St Leonards Place Ltd

St Leonards Place

Inspection report

96 Maidstone Road
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Kent
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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

The inspection was carried out on 11 December 2017, and was an unannounced inspection.

St Leonards Place provides accommodation, with personal care and support for three people. Accommodation is provided in a large house that has been divided into three flats. One of these can be accessed by its own entrance at the rear of the property. At this inspection, there were three people living in the home. The service is able to offer support for people who may have a learning disabilities, autistic spectrum disorder (ASD) and/or mental health issues.

A registered manager at the home is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

At the last Care Quality Commission (CQC) inspection on the 8 and 12 October 2015 the service was rated Good overall although they were rated Requires Improvement for the Safe domain. At this inspection, we found the home was Good across all domains.

Staff had received suitable training, which was provided to reflect the individual needs of the people living in the home.

Policies and procedures were available and had been up dated for staff to view.

Staff we spoke with understood their responsibility in keeping people safe, they confirmed they had received safeguarding training. They knew who to contact if they saw or suspected abuse, and the outside agency's to contact if their suspicions were not taken seriously.

Medication administration had been risk assessed and one person was now self-administering medicines with minimal support from staff. Staff had received relevant training and their competency had been checked. Medicine was supplied in a dosage system. Currently the staff complete a medicine administration record (MAR) which was not supplied by a pharmacy. We made a recommendation about this.

People's needs were assessed and reviewed on a regular basis. Care plans were detailed and these had been written with the person, and their family member if appropriate. Care plans were person centred and

included things that were important to people as individuals. For example, one person liked regular contact with their mother, the staff facilitated time when they could spend it together by liaising with mum and making the arrangements.

Risk assessments contained detailed information and clear guidance about all any risks to the person's safety. The staff knew people very well and were able to describe peoples care in great detail. Changes to care plans were made when necessary with the involvement of people's families, health professionals and the person's funding authority when appropriate.

Recruitment procedures were followed and appropriate checks were carried out to make sure staff were suitable to work with vulnerable people. Staff received induction training and day to day support to ensure they did their job safely.

There was a very low staff turnover with most staff having been there many years. There were sufficient skilled staff employed to keep the rota covered at all times without the use of agency staff.

Most meals were homemade and took into account peoples likes and dislikes. There was no regular menu as the two people who needed support with meals chose items they liked when out shopping with staff. People's meals were recorded and showed a varied nutritious diet.

There was a relaxed atmosphere in the home. Although the two people we observed were non-verbal there was good interactions between people and staff. Staff were considerate and respectful when speaking about and to people. Staff knew people very well, including their personal histories, hobbies and interests.

Systems were in place for people and their relatives to raise their concerns or complaints knowing they would be responded to quickly and to their satisfaction.

There were systems in place to review accident and incidents. The registered manager kept care managers informed of any changes needed to peoples care and support.

Monitoring systems were in place in order to maintain and improve the quality of the service provided to the people living at the home. The management was stable and staff felt supported by the registered manager.

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 Good.

Staff were trained to understand their responsibility to protect people from abuse and maintain a safe environment.

There were sufficient staff who had the skills and knowledge to meet people's needs in a way that met their wishes and preferences.

The provider had a robust recruitment policy and procedure in place which enabled them to provide consistent staffing to people.
Medicines were managed and administered safely.

Risk assessments were in place to reduce risk both individual to the person and within the environment.

Is the service effective?

Good

The service remains effective

Is the service caring?

Good

The service remains caring

Is the service responsive?

Good

The service remains responsive

Is the service well-led?

Good

The service remains well led.

St Leonards Place

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 checked 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 the 11 December 2017 and was unannounced. One inspector conducted the inspection.

