Mr & Mrs F Bartlett

St Leonards Rest 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

Summary of findings

Overall summary

This inspection took place on 14 December 2015 and was unannounced.

St Leonards provides support and accommodation for up to 15 older people who may be living with dementia or a mental health issue. At the time of our inspection there were 14 people living at the home. People were accommodated in 11 single rooms and two double rooms, with two shared lounges, a dining room and an enclosed garden.

There was a registered manager in place. 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.

People, their families and staff were complimentary about the atmosphere and culture in the home. People expressed affection for the home and its staff. Staff expressed pride in the service provided, and described it as homely and well run. We saw examples of care and support that were very good. The registered manager and staff were motivated to make sure people had a positive experience of care.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risk of avoidable harm and abuse. Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only staff who were suitable to work in a care setting were employed. Arrangements were in place to store and administer medicines safely.

Staff received suitable training and support. They sought people's consent for their care and support and had established caring relationships with people. They respected people's individuality and dignity and encouraged people to participate in decisions about their care and support.

Staff made efforts to make meal times an enjoyable experience and encouraged people to eat and drink enough. Records showed people had access to healthcare services when they needed them.

People's care and support was based on assessments and plans which took into account their needs, preferences and wishes. The provider had processes in place to review people's care and check they received care according to their plans. There was a varied programme of activities and leisure interests which took into account people's individual interests and preferences. There was a complaints process and complaints were followed up and investigated.

There was an open, friendly and positive atmosphere in the home. The registered manager and provider encouraged team work and motivated their staff. Staff responded to their management style and felt empowered to make suggestions. Systems were in place to monitor, assess and improve the quality of the service.

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 safe

People were protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

People were protected against the risks associated with medicines, and medicines were stored safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and support to do the job. People were encouraged and assisted to eat and drink healthily, and had access to healthcare services when they needed them.

Staff obtained people's consent to their care and treatment. They followed legal guidelines to make informed decisions in people's best interests where people lacked capacity to make certain decisions themselves.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who took care to establish friendly relationships with them, who respected their dignity and who treated them as individuals.

People were able to make their views and preferences known and they were encouraged to take part in reviews of their care.

Is the service responsive?

Good

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints, but people told us they had not had reason to raise concerns about the home.

Is the service well-led?

Good

The service was well led.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

Management of the service was organised around the management style of the provider and manager and is a family run service. Systems were in place to monitor, assess and improve the quality of a wide range of service components. These included regular audits of area such as medicines.

St Leonards Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 14 December 2015 and was unannounced. The inspector carrying out this inspection had experience of mental health and learning disability services.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The registered provider gave us additional information on the day of the inspection.

We observed care and support given to people who lived at the home. We spoke with three people using the service, a relative, three members of staff, the registered manager and the provider. We observed the care and support people received in the shared areas of the home.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for four members of staff who had joined the service recently.

Good

Is the service safe?

Our findings

People felt safe and said that there were enough staff to look after them according to their needs and to respond promptly if necessary. They were confident staff would respond quickly if they used their room call bell. One person said "I have the bell to push if I need them but they always pop their head round the door".

We saw examples of interactions between staff and people which showed staff were concerned for their safety. When a person wanted to move around the home using their frame, staff made sure their route was clear of obstacles before guiding them where they wanted to go. They did this in a discreet manner to make sure the person was safe.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff could tell us the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. The registered manager told us they kept staff's awareness current by discussions at staff meetings. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the manager had received safeguarding training in the past year and knew what they would do if concerns were raised or observed in line with the providers' policy.

Staff told us they were aware of the provider's whistle blowing policy. The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse and followed these. A safeguarding issue earlier in the year had been managed and although the local authority had not requested any action, the registered manager and provider had evaluated their medicine policy and made changes.

