

St Leonards Place Ltd

# St Leonards Place

## Inspection report

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20 June 2023  
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29 June 2023

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Leonards Place is a residential care home, providing accommodation and personal care to 3 people at the time of the inspection. The service can support up to 3 people. The people living in the service had a learning disability and/or autism. Some people were not able to verbally communicate and required full support from staff. One person was more independent and able to manage many areas of their day to day life, going out alone for example.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

People were enabled to make their own choices and express their wishes in their own way and staff understood them. People were encouraged by staff to do the things they could do for themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

Although staff knew people well, they were not always provided with sufficient guidance in relation to people's individual risks. People could not be assured staff were recruited safely as safe recruitment practices were not followed and recruitment procedures were not used effectively.

People were safe with staff as staff had received safeguarding training and recognised potential signs of abuse. Relatives told us their loved ones were safe. People's medicines were managed safely, staff received appropriate training and had their competency checked in relation to medicines.

### Right Culture:

People's care was not always fully checked for quality and safety as monitoring processes were not robust and effective. The provider had not complied with regulations, they had not submitted notifications to CQC about people being subject to DoLS authorisations.

The provider had established a good culture within the staff team. Most staff had worked at St Leonards Place for many years and told us this was because they felt supported, and they enjoyed their job. Relatives

spoke very highly of the registered manager and how well they run the service.

Relatives and staff were involved in the running of the service through surveys and meetings. The provider and manager attended forums in order to learn from other registered providers to help them look for ways to improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 January 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Leonards Place on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the assessment of risk, safe recruitment and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Leonards Place

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

St Leonards Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. St Leonards Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The provider and the registered manager were the same person. We refer to them as registered manager through this report.

#### Notice of inspection

This inspection was announced. We gave the service short notice of the inspection. This was because the

service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 June 2023 and ended on 29 June 2023. We visited the location on 20 and 29 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information gathered as part of monitoring activity that took place on 5 June 2023 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 relatives about their experience of the care provided to their loved ones. We observed the support provided to people within the communal areas. We spoke with 5 staff. This included the registered manager, the new manager, and 3 care staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were not always fully assessed to ensure they were provided with safe and consistent care. Although staff knew people well, there was a risk people would continue to be at risk if staff were not consistent in their approach and did not have appropriate guidance in place.
- One person became very distressed at times and although there was information available about the person, we identified many risks that had not been fully assessed and mitigated against. These included risks to others, including the public and staff and risks to property and the environment. Detailed guidance and appropriate safety measures were not in place for staff to ensure the person, the public, and staff were kept safe.
- Staff had not received appropriate training to enable safe and consistent support to people whose anxieties and identified risks may impact on themselves and others. The registered manager told us appropriate training was planned. Some health conditions experienced by people were not risk assessed. These included, high cholesterol, urine infections and seizures.
- Risk assessments were not always reviewed in response to accidents and incidents. One person had fallen over 3 times since October 2022. Risk assessments had not been reviewed to include the increased risk and the prevention measures in place to avoid future occurrences. Staff had recorded following 2 falls that the person was tired, and this may be the reason for the fall. This was not included in their risk assessment.

The provider failed to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would take action to review, update and develop individual risk assessments for people.

Staffing and recruitment

- The registered manager did not follow safe recruitment practices. Although most staff were long standing, 2 new staff had commenced employment in the last 10 months and one in the last 5 years. There were gaps in staff employment records that had not been accounted for; references from previous employers had not always been received prior to staff commencing their employment.
- Assessments in relation to staff risks had not always been completed, for example in relation to health concerns.

