Mrs Brenda Christine Bell & Mr Keith Bell

St Stephens Nursing Home

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

Overall summary

The inspection at St Stephens Nursing Home was undertaken on 14 October 2014 and was unannounced.

St Stephens Nursing Home provides care and support for a maximum of 31 people, some of whom have dementia or physical disabilities. At the time of our inspection the home was fully occupied. St Stephens Nursing Home is situated in a residential area of Blackpool close to the promenade. It offers 27 single room accommodation in addition to two double rooms with lift access to all floors. There is a conservatory to the rear providing people with space for privacy and solitude.

There was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However, the provider told us they were recruiting for the post of registered manager and a senior nurse who was already in post had been appointed. We saw evidence that an application to register had been sent and was being processed by CQC. The provider was overseeing the day-to-day management of the home and people and staff told us she was accessible, supportive and visible within the service.

Summary of findings

People told us they felt safe and comfortable. Systems were in place to safeguard individuals from the risk of abuse. People were supported to be involved in, and make decisions about, their care. Protocols were in place to protect the human rights of those individuals who may have been unable to make decisions about their support.

Staff provided care in an unhurried and respectful manner. We observed their interactions with individuals to be of a very caring and courteous nature. People's dignity and privacy were maintained throughout our inspection. We observed people to be relaxed and fully occupied. It was clear from our observations that staff knew the people in their care, how to engage with them appropriately and how best to support them.

Care records we reviewed were detailed and personalised. These were built around people's preferences and diverse needs. People and their representatives told us they had been involved in their care planning.

Staffing levels had been properly assessed and monitored. For example, the provider used a system of floating staff to provide additional staffing support in busy parts of the home. This ensured sufficient numbers of skilled staff were able to meet the needs of people who lived at St Stephens. We noted staff were adequately trained and received formal and informal supervision and support from the designated training lead.

People's health needs were monitored and any changes were acted upon. The home worked with other providers to ensure continuity of care. Medication was administered safely by appropriately trained staff.

Staff talked about an open, supportive culture within the home. The service actively sought the views of staff, people who lived there and visitors. Staff monitored the health, safety and well-being of people they supported and regularly checked the quality of the service they provided. We were told the management team acted upon feedback they received and had recently introduced changes to improve the care they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People and their representatives told us they felt safe. We observed staff supported people by using a caring, respectful and safe approach. Systems were in place to protect people from the risk of abuse.

Staffing levels were sufficient to maintain good levels of support and ensure people were protected from unsafe and inappropriate care. Staff were suitably recruited to protect people from unsafe care.

We observed medication was administered safely. People received their medication on time and associated records were properly maintained. These processes were audited and staff had a good level of knowledge about medication.

Is the service effective?
The service was effective.

Good

St Stephens was an effective service because staff were adequately trained in order to carry out their responsibilities. People told us they had confidence in the staff's ability to support them.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. This was in line with information held in people's records. Staff sought people's consent to care and kept people safe and protected their human rights.

People's changing health needs were closely monitored and, where necessary, acted upon. The service worked well with other providers to ensure continuity of care. Individuals were safeguarded against malnutrition and dehydration because staff had properly assessed their needs. Staff had monitored and maintained people's dietary requirements.

Is the service caring?
The service was caring.

Good

We observed staff supported people in a caring manner. Staff engaged with individuals in a compassionate and respectful manner. We noted people's dignity was maintained throughout our inspection.

People and their representatives told us they felt involved in, and able to make decisions about, their care.

Is the service responsive?
The service was responsive.

Good

St Stephens was responsive to people's needs because staff had assessed their level of independence and support requirements to maintain this. Care documents were personalised and built around people's preferences and diverse needs.

There was a comprehensive programme of activities at the home. We observed people were sufficiently stimulated throughout our inspection.

Summary of findings

People and their representatives told us they had no complaints about St Stephens. They confirmed they would know how to make a complaint if they needed to. Information about making comments on the service was held in a prominent position within the home.

Is the service well-led?

Good

The service was well-lead.

The provider had systems to monitor the health, safety and welfare of people who lived at St Stephens. Audits and checks were regularly undertaken to check the quality of the service provided. This included seeking the views of staff, people who lived there and visitors.

Although there was no registered manager in place, we saw evidence the provider had attempted to address this. A senior nurse in post was in the process of registering as the manager with CQC. We were told the provider had supported staff and was a visible presence in the home. The provider was overseeing the day-to-day management of the service and we saw no evidence the lack of a registered manager was affecting how the home was led.