Risk assessments were in place to identify, monitor and lessen risks associated with people's care assessments, for instance with respect to falls or pressure injuries. Staff used a standard tool to assess people's risk of acquiring a pressure injury and care plans in place took account of these risks for instance by specifying an airflow mattress and making adjustments to people's diet. Two people were diagnosed with a long term lung disease. Their care plans included an assessment of the risk of them becoming short of breath. There was guidance for staff to avoid this happening, and what to do if the person had difficulty breathing.

Plans were in place to keep people safe in an emergency. People had a personal evacuation plan which outlined the help they would need if the home was evacuated. There were signs to show escape routes. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

Senior staff told us that when the registered manager and provider were away they had a "bible" full of information on emergencies and what to do. We saw the folder and it had contact details that may be needed, forms that needed to be filled in, in case of admission to hospital, notifications for the Commission and emergency funds.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff, and staff told us their workload was manageable. Staff told us "We have a backup plan should we need more help, we can call a senior member of staff who is two minutes away and [name] and [name] will always come in". The registered manager told us staffing levels were based on people's needs and dependency. They evaluated the needs of people on a daily basis and made changes accordingly. We could see form the rotas where the staff number had been increased. For example staff numbers had increased during the day to improve the care and support as there were three people being cared for in bed. We saw staff were able to carry out their normal duties and respond to an unexpected event in a calm, professional manner.

The home prides itself on not using agency staff, the provider and manager told us "We have never had to employ agency staff so that our residents do indeed get continuing care from staff they know very well and trust". They have a low staff turnover and this year was the first time they had employed new staff for a number of years.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and evidence of good conduct in previous employment.

Medicines were stored and handled safely. We observed part of a medicines round. Staff observed suitable hygiene practices. They encouraged people to take their medicines, explaining what they were and what they were for. They made sure the person had swallowed their medicine and thanked them before moving on to the next person. Tablets and capsules were administered from blister packs. Medicines in other containers such as bottles and eye drops were kept in containers clearly marked with the person's name. Staff recorded the date bottled medicines had been opened so they could make sure they were used in line with the manufacturer's guidance.

People's medicine administration records were accurate and up to date. There was a list of staff who had been signed off by the registered manager as competent to administer medicines. Where people were prescribed medicines to take "as required" there were specific instructions for staff. Staff noted the time and dose administered for "as required" medicines which meant there was a full record of what people had taken. Staff checked each other's recording of medicines.

There were systems in place to protect people from the risk of infection. Staff told us about equipment which was colour coded and were aware of what should be used where.

Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence.

Good

Is the service effective?

Our findings

People were satisfied staff were trained and had the necessary skills to support them according to their needs. One person was particularly complimentary about the food. "I am having lamb for lunch, there were other things to choose from but I like lamb". There was a large dining table in the main lounge and two smaller ones in the dining area. We saw that people who needed minimal support sat in the dining area and two people who needed support and less distraction sat in their chairs in the lounge. One was supported by their family, the other by a volunteer, this meant the support they received was effective and in line with their needs as they ate more in quieter surroundings.

The registered manager described the training programme they had implemented. They used an external provider that offered training via workbooks which are sent away and marked. Subjects covered included equality and diversity, dementia care, mental capacity and deprivation of liberty. There were regular refresher sessions for mandatory topics such as moving and handling, food hygiene, first aid, safeguarding and infection prevention and control. All staff had a relevant qualification or were working towards one. All three staff employed in 2015 had undertaken an induction at the home. The exception was one member of staff who had started at the home in 2014 who had worked in care for some time and carried out shadow shifts and training but not a formal induction book. We saw evidence of current training being undertaken and training staff had completed. Staff told us they found the training they received was sufficient to provide them with the skills they required to meet people's needs.

Staff told us they felt supported to provide a service that met people's needs through informal supervision. One told us, "[provider] and [manager] are here every day, we talk at handovers and they work alongside us when they are here". Another member of staff said, "If we have any concerns about a resident we talk about it as a team and reach an agreement". Staff confirmed they had been given appraisals to complete, in the form of a self-evaluation and then they would meet with the provider or registered manager to discuss it. The provider said they would use these as a basis for a more formal supervision in the coming months based on their supervision policy.