The provider failed to ensure recruitment procedures were operated safely and effectively. This is a breach

of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- DBS checks had been received before staff started employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were suitable numbers of staff in post to plan and deliver people's care and support. People were able to go out when they wished as there were enough staff to provide the support people needed when they were out of the service. This included to the shops, for recreational activities or out for a meal.
- Staff told us agency staff were never used as the staff team covered all absences between themselves. They said the registered manager and the new manager would often provide support to people if needed. Staff said the staff team were keen to ensure people were not supported by staff they did not know.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew people well and understood how to protect them from abuse. Relatives told us they were confident their loved ones were safe. One relative said, "It's about continuity. The carers have been there a long time and they know (my loved one) very well. (My loved one) is safe."
- Staff had received safeguarding training and kept this up to date. They described how they made sure people were kept safe.
- Staff told us they would have no hesitation reporting any concerns to the registered manager and were very confident they would take action. However, they knew how to report abuse outside of the service, and who to if they needed.

Using medicines safely

- People's medicines were managed safely. The registered manager ensured people's anxieties were not controlled by excessive and inappropriate use of medicines. The principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were being followed and staff ensured that people's medicines were reviewed regularly.
- People were supported by staff who were trained and had their competency checked. Staff followed safe systems and processes to administer, store and record people's medicines. We carried out a stock count of some medicines which tallied with the stock count that staff had recorded.
- The registered manager had guidance in place for 'as required' medicines to support staff to safely administer the medicine for the reasons they were prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People could have visitors when they wished, and their relatives and friends were not prevented from



visiting at any appropriate times.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments were in place, however, accounts of who was included in best interest decision making was not always clear. The registered manager described how they involved people and other relevant persons and told us they would add to assessments to evidence the discussions held.
- Staff knew people well and described clearly how they supported each individual to make choices where they could, by observing non-verbal prompts and observations when necessary.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had not met the regulatory requirement to notify CQC when DoLS applications were authorised. They told us they were not aware they were required to.
- Although the registered manager and staff had completed checks of the service provided through audits, these did not pick up the areas we found that needed improvement. For example, although a recruitment audit had been completed, the issues we found had not been picked up; the areas of individual risk that had not been assessed and mitigated against had not been recognised.
- Accidents and incidents monitoring had not been used to ensure lessons were learnt and measures put in place to prevent similar issues arising again. There were many individual risks associated with 1 person. Although staff knew the person well, there was no evidence that incidents were analysed in order to adjust care plans and risk assessments to ensure a positive and consistent approach was used.

The provider failed to operate a robust quality assurance process to ensure the quality of the service and ensure any shortfalls were addressed. This is a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about the registered manager and the level of support they received. They told us there was an open approach and culture and the provider was passionate about providing good support to people.
- Most staff had worked at the service for many years and described their workplace as a home like atmosphere where they all supported each other. The people they supported had also lived at the service for many years', so staff knew them well and were in regular contact with family members.
- People's relatives were happy with the care provided and thought staff treated their loved one as family. Relatives spoke very highly of the registered manager. One relative said, "[Registered manager] is brilliant, they are perfect for the job."
- People were supported to achieve their potential and an individual approach was used with each person. People were supported to go out regularly, every day, to experience favourite and new things, to support socialisation, increase confidence and prevent social isolation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the everyday running of the service, in different ways, dependent on their skills and interest. For example, how they had their room, what time they got up or went to bed, when they chose to go out, or the food on offer.
- New initiatives had been introduced by the new manager to engage staff and develop their skills. These included 'pigeon hole Monday', where the new manager gave staff a task for the week ahead – such as relevant reading material or a topic to discuss virtually via social media groups.
- Regular staff meetings were held, where staff were able to share experiences and concerns and raise ideas for consideration by the team.
- The registered manager had carried out surveys with relatives, staff and involved professionals to check satisfaction. All good feedback was received through the surveys. The registered manager told us if negative feedback was given, they would take action to address this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

Working in partnership with others

- The registered manager had engaged in local forums and provider meetings, many of which were held virtually or through social media groups. This had been beneficial in sharing good practice with other providers as well as providing a source of support.
- The registered manager and staff worked closely with health and social care professionals when people needed extra care and advice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate a robust quality assurance process to ensure the quality of the service and ensure any shortfalls were addressed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively.