Stennards Leisure Retirement Home

Stennards Leisure Retirement Home (Frankly Beeches)

Inspection report

123, Frankley Beeches Road
Northfields
Birmingham
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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

Overall summary

We inspected this home on 24 June 2015. This was an unannounced inspection. The home provided care and accommodation for up to 18 older people, some of whom were living with dementia or who had additional mental health needs. Nursing care was not provided. The accommodation was provided in both single and shared bedrooms. On the day of our inspection there were 15 people living at the home.

The registered manager was present during our inspection. 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.

Summary of findings

People told us they felt safe. Staff knew how to recognise when people might be at risk of harm and were aware of the provider's procedures for reporting any concerns. There were systems and processes in place to protect people from harm.

Pre-employment checks had been carried out for new members of staff; however more robust checking of references needed to be undertaken to check the validity of the people providing references to reduce the risk of unsuitable staff being employed by the service. These checks would ensure as far as possible that only people with the appropriate skills, experience and character are employed. All the people, relatives and staff we spoke with told us they felt there were enough staff to meet people's care needs. Staff had been trained to provide care and support and had been supported to obtain qualifications to enable them to ensure that care provided was safe and appropriate.

People had received their medicines safely. We observed staff practising good medicine administration. We checked records and stocks of medicines and these suggested people had received their prescribed medicines as the doctor had prescribed. Most care plans for people contained guidelines and risk assessments to provide staff with information that would protect people from harm and keep them safe.

People had regular access to a range of health care professionals which included general practitioners, district nurses, dentists, chiropodists and opticians. People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People told us they had access to a variety of food and drink which they liked and enjoyed.

We looked at whether the home was applying safeguards appropriately to protect the legal rights of people living in the home. Whilst all staff had received training not all staff were confident about how they would comply with the law. We identified that one person might have been deprived of their liberty and no application had been submitted to the authorising body (Local Authority). The registered manager commenced action to ensure that the freedom of restriction for the person was referred for appropriate assessment in line with legislation.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff we spoke with demonstrated an understanding of people's individual needs and preferences. They knew how people communicated their needs and if people needed support in certain areas of their life such as assistance with their personal care. We saw staff talking and listening to people in a caring and respectful manner.

People who lived in this home and where appropriate people's relatives, told us that they were happy with the care provided and that people were treated with kindness, compassion and respect. People knew how to raise complaints and the provider had arrangements in place so that people were listened to and action could be taken to make any necessary improvements.

The systems in place to monitor and improve the quality of the service were not always effective in ensuring the home consistently met the needs or expectations of the people living at the home .We found that some improvements were needed.

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?

Requires improvement

The service was not consistently safe

Care plans did not always contain sufficient guidelines to provide staff with health care information to manage risk for some people.

Recruitment procedures were not always robust enough to check the validity of the people providing references

People, relatives and professionals consistently told us that people were safe.

Systems were in place to ensure there were adequate numbers of staff that could meet peoples' needs.

Is the service effective?

Good

The service was effective

People were supported to have enough to eat and drink and were supported to maintain good health.

Staff received training they required to meet the needs of people they supported. Staff felt supported and received supervision on a regular basis

Staff received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), however not all the staff who spoke with us were confident about how to comply with the MCA and DoLS

Is the service caring?

Good

The service was caring.

People's relatives and friends were welcomed by staff.

People, relatives and professionals consistently told us staff cared and worked with kindness and compassion.

Staff were motivated to provide good care and described the practices they used to promote people's dignity and respect.

Is the service responsive?

Good

The service was responsive

People were involved in planning their care and had been supported to pursue their interests and hobbies within the home and in their local community.

People were supported to maintain relationships which were important to them and promoted their social interaction.

People and their relatives were encouraged to make complaints and share their experiences.

Summary of findings

Is the service well-led?

The service was not consistently well-led

The provider had failed to ensure that all significant events that occurred in the home had been reported to the Care Quality Commission as required by law.

The registered manager and the provider were not aware of some recent changes to guidance pertinent to the health and social care sector.

People spoke positively about their relationship with the manager and staff. They were confident that care would continue to be provided that met their needs.

Requires improvement

Stennards Leisure Retirement Home (Frankly Beeches)

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 24 June 2015 and was unannounced. The visit was undertaken by two inspectors.

Prior to the inspection we looked at the information we already held about the provider from statutory notifications they had sent us, and the provider was asked 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. This information was received when we requested it.

Prior to our visit we also spoke with service commissioners (people that purchase this service on behalf of people living at the home) and two general practitioners to obtain their feedback. This information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with five of the people living at the home, spoke at length with five members of staff, spoke with three relatives or friends of people, and two health care professionals. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care and support and the quality and audit systems in place at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Requires improvement

Is the service safe?

Our findings

We were told by people using the service and their relatives that staff kept them safe. Comments from people included, "I feel safe here"; "I feel safe here and if I wasn't I would tell someone" and "I feel safe, no one comes through the front door without staff knowing who it is". A relative we spoke to told us, "I'm happy that [name of relative] is here, I have peace of mind now that they are safe."

The majority of risks to people who used the service had been assessed and action had been planned and taken to keep people safe, however, one record we saw did not contain sufficient information for staff to monitor the person's health care. We spoke to staff who confirmed they had some knowledge to keep the person safe, however, they were not aware of all the information, which may have had an impact on the persons care should they have shown signs and symptoms of their condition.

Staff recruitment records reflected the recruitment process that was in place, this included checking staff identification and checking staff with the Disclosure and Barring Service (formerly Criminal Records Bureau). Some references we saw for newly appointed staff were not robust enough to confirm the validity or position of the people providing the information, failing to reduce the risk of unsuitable staff being employed by the service. The registered manager supported the fact that not all references received were checked for validity by the person providing the reference, for example, some references were not signed or dated there are plans to implement additional checks for the future.

We spoke to five members of staff; all had received safeguarding training and knew the different types of abuse people were at risk from. Staff told us that if they had concerns then they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe; which demonstrated staff's understanding and knowledge of keeping people protected from harm.

One person told us they had their own keys to the front door and informed staff when they left the building; this enabled the person to make decisions about risks and that their freedom was supported and respected.

We looked at accident and incident records which were clearly recorded and outcomes detailed. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents.

There were sufficient numbers of staff on duty to meet the needs of people using the services. We were told by people "There are always enough staff to help us. "On the day of the inspection relatives told us staff were always available to help their relatives. Staff we spoke with informed us there were always enough staff on duty. The registered manager told us that they monitored staff levels and increased staffing levels if a specific need was identified; plans were in place to look at using a specific staffing level assessment tool which would corroborate their current staffing levels.

During the inspection we observed transfers and moving and handling techniques being completed in a safe and dignified manner; people were not rushed by the staff supporting them.

Medication was safely managed in the home. One person told us that their prescribed medication was always administered as necessary, "I get my medication when I need it." During the inspection, we observed a member of staff preparing and administering medication to people; this was undertaken safely and people were encouraged to assist in their own administration which promoted their independence. There were clear procedures and protocols in place for medicines we checked the records and stocks of medication held for five people and which showed that people had received their medicines as prescribed.

The pharmacist from the local clinical commissioning group (medicines management care home team) had recently undertaken a medicines audit at the home which identified some errors on the codes used on the medication administration records. They had raised issues related to how allergies had been recorded. At this inspection we noted the correct codes had been used and allergies were identified on the medication records. Senior staff told us they had received training to administer medication and had been assessed as competent to undertake this activity.

Requires improvement

Is the service safe?

We observed that medicine trolleys were either locked and secured when not in use, or were being monitored by staff when medications were being administered.

Good

Is the service effective?

Our findings

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. All the relatives we spoke with were pleased with the support and care their relative received and spoke highly and praised the staff. One person told us "Staff are kind and helpful, they know me well and they are a great bunch."