Staff sought people's consent for care and support. Where people were able to consent, this was documented in their care plans. People signed their consent forms if they were able to do so. We observed staff explaining to people what they were about to do and asking for consent before they went ahead.

The Mental Capacity Act 2005 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 the least restrictive 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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

All staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions. Processes had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare, for example mental health nurses. There were applications or completed assessments under DoLS in the care plans we looked at. The registered manager understood when an application should be made and how to submit one. The service had applied for authorisation under the DoLS, one had been returned but other applications were still being considered by the local authority at the time of our visit. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

Staff helped people to eat and drink enough. Where staff assisted people to eat, they sat at the table and assisted the person discreetly in a quieter area of the home. The registered manager told us this was according to people's preferences. The kitchen had information about people's food preferences, any allergies and the sort of assistance they needed at meal times. When one person had started to lose weight and lost their appetite, staff had tried encouraging them and when this did not work they made a referral to the speech and language therapist (SALT) and supplement drinks had been prescribed.

In order to maintain their good health, staff helped people access healthcare services. The registered manager told us the service had a good relationship with the community mental health team and the local GP practices. Records showed people had appointments with and visits by their GP, district nurse, dentist, dental hygienist and other healthcare providers.

Communal areas of the home gave people a choice of decoration and atmosphere. There was a quiet room and a larger shared lounge with a television. The registered manager told us the television in this room was only used at breakfast time and in the evening, for example if people wanted to watch a particular programme or to use a quiz DVD they had for guessing music and songs from theatre and film.

Good

Is the service caring?

Our findings

We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. We saw relationships between people were relaxed and friendly and there were open conversations and laughter. People told us they treated the staff as friends. They could have a joke and banter with them. One said they could ask for anything they wanted and, "they don't make you feel like a nuisance". Staff were aware of people's family and life histories, and used this knowledge to have meaningful and relevant conversations with them.

We saw examples of positive interactions between staff and people. Staff used an appropriate level of voice and made sure the person they were talking with could make eye contact. During our visit a person was taken unwell. Staff dealt with the incident calmly and professionally. One member of staff stayed with the person to reassure them, while other staff reassured other people and helped them move away. Staff made sure nobody else was disturbed by the incident, and they could carry on with their own activities.

Staff were attentive to people and their moods. A staff member noticed a person had not drunk their tea. They checked if the person wanted it, the person said they did not know, staff brought an alternative drink over so they had a different choice. Another staff member noticed a person was not wearing their glasses, and they went and found them. If they needed to move furniture around, for instance to make room for a particular activity, staff explained what they were doing and checked if it was all right with the people sat nearby. People brought their own furniture and belongings to personalise their rooms.

When staff reviewed people's care every month, they involved the person and their family if appropriate.

People's privacy and dignity were respected. There were a number of areas in the home in addition to their rooms where people could sit quietly with visitors. Staff told us they considered themselves to be visitors in people's home. We saw interactions that were always polite and considerate. When people said certain things, staff did not contradict them, but continued the conversation on the same terms. For instance, when a person said they had cooked the dessert at lunch, a staff member went on to talk with them about what they liked to cook, and which dishes they liked most. If a person became anxious staff distracted the person and led them away to do something else. A relative told us "It is good, they do not restrict people here, and they can go anywhere they like".

People's privacy and dignity was respected when they received support with personal care. People living at St Leonards had varying levels of dependency. Independence was promoted by encouraging people to do things for themselves; however where more support was required there were support systems in place to address the need. Staff supported one person to go to the bank to deal with their financial affairs.

There were several people at the home that liked to maintain their faith, one person attended mass every week with the registered manager. Arrangements had been made for Christmas week which also worked around the manager's time off.

Staff treated people affectionately and recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen. One relative told us that they are, "Like a family and [provider] and [manager] and the staff are like an extended family".