St Stephens Nursing 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.

The inspection team consisted of a lead inspector, a second inspector, a specialist advisor 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. The expert by experience for the inspection at St Stephens Nursing Home had experience of caring for older people and people with dementia.

The last inspection was carried out on 23 October 2013, when there were no concerns identified and we found the service was meeting all standards looked at.

Prior to our unannounced inspection on 14 October 2014 we reviewed the information we held about St Stephens. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people who lived at the home. We checked safeguarding alerts and comments and concerns received about the home.

The provider had completed a Provider Information Return (PIR). The PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five questions: Is the service safe, effective, caring responsive and well-led? The provider's PIR showed us they were aiming to register a manager with the Care Quality Commission (CQC). There were further plans to construct an additional lounge and sensory garden for the comfort of people who lived at the home. The provider stated improvements had been made to care planning and staff training to further develop personalised care and maintain people's dignity. We used the information held by CQC to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about St Stephens. They included the provider, the nurse-in-charge, nine care staff, the cook, ten people who lived at the home and five relatives. We also spoke with the commissioning department at the local authority and Healthwatch Blackpool. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care on several occasions throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records. We checked documents in relation to six people who lived at St Stephens and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

We observed people were safe whilst receiving care at St Stephens because the provider had systems in place to ensure they were safeguarded against abuse. All the people we talked with told us they felt safe. One person said, "My [relative] started with dementia from his late fifties and I cared for him until it got to the point where I did not feel safe leaving him alone for even a short time. Since I managed to get him in here I can see that he is well cared for and in a safer place." A relative commented, "There are homes nearer to where I live, but I chose this one on a recommendation and I am confident my relative is safely cared for so I have absolutely no regrets".

We observed people received care and support in a safe way. For example, we noted staff clearly explained processes to people and reassured them when equipment was used to support them to mobilise. Staff consistently engaged with people in a respectful and calm manner, using eye contact and talking in quiet tones. One staff member stated, "Hearing is the last sense to go, so we always talk to residents and explain what we are going to do and why." This demonstrated people were supported properly because staff used appropriate methods to protect them from unsafe care.

St Stephens had well-defined lines of responsibility. Staff we spoke with were clear about their roles in managing emergency situations and supporting people with behaviour that challenged the service. A staff member explained, "I always work in the best interests of the residents and I have good de-escalation skills." Care records confirmed de-escalation plans were in place to ensure staff were informed about how to support people safely.

We checked records related to accidents and incidents that had occurred at the home. These showed an outline of the event and actions staff had undertaken to resolve the incident. The provider had followed up the outcomes to these events. This meant risks to people who lived at St Stephens had been monitored to ensure their recurrence was minimised.

Our discussions with staff showed they had a good understanding of how to safeguard people against abuse. This was in line with the home's policy. One staff member explained, "I am very clear about my role and responsibilities. If I found a bruise, for example, I would log it on a body map form and report this to my manager. I would also inform the local authority." Training records we reviewed showed staff had received related information to underpin their knowledge and understanding.

We observed people were able to move about the home freely. Care records were aimed at ensuring people were restricted in the least possible way. Records we reviewed contained a clear process from identified needs to assessments of risk. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered hazards related to, for example, nutrition, bedrails, behaviour that challenged the service and falls. This showed the service had appropriate measures to minimise potential risks to people it supported.

We looked at how staff attitudes and the philosophy of the home ensured people's diverse needs were recognised and reflected in the care they received. The provider and senior nurse told us a new care planning system had been introduced. We noted this new system was built around people's preferences and diverse needs. We observed staff engaged with people in different ways that showed they understood their individual requirements. Staff we spoke with informed us they received training to underpin their awareness of anti-discriminatory practice. One staff member said, "Equality and diversity is encompassed within all our training." This showed staff were given appropriate information to ensure the home had a consistent approach to meeting people's different needs.

There were sufficient staffing levels at St Stephens to keep people safe. We checked staff rotas and noted staffing ratios were the equivalent of one care staff to two service users during the busy periods of the day. We observed staff went about their duties in a calm and unhurried way.

People's needs were attended to in a timely manner. We found there was a good skill mix of staff, including a nurse, floor manager, carers and ancillary staff. This demonstrated the home enhanced its ability to meet people's needs by ensuring staffing levels had the right combination of skills.