Before the inspection, we asked the provider 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with one person, however they were non-verbal. Therefore our observations were invaluable in telling if the person was happy with the way they were cared for. We requested information via email from the registered manager and this was sent on the same day as our in inspection. Healthcare professionals were involved within the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

We looked the provider's records. These included detailed care records, which included care plans, health records, risk assessments and daily care records. We looked at one staff file regarding recruitment, supervision notes, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including Training matrix, some further policies and procedure. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

All staff had received safeguarding training with in the last year. One staff member said, "If I thought someone here was being abused I would definitely blow the whistle on another member of staff". Another staff member said, "If I had any concerns about someone I would talk to our manager straight away, even if I had got it wrong, better do that than worry about someone being abused".

At our last inspection on 8 and 12 October 2015, we made a recommendation about the registered manager making sure staff had access to the contact details for the local authority safeguarding team. At this is inspection we found this was in place.

Staff showed a good working knowledge of safeguarding and understood their role of protecting people from abuse. There had been no safeguarding referrals in the past year. Staff were able to explain what they would do when given a scenario. Staff knew that they had a safeguarding policy and procedure, which was kept alongside the local authority safeguarding protocols. Staff were also confident that if they spoke to the registered manager about any suspicions they may have they would be taken seriously.

There was a very low staff turnover with most staff having been working there many years. The registered manager had a robust recruitment procedure in place. We saw the file for a new member of staff, they had completed an application form, provided ID and gave details of past employer and people who would give a references. DBS checks had been undertaken before they started working at the home. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

There were sufficient numbers of skilled staff employed to keep the rota covered at all times without the use of agency staff. There were normally at least two staff during the day and one member of staff at night. The member of night staff wears an alarm pendant so if they need assistance they can use this to summon help. It automatically calls the registered manager and emergency services. This was to protect staff and the people who live in the home.

We observed staff with two people who lived at the home, because they knew them very well they were able to keep them safe. For example, staff recognised when a person was getting anxious and how to calm the situation before the person injured themselves of others. Staff understood the people they cared for from the information in the care plan and from personal experience caring for the three people here for many years.

People here had their own flats, so there was plenty of personal space. One person was able to access their flat by a separate entrance. They were being supported to become more independent, and as they were deemed to have capacity, it was their right to make their own decisions and own mistakes. The staff still monitored and reported to other interested health and social professionals when necessary, but they also respected the person's right to make their own decisions.

There were risk assessments where risks had been identified. These contained a detailed description of the risk and how staff could by their action reduce the risk to person and others when applicable. The risks include personal risks and those posed by the environment. For example, one person does not like lots of noise or people, when this happens they become very upset and can start to hurt themselves. In this situation we saw staff lower their voices, some sat down so they were not in the way and adding to the sense of their being lots of people in one place. A staff member reassured them and found them the space and quietness they needed.

The registered manager had made sure that all the building checks had been completed and were in date. There were an electric and gas safety certificates, small appliances had been tested as well as the central heating boiler. The staff had recorded the temperatures of the fridges, freezers daily and the hot water supply was recorded monthly. Staff reported any maintenance issues to the registered manager such as the need to replace light bulbs.

The home was clean and there were no unpleasant odours. There was a record of the cleaning that is undertaken by the staff. The registered manager was the infection control champion and made sure that staff had undertaken the training and had the PPE (Personal Protection Equipment) such as gloves and aprons. The staff and visitors used a bathroom on the ground floor. Although there were facilities for washing hands, there was nothing suitable for drying hands. We discussed this with the registered manager who made sure this was addressed before we completed the inspection.

Staff used various cleaning products to keep everywhere clean, these chemicals can be dangerous if splashed in to eyes or ingested. The home has a COSHH (Chemicals or Substances Hazardous to Health) file which holds details of the relevant first aid information for all the cleaning products used in the home. Staff were familiar with this and knew where they could find the information in an emergency.

Each person living in the home had a PEEP (Personal emergency evacuation plan) in their personal care plan files and in the grab bag near the front door if needed in an emergency situation. These had been kept up to date and contained information such as their support and care needs, current medication, next of kin information and how to evacuate the person safely from the building.

