

Stennards Leisure Retirement Home

Stennards Leisure Retirement Home (Mos)

Inspection report

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Date of inspection visit:
15 November 2018

Date of publication:
24 December 2018

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

At our last inspection completed in March 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Stennards Leisure Retirement Home (MOS) is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 16 people in one building. At the time of the inspection there were 15 people living at the service.

A registered manager was in post. 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 were supported by a staff team who understood how to protect them from abuse. Care staff managed risks to people in a positive way. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected from harm while their independence was maximised. People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines safely and as prescribed. People were protected by effective infection control procedures.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to maintain good health and nutrition.

People's relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People were encouraged to be as independent as possible and were supported to maintain important relationships.

Care staff had been equipped with the skills they required to support people effectively. Processes were in place to respond to any issues or complaints. The registered manager had developed an open and transparent culture within the service where people were respected and everyone was free to share their views. People were fully involved in the development of the service.

A range of quality assurance and governance systems were in place and these were being developed to make further improvements. The provider engaged with the wider community and other organisations in order to drive improvements to the lives of those being supported.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service had improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 15 November 2018 and was unannounced. The inspection team consisted of one inspector 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 service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. They can advise us of areas of good practice and outline improvements needed within their service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought information and views from the local authority. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service. We spoke with the registered manager, provider representative, three care staff and the activity worker. We also spoke with two visitors and a health care professional. 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. We also spent time observing day to day life and the support people were offered. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with care staff and protected from abuse and mistreatment. One person told us, "Oh yes- I'm very safe." Staff we spoke with were able to describe signs of abuse and how they would report any concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Care staff we spoke with understood the risks to each person living at the service and told us how they support people safely. We saw risk assessments were in place identifying the potential risks to people and how staff should provide support to help keep people safe. A visitor to the home told us how they thought the person was safe since moving there. They told us, "She's better here because she's cared for. She's better than what she was. She used to be falling and not eating."

People were supported by sufficient staff and during the inspection, and we observed that staff were available to support people. One person told us, "The girls [staff] all help me when I need it."

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

We looked at how the registered manager ensured medicines were managed safely. People we spoke with told us they received their medicine when they needed it. Medicines were stored securely and we saw medicines administration charts (MARs) were completed and medicines were administered safely and as prescribed. Staff confirmed they had received training to give people their medicines and had their competencies checked by the registered manager. Since our last inspection medicine protocols had been implemented in for any medicines that had been prescribed for "use as needed" (PRN).

A range of checks were completed within the premises and environment to ensure risks were minimised to people. People were also protected by effective infection control measures. Good standards of hygiene were in place; including within the kitchen areas. Staff had access to personal protection equipment (PPE) as required.

Accidents and incidents that had occurred at the home had been recorded. Staff told us they were aware of their responsibility to report and record any accidents or falls. The registered manager completed records to monitor any accidents and incidents and looked for learning and actions needed to reduce the likelihood of events happening again.

Is the service effective?

Our findings

At our last inspection in March 2016 we rated this key question as requires Improvement as mental capacity assessments had not been completed in line with the Mental Capacity Act and some care plans did not contain sufficient information about people's needs. Improvements had now been made in these areas.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered provider had submitted DoLS applications to the Local Authority and had a process in place to assess the person's capacity prior to the application being made. We discussed with the registered manager that they needed to ensure the assessments were dated. Improvements were also needed to the wording of care plans where relatives were signing their agreement with the plan to ensure consent was not being given where they did not have the authority to do so.

Staff had received training that was specific to the needs of the people who used the service. Staff told us that they were supported with training opportunities to develop their skills in order to meet people's needs effectively. Care staff told us they received good support from the registered manager. They told us they were able to have regular one to one meetings with their line manager and were given any support they needed.

People told us they were happy with the food they received at the service and that there was sufficient choice. We observed one mealtime which was relaxed, unhurried and informal. People were supported to access food and drinks in line with their needs and choices. Interactions between staff and the people they were supporting were positive and support was offered to people when needed. For example, one person did not want any of the choices on the menu and we saw that staff offered further alternatives.

People were supported to maintain their health. One person told us, "The doctor comes in if you need it. The last time he came was with the flu jab. I always have that." We saw that one person's care records identified a specific health condition and this was detailed in their care plan. Staff were knowledgeable and knew how to recognise and act when this person was unwell. We saw people were supported to regularly access healthcare professionals such as doctors and dentists. A healthcare professional told us that staff followed healthcare advice.

People's needs were met by the adaptation, design and decoration of the premises. We saw people who were able to mobilise independently move freely between the communal areas and their own bedrooms.