Staff told us they received handovers from senior staff before they started their shifts and said communication was good within the team; this meant staff were aware of changes in people's support needs, and could monitor them and provide additional support if required.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. All of the staff we spoke with told us they were supported and well trained. Staff told us they received regular supervision from their manager. Staff we spoke with told us, "Training is good here and there is always training courses going on"; "I've just done some Equality and Diversity training, it was very good". Records we saw confirmed that regular training had taken place to ensure staff skills and knowledge was continually developed.

During the inspection we observed staff offering choices and seeking consent from people regarding their individual needs. For example staff sought permission from people to remove their glasses so they could be cleaned and asked if people had finished eating before their plates were removed.

Staff we spoke with had been provided with training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), however not all the staff who spoke with us were confident about how to comply with the MCA and DoLS. We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. Records and discussions with the registered manager identified that one person was potentially being deprived of their liberty and no application had been made to the Local Authority. Following this inspection the provider made an application to the Local Authority.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us and we could see for ourselves, that they could choose what to eat from a variety of freshly prepared food. We observed people being supported to eat independently. For example staff were cutting up food for people so they were able to manage their food themselves.

People told us they had access to a wide range of different food and drinks and that the food served was traditional and homemade. The people we spoke with all said the food at the home was good. One person said; "There is a good variety of food and drink and I chose what I want." We saw refrigerators were well stocked with a variety of fresh produce for main meals and snacks. We observed people accessing the kitchen to make themselves a drink and a snack.

We observed drinks being offered to people throughout the day, and people told us that they had plenty to drink. People who were independently mobile told us they could access drinks from in the kitchen, however, drinks were not freely available for people who were unable to access them independently. This meant some people only had a drink when they were asked by staff; which limited people's exercise of independence.

In the kitchen we saw a three week rolling menu plan. The cook had a clear understanding of people's nutritional needs and told us that people were involved in menu planning. One person said, "The food is fresh and traditional and if there is nothing I like on the menu I can have something different". Records showed people had an assessment to identify what food and drink they liked or disliked. All of the staff we spoke to knew about specific dietary needs for people.

We saw staff monitoring people's health and wellbeing and records showed they had liaised with professionals involved in people's care. We were told by two visiting health professionals that they had no concerns about the quality of care people received and staff were helpful and always followed their advice and guidance. One person told us "If I need my doctor, they are always called." A relative we spoke with told us, "Staff always let me know if my relative is unwell."

We contacted two local GP practices before our inspection who gave positive comments that people who lived in the home were supported to maintain their health.

Good

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. Comments from people included, “Staff are thoughtful and polite”; “Staff are kind and considerate.” Comments from relatives included, “Staff are kind and helpful and people are well looked after”.

Some bedrooms had recently been redecorated and people had been consulted with selecting the colour scheme they preferred. One person told us, “I love my room, I have a lovely view.”

We observed positive and respectful interactions between people and staff. People were supported with kindness and compassion; there was a relaxed atmosphere in the home, the staff we observed responded to people’s needs in a timely and dignified manner.

The staff we spoke with told us they enjoyed supporting the people living there and knew people’s preferences and personal circumstances. Staff supported and respected people’s choices; we saw people choosing what they wanted to eat for their lunch and given the choice to sit in the garden.

People we spoke with told us they are were listened to and were able to make their own decisions; this included how they wanted their personal care undertaken, what they like to wear each day, what activities they wished to participate in and what time they would like to go to bed.

People and relatives we spoke with told us they were able to visit without being unnecessarily restricted. One person told us “When my visitors come and see me I always take them somewhere private,” a relative told us, “I visit every day and sometimes I have a meal with [name of relative]”.

The staff we spoke with had a good appreciation of people’s human rights. Staff demonstrated how they upheld people’s rights and their comments included, “I always knock and wait to be called into someone’s own room,” and “I ensure toilet doors are shut to respect dignity”.

There were three shared bedrooms in the home and the provider had arranged privacy screens in the rooms to improve dignity for people. Two people that we spoke with who shared a room were happy with the arrangements and said they liked having their friend with them.

Good

Is the service responsive?

Our findings

People and relatives of people who used the service told us they were happy with the quality of the care provided and that the service met their individual needs. People told us they had been included in the planning of their care. One person told us, "I sit with the manager and my family to talk about what I want." A relative told us, "I contribute to [name of relative] care plan and the communication is very good here."