Staff had been trained to administer medication safely. The medication is supplied to the home in a dosage system. The medicines are kept in a locked cabinet and are checked by staff before they are given to people. The registered manager explained that PRN (as necessary) medicines are not administered by staff without first asking them or the person on call first. We saw that the MAR sheet had been devised by the registered manager. This sheet did not record all the information required although the information was dispersed over a further three documents.

We recommend that staff follow published guidelines for care homes and consideration be given to using the MAR sheet supplied by the pharmacy that supplies people's medicines.

There was a medication policy and procedure which had been reviewed. Staff were seen administering medicines correctly, only signing once the medicine had been taken.

There was one person who is responsible for their own medication and they self-administer. The registered manager and staff were aware that they do forget to take their medicines at times. Although at first the person did not want staff to remind them they were now happy for staff to prompt them morning and evening. The registered manager had risk assessed this and informed the relevant health professionals.

Good

Is the service effective?

Our findings

People's needs for care and support had been assessed and a care plan capturing this information had been completed with the person and or their parents. One relative told us that they are always involved in the care planning process. They said, "We have a meeting at least yearly when we go through the care plan and make sure it works for our daughter. Things do change during the year and although we talk to staff and the manager regularly it's good to review the help she needs".

It was not possible to converse with the people themselves, as they were non-verbal; however it was possible to see when they were happy or not happy about suggestions staff made. Staff respected people's right to choose and offered alternatives where this was possible. For example, people were asked what they would like to eat, what they wanted drink, what clothes they wanted to wear. One person in particular loved shopping to buy their own clothes. When they came back from horse riding they went to change to get ready for a Christmas lunch with their family. They chose a special outfit and the staff let them know how nice they looked.

Staff said that they had received training about human rights and equality and diversity. They were able to give examples of how they could ensure the people they cared for were treated with these in mind. For example, they talked about how the people they care for should be treated with the same priority for things like health care. They facilitate people's access to the local community and holidays of their choosing.

Training was prioritised and staff received face to face courses that were focused on the care and support they provided people at the home. Most staff had a vocational qualification at level 3 and the new member of staff was looking forward to gaining a qualification once they had completed their induction. One staff member said, "I feel fortunate that we do have face to face training, it means we can ask questions regarding the people we care for. We are also encouraged to implement what we have learned that benefits us and the people we care for". The staff cover the basic training such as moving and handling, first aid, infection control and have done courses that are specific for the needs of the people living at the home.

People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid food or drink that contained known allergens people needed to avoid. The kitchen area looked clean and food was stored appropriately. There were no individual menus for people. The shopping for their food was supported by the staff, but people chose what they wanted to eat and also what food they wanted to buy each week. This meant people were able to make choices regarding the meals they ate. What people ate on a daily basis was recorded by staff; this showed that people had a varied diet that contained fresh fruit and vegetables every day. Staff ensured people's weight was monitored which kept them healthy and safe. We observed staff assisting one person to eat their meal of roast chicken. They sat with the person and fed them at their rate, prompting them to eat what was in their mouth. Staff supported people to eat and drink enough to keep them well and hydrated.

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.

There was good communication between staff and people living at the home, staff were friendly and caring. Best interest meetings about important decisions were recorded. People with poor capacity to make day-to-day decisions about their care were still offered choice and were provided with information to help them decide what they wanted to do. 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Good

Is the service caring?

Our findings

The staff we spoke with had a good understanding of what was important to people and were knowledgeable about their medical histories, their preferences, hobbies and interests. This information we saw in the 'Person centred care plans', which had been developed through time and talking with people and their relatives. This information enabled staff to provide care and support in a way that was appropriate.

There were very good interactions between staff and the people living at the home. Although two people were not able to verbalise their wants or needs, over time staff had become very familiar with people's way of letting them know what they wanted. One staff was heard reassuring a person who needed to use the bathroom. Staff had understood the person's needs by the behaviour they presented. All staff spoken with had an in depth knowledge of each person's form of communication. This meant that embarrassing situations were avoided.