Recently employed staff we spoke with told us they felt their recruitment was undertaken in a professional and thorough manner. We reviewed staff files and found correct procedures had been followed when staff had been recruited. For example, reference and criminal record

Is the service safe?

checks had been undertaken prior to employment. The provider had safeguarded people against unsuitable staff by completing proper recruitment processes and checks prior to their employment.

We were told the staff induction process was intensive to ensure staff understood their role and responsibility. For example, individuals attended a half day training session to gain an insight into the difficult work they would be expected to undertake. This met national standards about the proper induction of employees.

The provider told us four care staff were utilised to work between floors and communal areas. This process was used to ensure additional staff were made available in busy parts of the home or where workloads had increased. This meant the provider regularly assessed staffing levels, deployment and skill mixes to ensure the home could maintain people's safety and continuing care.

We observed medication being dispensed and administered to people. This was done in a safe, discrete and appropriate manner and followed St Stephen's policy and procedures. The staff member undertook this task without being interrupted. They concentrated on one person at a time and acted in an unhurried, supportive manner.

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Medication was stored securely and related documents demonstrated there was accurate recording of medicine administration. The provider and nursing staff undertook regular audits to check and act upon any issues that arose with medication procedures. All the staff who administered medication had received training to underpin their skill and knowledge. This ensured medication processes were carried out using a safe and consistent approach.

Is the service effective?

Our findings

People and their representatives told us they felt their care was good and provided by experienced, well-trained staff. One relative said, "I am involved with the care planning with the staff. I am fully satisfied with the care my [relative] receives."

We observed people were relaxed and comfortable. It was clear staff had a good awareness of each person and how best to meet their needs. Some people demonstrated behaviours that challenged the service and staff were quick to reassure them without restricting their freedom. We observed staff interactions with people demonstrated they understood their individual care needs. For example, where people became agitated staff responded to them in different ways to quickly reassure people and diffuse the situation.

The provider told us new approaches to care had been introduced at the home as a way to continuously improve. Staff confirmed this had been a difficult but worthwhile process for the benefit of the people in their care. One staff member explained, "There were a lot of positive changes and care is more personalised. The home is complete now." Examples we were shown included a move away from task orientated care by the introduction of a new, more personalised care planning system and re-training staff. This demonstrated the service looked at ways to improve the effectiveness of how it supported people who lived at St Stephens.

Protocols were in place to highlight to new staff how to support people with their needs, such as personal care, health and safety, dignity, nutrition and fire safety. This was evidence of good practice designed to help staff understand how best to support people to ensure they received appropriate care.

An extensive staff training and support programme was available. The provider had employed a trainer to ensure staff knowledge and understanding was refreshed and updated. This included movement and handling, food hygiene, managing behaviour that challenged the service, infection control and dementia care. All staff had undertaken or were in the process of completing nationally recognised care qualifications under the Qualifications and Credit Framework. This meant staff were enabled to work effectively in providing care for people who lived at the home.

St Stephens had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. There were clear related procedures in place and staff had received training to underpin their knowledge. This showed the home had established structures to enable staff to support people who lacked capacity to make decisions. We spoke with staff to check their understanding of the MCA and DoLS. Staff demonstrated a good awareness of related principles. One staff member told us, "It can be very beneficial because it imposes conditions that can really benefit the individual."

We looked at five records where a DoLS application had been made. The applications showed that mental capacity and best interest meetings had taken place. Assessments of the individual's capacity to make decisions were recorded and all documents we reviewed were in-depth, signed and reviewed. There was evidence of family involvement in these processes. The funding authority that had placed the person at the home had been involved as part of the best interest decisions.

We did not observe people being restricted or deprived of their liberty during our inspection. Staff consistently supported people to make basic decisions, such as what to drink, where to sit and where to go about the home. One staff member told us, "For example, I would try to gain informed consent by maximising communication using pictures if required."

We saw evidence that people or their representatives had signed consent to their care and support. Care records contained people's preferences about, for example, what to be called, how to be supported and food choices. This meant the provider protected people from ineffective care by checking their individual needs and assisting them to make decisions.

The provider told us the home aimed to support people to maintain their independence. Where necessary, such as where an individual's health needs had changed, St Stephens worked with other providers to ensure continuity of care. We found evidence of this in people's care records,

Is the service effective?

such as referral to GP, Speech and Language Therapy, District Nurses and chiropody. One relative said, "The staff are very good at assessing my mother's health and her needs and it is obvious she is happy here." Staff ensured people were supported to maintain their health by having access to other services.