Care plans we saw included people's personal history, individual preferences and interests, these had been regularly reviewed. Staff we spoke with told us they had access to the care plans and spent time with people and their relatives to discuss individual preferences which contributed to the care plans. People told us there were a variety of activities offered. One person said, "There is so much going on here, I never have the time to get bored." We looked at the arrangements for people to participate in leisure interests and hobbies, some people told us they enjoyed spending time in their bedrooms and others said they enjoyed the entertainment that was organised, which included singers and exercise classes and occasional visiting entertainers or specialists, which had included a recent visit by a falconer who had brought some birds of prey for people to see at the home.

Staff told us that the provider had arranged for various representatives from the local communities to visit the home to conduct individual religious services for two of the people living there; this demonstrated respect for people's individual religious beliefs.

We spoke with relatives who visited on the day of the inspection and saw a good interaction between people, staff and visitors. It was a sunny day during our visit and we saw people sitting in the garden with their visitors. People were supported to maintain relationships with people that matter to them and avoid social isolation. One relative told us "I visit most days and take [name of relative] out shopping, staff always welcome me".

Staff we spoke with described how they supported people to remember and celebrate birthdays with people who were important to them. This included birthday parties and events to celebrate special occasions.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home. Records identified one complaint had been received during the past twelve months; this had been investigated and responded to appropriately.

We asked people and their relatives how they would complain about the care, if they needed to. People's comments included, "I would tell [name of manager] and she would help me"; "I've never had to complain, but I know it would be responded to". People and relatives we spoke with were aware of the complaints procedure and told us about the complaints box that was situated in the reception area. One person told us, "I'm always asked if I'm unhappy about anything here".

Staff that we spoke with had a good understanding of the complaints procedure and who they would refer the complaint to and were confident that all concerns would be taken seriously and responded to appropriately.

Requires improvement

Is the service well-led?

Our findings

People who lived at the home and their relatives spoke positively about the registered manager; people knew the manager by name and told us they could approach her at all times. People we spoke with told us the manager spent time talking to them. One person said, "[name of manager] is in charge and comes to see us all every day".

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 home. The registered manager or the registered provider had not informed us of one significant event that they were required to; this showed that they were not fully aware of their responsibility to notify us so we could check that appropriate action had been taken. Following this inspection the notification was received.

Some of the audits completed by the registered manager and the registered provider had failed to identify issues that could have impacted on people's healthcare and their end of life preferences. Records of audits carried out to ensure the building was safe did not always contain sufficient details to evidence the required checks had been made. Staff told us that these checks had been completed. Although we did not find this had impacted on people's safety this failed to demonstrate that the registered manager was completing and maintaining robust records.

Staff we spoke with told us that the manager was always visible and approachable. One staff member told us, "The manager is very supportive to us and always listens to what we say".

The provider had arrangements in place to support people to express their views about the service. Records of a recent meeting identified a request from a person and the manager had responded to the request and informed the person of the action taken.

People and their relatives also had the opportunity to complete a questionnaire about their views and opinions on how the home was run and what could be done to improve the service. The data showed that the majority of people and their relatives were satisfied with the service being offered.

A range of informal systems of communication were in place within the home. We found these had been effective at ensuring staff had the information they required to provide people with the care and support they required. Staff told us they were clear about their role and what was expected from them and they were encouraged to express their views any suggestions which could improve the quality of the service. Records of staff meetings identified that formal meetings were held twice a year.

The provider had a clear leadership structure which staff understood. There was a deputy manager in post to ensure continuity of leadership when the manager was unavailable to offer support and guidance to staff.

During discussions we noted that the manager and the provider were not aware of some recent changes to guidance pertinent to the health and social care sector, for example, The Duty of Candour, which is a new regulation focussed on having open, honest and transparent sharing of information with people who use services and other "relevant persons" and The Care Certificate, which is a key part of the induction process for new staff.

This section is primarily information for the provider

Action we have told the provider to take

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