Staff explained that all information held about the people who lived at the home was kept confidential and would not be discussed openly in the communal areas of the home to protect people's privacy.

The flats within the home were personalised to reflect people's interests and choices. Staff had got Christmas decorations out of storage and explained how one person loved Christmas and they would put the decorations in their flat to put up when they came back from a Christmas lunch.

Staff were able to describe ways in which people's dignity was preserved, such as making sure people's doors were closed when they provided care and support. One family said, "The staff are very kind, very considerate and caring, I can't praise them enough they have looked after my daughter for many years, and we as a family are all happy with the staff at the home".

Records showed that people were supported to maintain family relationships. We saw that people had regular visits with their family. One relative said, "I like the fact that we can go and visit whenever we want. We are also made to feel welcome by the staff and the registered manager". We heard staff speaking to one member of someone's family, it was clear that the staff member knew them well as they confirmed arrangements for the Christmas lunch.

Good

Is the service responsive?

Our findings

The people living in the home had been there for many years, an initial assessment had been undertaken with people before they moved into the home to gather all the important information about them such as their level of support they required and their communication needs. This had helped the manager to make an informed decision whether they had the appropriate resources available to support people well. Over the years, those people's needs have changed as they have got older.

It was refreshing to see that one person was being supported and encouraged to further their independence with staff respecting their rights to live as they wished. The person had decided that they did not want staff visiting their flat without invitation; they did not want staff writing about them and did not want us asking questions about their care. Their decisions were respected, and the support they now have is given in consultation and at their request.

People's care plans continued to provide the information necessary to enable staff to provide people's care and support in the way they wanted. Care plans were person centred, they included all the important personal information, medical history and what is important to them. A detailed description of people's life history and the relationships such as family and friends was comprehensive. People's likes and dislikes were recorded to make sure staff could support them with the things they liked and help them to avoid the things they did not like. For example, one person did not like crowded places and another person loved going clothes shopping. How people communicated was a key part of care planning as two people did not use verbal communication and instead would point or lead staff to what they wanted, or use some signs. Staff had the information they required to understand people's individual circumstances and needs.

Care plans were reviewed and changes made when required. Each year the registered manager wrote a report about each individual. It looked back at the year, the person's health during that time, changes that had happened to care and support and why. It looked at the activities people took part in for example one person went to a club but they were not really enjoying that so much, they did really like horse riding so now they do that twice a week.

There was a complaints procedure. One family told us that they had told the registered manager when they have not been happy about something. They said that when this had happened in the past, immediate action was taken. They were confident that any issues raised would be resolved quickly

Good

Is the service well-led?

Our findings

The registered manager was also the provider. They worked with the people they cared for and with staff. This meant that they had the opportunity to see when changes were possible to improve the service they provided. Although the staff and the registered manager had worked together caring for the same people for many years, they were still kept abreast of changes in the care culture during that time. The registered manager has also made sure that they have kept up with the changes in regulation and legislation.

The registered manager undertook the regular checks such as fridge temperatures, medicine audits, daily records and health and safety checks. The registered manager said that if they find any problems these would be dealt with straight away to maintain the quality of the service they provide.

The registered manager worked closely with a number of key health and social care professionals to make sure people were provided the best possible care and support. They kept these professionals advised of any changes or challenges they faced while caring for people. Meetings were arranged when required and a report was sent to interested professionals yearly.

A relative told us they were asked for their views about their loved one's care and treatment on a regular basis and they felt included in any decisions. The registered manager and staff communicated with family at least fortnightly and always asked if they were happy with the care being provided.

There were regular staff meetings. The registered manager showed us the notes of these. They discussed each person and any issues or changes. We found the meeting was well attended by the staff and they were encouraged to share their views with the provider.

The registered manager told us that staff meetings were made into a social event by having a buffet for staff to show appreciation for their hard work and dedication. Staff told us that they felt valued and that is why they felt there was such a low staff turnover.