We observed people were relaxed and able to take their time during the lunch time meal. The chef had a good understanding of people's preferences and dietary requirements. We noted a choice of meals was available, although the majority of service users had special, supplemented or blended diets. We found the kitchen clean and the chef had undertaken appropriate food hygiene checks. He told us, "I seek feedback from all the residents about the quality of meals and will change menus and try new foods according to need." The provider had a protected mealtime protocol in place to ensure people received good support levels with their meals with minimal interruption and distraction. For example, staff breaks, visits and appointments were arranged between mealtimes.

A choice of hot meal or sandwiches was offered in the evenings and we observed refreshments were provided throughout the day. We reviewed care records and found people's nutritional needs were regularly assessed. People's weights were frequently monitored and appropriate action had been taken to manage changing health needs, such as referral to a dietician. This meant people were protected from malnutrition and dehydration because the provider had ensured systems were in place to meet their needs.

Is the service caring?

Our findings

People and their representatives told us they felt the staff were very caring and respectful when they received support. A relative said, "I come in every other day to see my mother and the staff are brilliant. I don't think my mother could do better anywhere."

We observed staff engaging with people in a compassionate and courteous manner. Communication was a two-way process and we noted staff using quiet, respectful tones. It was clear staff cared about the people they supported and understood their needs. One staff member told us, "It's about providing health care with dignity and respect." Another staff member said, "I miss the residents when I'm off work. They are like my family."

Most of the people who lived at St Stephens had mental health conditions that affected their ability to communicate. The home had systems in place to ensure meaningful engagement between staff and service users was maintained. This included well-trained staff and use of pictorial tools to explain various aspects of care. For example, pictures on toilets, bathrooms and bedrooms helped people to identify where they were in the home.

The provider had promoted the importance of dignity in care by introducing dignity champions at St Stephens. We spoke with a member of staff who was training to be a champion and he demonstrated a good understanding of related principles. The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and maintained their confidentiality. Staff described good practice in relation to ensuring people's personal information was protected.

We reviewed six care records to check people's involvement in care planning. We found records were consistent, comprehensive and personalised. A new system of care planning had been introduced after the home reviewed related processes as a way to improve upon individualised care. This meant the provider had reflected and acted upon its practices to enhance the support provided.

Records we reviewed demonstrated people or their representatives had been involved in care assessment and planning. A nurse told us, "We are trying very hard to move staff away from tasks in care and treating people the same to more and more personalised care. We are working to give complete care for the individual."

Care files included information about people's preferences and diverse needs. This included checks of individual choice around gender of care staff and support for religious and cultural needs. One person told us, "We are lucky here as a lot of us like to attend church and the staff take us there on Sundays."

People and their representatives were supported to express their views and give feedback about their care through informal discussion and formal care review meetings. We observed staff enquired about people's comfort and well-being throughout our inspection.

There were a range of policies in place at St Stephens to underpin the caring ethos of the home. These included procedures related to care, dignity and seeking feedback from individuals who lived there and their representatives. The provider ensured staff understood the importance of these policies through training and discussion.

Is the service responsive?

Our findings

People were supported by staff who were experienced and had a good understanding of their individual needs. St Stephens encouraged and enabled people and their representatives to be fully involved in their care. We saw information in people's bedrooms about their likes and dislikes and preferences around how they wished to be supported. This included brief details about the individual. This meant the provider had ensured new and long-term staff were made aware of people's needs and how best to support them.

It was clear staff had a thorough understanding of the people in their care and understood how to enable them to maintain their independence. For example, we were told staff who had returned from leave checked care records to update themselves to any changes in people's care. The senior nurse told us the shift handover process had improved to underpin staff knowledge and was integral to the care provided. She said, "We discuss all key aspects of personal care and there is no fixed time for handovers." This ensured St Stephens monitored people's care and used a number of systems to update staff to their changing needs.

Where people were unable to communicate, staff used other methods to ensure they continued to be involved in their care. One staff member told us, "I support a resident with his shopping because he has no-one else to do this. Because he cannot express his likes or wants I look in his wardrobe to see the style and colours of clothes that he has already." Another staff member explained, "I check people's body language, facial expressions and behaviour changes to identify if, for example, someone was in pain." This showed people were supported to have as much choice and control as possible.

Care records demonstrated the home sought and recorded people's preferences and life history to underpin staff understanding of their needs. Care plans highlighted the individual's ability to self-care and how people should be supported. Records were comprehensive and personalised to ensure people received the support they needed. Documents were regularly reviewed to ensure St Stephens responded to people's changing care requirements. The provider told us, "We engage with families and are increasing their participation in care plans."