Pictorial signage was used to support people with dementia with recognition. Some people had brought their own furniture, photographs and pictures to make their rooms and personal space more personalised. Following our last inspection, the service had introduced a cabinet that was being used as an 'old fashioned' sweet shop in one of the communal areas and a refurbishment of a bathroom was in progress.

Is the service caring?

Our findings

People told us they were happy living at the service and that staff treated them well. One person told us, "You have only got to ask them to do anything and they will do it. Yes, they are very kind." Visitors we spoke with, including a health care professional confirmed that they thought staff were caring in their approach to people.

Staff we spoke with spoke passionately about their job and demonstrated an understanding of people's needs and preferences. We heard staff speaking with people in a calm and kind manner; they demonstrated their patience and understanding when supporting people. We saw examples of staff acting in a caring manner, for example seeking out people and saying 'hello' or 'goodbye' when they arrived for their shift or finished for the day.

People's privacy was respected and their dignity was upheld and promoted. People spent their time where they wanted to. For example, one person preferred to spend most of their time in their room. We saw care staff were respectful in their communication with people and respected their space, for example by knocking before entering their room. Staff were respectful of people's cultural and spiritual needs and respected people's individuality and diversity. People's confidential information was kept securely locked away so that people were assured their personal information was not viewed by others. At our last inspection the staff handover was conducted in a communal area and action had not been taken to consider and protect the privacy and dignity of people. We saw that this had now been addressed and the staff handover was now conducted in private. We brought to the registered manager's attention one isolated issue of personal information being accessible to others and this was immediately addressed.

People were supported to maintain relationships with those who were important to them. Visitors were able to visit the service without any unnecessary restrictions and told us they were made welcome.

Is the service responsive?

Our findings

People were supported to be involved in decisions about their care and developing their care plan. We saw care plans contained detailed information about people's likes, dislikes, their care needs and how care staff should support them effectively. People confirmed they received good care. One person told us, "Oh yes if it wasn't I would soon say something about it. I can't think of anything they don't do well for you. They always discuss things with you."

The registered manager knew about the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider's representative advised they were continuing to explore ways to make sure people had access to the information they needed in a way they could understand it and fully comply with the AIS. Staff had an understanding about Equality, Diversity and Human Rights (EDHR). They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. We saw that information about the provider's lesbian, gay, bisexual and transgender (LGBT) 'love is love' group was displayed in the reception area. We saw pictures displayed of a recent pride event that staff had supported people to attend. This meant the provider had created an inclusive environment and people were encouraged to be open and comfortable within a safe and supportive environment.

We saw care staff had identified people's interests and supported them to participate in activities. We observed staff engaging people in group activities which included a visiting entertainer providing musical songs. Staff also supported people with individual activities which were meaningful to each person. We saw photographs of events that had taken place and future events that were planned. The service had gone the extra mile to accommodate activities and build links with the local communities. For example, the provider had supported some intergenerational work with a local primary school where children from the school had exchanged pen pal letters with people who lived at the home. This supported people to maintain links with their wider community.

People told us they were encouraged to give their views and raise concerns or complaints. The registered manager confirmed there had not been any complaints in the last 12 months but that any concerns or complaints would be taken seriously, explored and responded to. Information about how to make a complaint about the service was in an accessible area. We discussed with the provider's representative that this needed to be updated with details of other agencies people could approach if they were dissatisfied with the provider response.

Although no one was in receipt of end of life care, we found that people had been asked limited questions about their wishes at the end of their life. Records showed that end of plans required some more development to ensure people were supported to be comfortable, pain free and dignified at the end of their life and that people's religious and personal wishes were respected and taken into consideration. The provider's representative advised us that they had already identified this and a planning booklet was being implemented to address this.

Is the service well-led?

Our findings

People knew who the registered manager was and appeared relaxed and comfortable in their presence. We observed that they made themselves available to people, their relatives and staff and were visible within the home. We saw people were fully involved in the development of the service. They were spoken to regularly both informally and through meetings about their care and the wider service. A 'You said, We did' board was on display in the service so that people and visitors could see the actions taken in response to any suggestions they had made.

Staff spoke consistently about the service being a good place to work and gave positive feedback about the registered manager and owners of the service. We saw that the turnover of staff was low and the majority of staff had worked for the service for several years. This meant people experienced good continuity of care and support by the staff team. One visitor told us, "I would definitely recommend this home."

Staff told us they worked together effectively as a team and we saw this during the inspection and this was reflected in the care people received. Staff felt comfortable raising issues and concerns and were confident they would always be listened to and concerns acted upon. A range of audits and quality checks were in place to ensure the quality of care and support provided to people was good. We saw where issues had been identified these had been addressed.

The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved.

The registered manager was knowledgeable about new and existing relevant legislation. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was aware of this requirement. However, some records we sampled related to the MCA required further improvement.