people's needs are met as soon as they arrive, we observed pre-assessment documents to be detailed and appropriate. They included information about people's likes, dislikes and personalities such as, 'he has lots of interesting stories to tell' and 'has had a very varied and interesting life'. They included information about people's preferred time to get up or go to bed. Records also included advice for care staff on escalating concerns such as, 'Please report any changes to above behaviour'. A relative confirmed to us that they had been involved in the pre-assessment.

The service had provided various activities for people to participate in including; gardening, bingo, arts and crafts, quizzes and events where animals were brought into the service. Photographs of people enjoying

those activities were displayed in the service. Documents highlighted where people needed support to engage in activities. Staff told us that they were trying to broaden the range of activities available to people and were planning events such as a summer barbeque and a boat trip. People and relatives confirmed to us that activities were regularly available, one relative told us that the service had facilitated several trips out for their family member.

Staff told us examples of promoting independence for example, one person was unable to eat with a knife and fork and required help but staff established that they could eat independently with a spoon. Staff had identified strategies that enabled another individual to improve their intake of food. Records also demonstrated a culture of promoting independence, for example, the care plan for one person noted, '[name] is a very independent man, we must encourage this as much as we can and only help him when he asks us'.

We spoke to people and relatives about the process of making a complaint. We noted that the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman. One relative had been told how to make a complaint but had not needed to, they told us that there was "Never a problem". The staff we spoke with were clear about their responsibilities in the management of complaints. We looked at complaints received about the service. The registered provider and registered manager had investigated and responded to complaints in a timely way. We asked people if there were any problems with the service, one person told us, "Not as far as I know".

At the time of the inspection, the service was not supporting anyone at the end of their life. We did not receive any concerns about end of life care that had been carried out or the ability of staff to support people in this way. The provider had an end of life care planning policy and procedure in place.

Is the service well-led?

Our findings

One member of staff told us, "It's a nice place to work". We asked staff if they thought the service was well-led. One staff member told us, "[Registered provider] is always here and available. I love working here" and another told us, "[Registered provider] and [registered manager] are amazing". Despite positive feedback about the registered provider and registered manager, we found that the management of the service was not always well-led.

Systems to assess, monitor and improve the quality and safety of the service were not always robust. The registered provider had not identified issues we found with recruitment records. Incident and accidents records were being completed and whilst the registered manager was informally auditing these, the audit process was not documented to evidence any trends, themes or patterns identified and the actions taken. The registered manager was unable to demonstrate their oversight of incidents and accidents. We have identified the above concerns as areas of practice that need improvement.

We recommend that the registered provider and registered manager seek advice and guidance from a reputable source about recruitment record keeping and having effective systems and processes in place to assess, monitor and improve the quality and safety of the service.

There was a good culture among the staff and this contributed to a nice atmosphere in the service. Staff had been working at the service for a long time and the service were not using any agency staff because the staff retention was good. Staff enjoyed working at the service. Comments included, "I really enjoy it here", "I've always enjoyed working here".

The registered provider and registered manager told us they tried to seek feedback from relatives and visitors every time they saw them to maintain a constant dialogue about their satisfaction with the care their family member or friend was receiving. They told us that they ask, "Are you satisfied with everything?", "Is there anything that we haven't picked up on?". One relative confirmed that "We do talk to them all the time about things" and another confirmed that they were regularly asked for feedback. Relatives were free to visit the service as they wanted to. The registered provider formally sought feedback from people and relatives once per year. We observed the 'Your Care Rating 2017/18' survey results document where they had achieved high satisfaction scores.

We discussed service development with the registered provider who told us that they had rearranged the layout of the lounge to give people more options for activities that they could participate in. They also informed us that they had introduced wearing a tabard and positioning the drugs trolley differently during drugs rounds to reduce distractions. Staff told us that their opinions were considered within service development. One member of staff told us, "We are involved" and "They do listen to us". The registered manager spoke about encouraging leadership within the team, for example by encouraging more junior members of staff to lead shifts to increase their experience. They also had a falls champion and a MUST champion.

We noted care plans, which were electronic, were password protected and only accessible to authorised staff. The registered provider had policies in place to act in accordance with the General Data Protection Regulation (GDPR).

Initially the service was not displaying their rating correctly but during the inspection the provider updated the rating on their website and gave us assurance that the rating was now displayed in the communal area of the property.

The registered person must notify the Commission without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to follow safe recruitment practices and ensure recruitment records were complete.</p>