We observed people were fully occupied throughout our inspection. Individuals were supported to engage in a variety of activities, including regular walks along Blackpool promenade and trips out. The home's activities board had details of events that were provided twice a day. We saw provision of noughts and crosses, pampering sessions, mental arithmetic exercises and staff encouraging people to interact with sensory dolls. One staff member told us, "I spend two hours per shift engaged in the provision of activities on a one-to-one basis."

St Stephens additionally employed an activities co-ordinator to oversee a programme of pursuits for people who lived there. The provider told us, "We do everything we can to help our residents feel they have a purpose. For example, [some people] enjoy helping to peg out the washing, which adds an extra dimension to their care." This meant people were adequately stimulated and occupied because the service had ensured a full programme of activities was in place.

People were supported to maintain relationships with their friends and relatives. We observed visitor contact took place throughout our inspection. It was clear the home encouraged visitors and staff had a good relationship with them. One family member told us, "I am just collecting my [relative] to go out for lunch as it is [their] birthday today."

There was a comments box in the reception area for people to leave anonymous suggestions should they wish to. People and their relatives told us they knew how to make a complaint if this became necessary, although all the people we spoke with stated they had not had any need to. One relative said, "The home is fine and I have no complaints."

The provider displayed information about making a complaint in a prominent position in the reception area. This included the various steps the home would take to manage complaints. This showed people's views were considered important as part of how the service reflected upon how it delivered care and support.

At the time of our inspection no complaints had been received by the provider. There was a complaints policy in place that described how the management team would respond to and act upon comments received. Care staff were able to describe how they would deal with a complaint, including referring the matter to the senior nurse.

Is the service well-led?

Our findings

St Stephens did not have a registered manager in place. However, during the time the home had no registered manager in place the provider had unsuccessfully attempted to recruit one. During our inspection we were told the service was recruiting a senior nurse who was already in post. This person confirmed they were in the process of registering with CQC and stated, "I like the challenge and have taken on the role of manager and implemented some changes." We saw evidence the application had been sent and was being processed by CQC.

The provider was supporting this person and overseeing the day-to-day management of the home. All the people and staff we spoke with told us the provider was accessible, supportive and visible about the home. One staff member said the provider "Always gives me good support. I have a good working relationship with her and the working environment in the home is very positive." Another staff member told us, "The managers are very approachable and available. They are a huge support to me."

Staff told us there was a good working atmosphere in the home and they felt they worked well as a team. One staff member said, "The managers are all hands on. We all get on and have a good bond." The provider, senior nurse and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose. Regular team meetings and staff supervision supplemented this process.

Staff told us they received regular supervision and appraisal in order to carry out their roles and responsibilities properly. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. Records we reviewed confirmed staff had opportunities to discuss issues they had and to explore their professional development.

We saw regular, recorded feedback from people who lived at the home and their representatives. Surveys checked people's experiences of, for example, cleanliness, communication, involvement in care planning and complaints. Comments seen from the most recent survey included: "We have much admiration for all the hard-working staff"; "All staff seem patient and caring and constantly check on the needs of residents". Similarly, staff were regularly asked to provide feedback about, for example, communication, sharing ideas, access to managers and supervision. This demonstrated the management team actively sought feedback about the quality of the service and had an open working culture. Recent feedback showed the management was transparent and the home was well-led.

We were told new systems and approaches to care had been introduced as a way of improving the service provided. Staff we spoke with felt this had been difficult, but recognised the importance of the changes and the direction the home was taking. One staff member said, "We are seeing some positive changes with positive outcomes for residents and staff." This showed the provider reviewed the quality of its service and introduced change to improve care for people it supported.

The service regularly carried out a range of quality audits. Audits included checks of fire safety, food hygiene, medication, health and safety, staff skills competency and infection control. These ensured the care provided at the home remained consistent. For example, the infection control audit had identified the need for a new laundry facility to improve infection control measures. The service's safety certification for water, gas and electric were all up-to-date. This meant the provider monitored whether the home was maintaining a safe and effective service.

Staff were working towards the Gold Standards Framework (GSF) for end of life care. The GSF is an external organisation that supports services, using an evidence based approach, to improve care for people nearing the end of life. Staff were given materials about this and the provider had a tracker form in place to check they were up-to-date with information received. This meant the home developed good practice within its workforce to improve the care provided for people who lived there.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.