Daily records were maintained and demonstrated how people were being supported. The records communicated any issues which might affect their care and wellbeing. For example when a doctor or other health professional might be required. The registered manager had a system in place which made sure they were up to date with any information affecting a person's care and support.

People looked physically well cared for and made their own choices about what they wanted to wear. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

People's bedrooms were individualised and reflected people's preferences. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

Good

Is the service responsive?

Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person told us, "The staff know me very well, what I like and how I like things to be done for me. They look after me very well." Another person told us, ''We have good food, it's clean and all the staff are lovely."

We asked people whether they felt they could raise concerns if they had any. One person said, I've never had any concerns but if I had I can speak to any of the staff." Another person told us if they had a problem they felt happy to raise it directly with the manager. The home had a complaints procedure. People we spoke with were aware of who to speak with if they wanted to raise any concerns. No one had made a formal complaint since our last visit. The manager told us she preferred to deal with people's concerns as and when they arose.

Records we looked at showed when changes had occurred in people's needs they had been recorded appropriately. They also showed that when incidents had happened people's records and risk assessments had been reviewed. We also saw that care plans were being reviewed and updated regularly.

We saw that there were planned activities for people to get involved in. There were several volunteers who worked at the home, one visited four days a week and carried out activities with people who wanted to participate. There was a plan for the Christmas week which included children visiting to sing carols, shopping and looking at lights. One member of staff said a person had made their own Christmas cards at an activity session "It was lovely they were all personalised". One person told us they had thought the carols by the children were "Lovely, and reminded me so much of when I went to my children's carol service when they were that age".

We looked at the care records for five people. We saw that information for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories.

We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with health care professionals who supported people who lived in the home. They told us staff were good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.

Good

Is the service well-led?

Our findings

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager, provider and senior care staff and that they enjoyed working in the home. One member of staff told us, "I love my job, this is a good home, all the staff are here to provide good care to people." Another said, "The staff team is more stable now and I feel the manager is very approachable, we are like a big family".

There were regular checks and audits undertaken by the registered manager, provider and senior staff. These covered care plans, medicines management, infection control, catering, and health and safety. Recent records showed these had identified no actions to follow up. The manager said they carried out an informal check by walking round the home every day, and minor items discovered were dealt with straight away.

The registered manager recognised the changing needs of people who lived at the home including illnesses. They ensured the service had the necessary facilities available to meet specific needs for example hoists for people who were cared for in bed and closely monitored any changes to ensure the resources were available.

There were daily discussions between the manager, provider and staff, this ensured any issues were addressed as necessary. For example people told us they felt the manager and staff acted on their views, for example if they wanted different food on the menu. The registered manager was always available and also spent time supporting people.

People were consulted regularly both formally and informally. People talked together and with the manager and provider to discuss anything in the home that may affect them. This showed people who lived at the service were provided with as much choice and control as possible about how the service was run for them.

Documentation relating to the management of the service was clear and had recently been updated. For example, peoples' care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met people's individual needs.

The manager understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way. The registered manager regularly audited the service policies and procedures to ensure they reflected current good practice guidelines. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines and the fridge and freezer temperatures.

Staff we spoke with responded positively to the manager and provider's style of leadership, they felt they could go to them at any time if they had a concern about people's care, and felt they were kept up to date and informed. They said they had a good relationship with the manager, and described them as being, "brilliant and fantastic," and communications as "good".

There was an opportunity for staff to engage with the manager on a one to one basis through appraisals and informal conversations. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. One staff member said, "We are encouraged to discuss anything and [provider] listens." Staff said that they enjoyed their jobs and described the provider and manager as, 'very supportive'. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in handovers and these were taken seriously and discussed

Staff logged accidents and incidents. These logs would be analysed to identify any trends, but there were none identified at the time of our visit.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The registered provider and the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission of significant events in line with the requirements of the provider's registration.