

Charing Rose Limited

St Stephens Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Stephens Nursing Home provides accommodation, personal and nursing care for up to 17 people who need support with their learning disability, physical disability and health needs.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people. There were 16 people living at the service when we inspected. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were positive in their feedback. Everyone we spoke with felt safe living in the service, they were all very happy. People said, "If I need any help, they give it to me"; "I am able to get up when I like and go to bed when I like" and "Love it, can't fault the place."

People continued to be safe at St Stephens Nursing Home. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. People felt a part of their local community and were supported to use local resources such as library, community park and pubs.

People were involved in the running of the service and were consulted on key issues that may affect them.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. One visiting support worker said, "Oral hygiene is excellent."

We observed people's rights, their dignity and privacy were respected.

Staff supported people to maintain a balanced diet and monitor their nutritional health.

Medicines were stored and managed safely by the registered nurses. The registered nurses were responsible for medicine administration. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People received care from staff who were well supported with induction and training. Registered nurses'

competency was checked once a year with the Nursing and Midwifery Council [NMC].

People knew how to complain and that any concerns would be listened and responded to by the provider.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published on 04 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Stephens Nursing Home

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 Care Act 2014.

Inspection team

The inspection was carried out by 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 care service.

Service and service type

St Stephens Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection on 05 October 2016. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We sought feedback from the local Healthwatch for information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch did not have any feedback on this service at the time we inspected. The provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with 16 people using the service, two visiting support workers employed by outside agencies to provide one to one support, two health care assistants, one registered nurse, the cook, and registered manager.

We reviewed a range of records based on the history of the service. This included three people's care records and medicines records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and quality audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and survey questionnaires, these had been sent to us in a timely manner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A healthcare professional said, "It is a good service, with thought and planning to meet the client's needs and safety."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff continued to have access to the updated local authority safeguarding policy, protocol and procedure.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see something bad, I will report to the manager. If the manager is not around or nothing is done, I can speak to the senior managers of the organisation and I can go to the Care Quality Commission or the social services."

Assessing risk, safety monitoring and management

At the last inspection risks relating to the management of pressure areas were not always managed safely.

At this inspection we found improvements had been made.

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, health, sexuality, mobility and holidays.
- Positive risk taking continued to be encouraged. People took part in a range of activities, which could be deemed risky such as, horse riding and climbing. Staff carried out thorough assessments, which ensured people were safe. One person said, "I went to the wall climbing at the sports centre on my birthday and it was good."
- People continued to be protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place, as well as the registered manager being available at all times of emergency and staff were aware of what to do in the event of an emergency.

Staffing and recruitment

- Staff continued to be recruited safely, and checks were completed. People living in the service were involved in recruitment.
- Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date. Nurses were aware of the importance of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the NMC).
- There continued to be sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed staff had time to spend individually with people and knew everyone very well.

Using medicines safely

- Suitably trained registered nurses continued to follow the arrangements in place to ensure people received their prescribed medicines.
- Medicines were stored safely.
- There were no gaps or omissions which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the medicines administration record (MAR).
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care. During our inspection, one person was supported to visit the GP for their medicine review.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- We observed that the environment was clean and odour free during our inspection.
- The registered manager carried out infection control audits. Where any concerns were identified, these had been acted on.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these, so any trends could be recognised and addressed.
- The registered manager used the information to make improvements to keep people safe. If anything could be learnt from accidents and incidents, these were discussed with staff informally and in staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular review of their support.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. Registered nurses' competency was checked once a year with the Nursing and Midwifery Council [NMC].
- Staff training was an agenda topic during staff meetings, which further gave staff the opportunity to request additional training. The registered manager was able to discuss the need for specialised trainings such as epilepsy and diabetes.
- Newly recruited staff received an induction and shadowed experienced staff before working independently.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

Supporting people to eat and drink enough to maintain a balanced diet

- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- People were fully involved in decisions about the menu. A menu was in place so that people knew what meals to expect. We observed general banter throughout the meal between the people and the staff. This made it a sociable event.
- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were involved in the preparation of meals. A member of staff said, "People living here help out with preparing the meals."
- People commented, "Food is good, I told them I like fish and now I get it more often" and "The food is excellent."

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional said, "Communication is clear and prompt with the service."
- People had hospital passports in place. These are documents people can take with them when they go to hospital to provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare professionals previously.
- People had communication passports. These included information on what the person's signs and gestures meant and what they could understand. These documents could be used by healthcare staff to aid communication.
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
- People had free access to a large garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. A member of staff said, "The chiropodist comes in regularly and cuts the people's toe nails and finger nails. People can see a doctor whenever required".
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, one person with diabetes had guidance in place for the support the person needed with their Type 1 diabetes. This included the administration of insulin by the registered nurses.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- The registered manager continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being.
- A healthcare professional said, "I have recently suggested a recording system for outstanding occupational therapist and SALT with individuals which was taken well."

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

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 and found that they were.

- DoLS applications were made appropriately and relevant health and social care professionals were involved.

- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The registered manager and staff respected people's decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Healthcare professionals said, "The people are well cared for, all treated as individuals" and "From what I observed, the service were supportive and very caring."
- People commented, "Staff are brilliant"; I like it here very much" and "I have a keyworker and I get on very well with her."
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- Staff helped people to stay in touch with their relatives and friends. One person confirmed this and said, "Sometimes I go out to lunch with my sister and I like it."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- One person expressed the time they wanted to go out in the morning of our inspection. A member of staff said that they would support the person out after the supporting another person. The person was happy with the explanation.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way. One person with limited verbal communication skills was repeating their words, the member of staff was very patient with the person. They listened attentively to what the person had to say.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.

- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans in place, which reflected their current needs. People were regularly involved in writing and reviewing their care plans. People had regular reviews with their relatives and funding authority.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities joined in. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.
- There were planned activities, and these were advertised on the notice board. We observed a music session during our inspection. People happily joined, sang, danced and two people dressed in their Abba fancy dress to join in with the Abba songs.
- People had their own computer equipment. We observed one person playing a patience game on their electronic tablet and another watch their own choice of programme on a personal DVD player.
- People regularly used the community facilities such as the local parks and day centres. Three people went out to the day service on the afternoon of the visit.
- A healthcare professional said, "Yes, they were responsive, I have had contact via e-mail, telephone and face to face."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans were partly in easy read or pictorial formats and people were able to understand them. Information was provided to people in a way that complied with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The complaints process was displayed in one of the communal areas in an easy to read format, so all people were aware of how to complain if they needed to.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had not received any complaint since we last inspected.

A healthcare professional said, "I have had no issues or concerns with the service."

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us that the management team continued to encourage a culture of openness and transparency.
- The registered manager led by example. It was clear whilst observing interactions between people and the registered manager that people knew and liked them.
- There was a positive focus on supporting people to communicate and express their views.
- People and relatives were involved in people's care and regular reviews.

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

- There continued to be a clear management structure at St Stephens Nursing Home. Staff took on different responsibilities within the service. For example, nurses were solely responsible for medicine administration, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Healthcare professionals said, "Management is very secure and effective" and "From my brief observations yes, I believe the service is well managed."
- There were effective systems in place to monitor the quality of the service.
- The registered manager completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager.
- The provider had an audit system named 'Charing Healthcare Annual Audit tool' in place, which was completed 15 January 2019. All identified action plans had been completed by the registered manager.
- The provider and registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that

where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is very calm. They get things done and they are fair. The people who lived here love her and they are good with them. The manager is consistent, encourages staff and very approachable" and "I can go and ask for anything from the manager and it will be sorted out."

- Communication within the service continued to be facilitated through meetings. These included, staff meetings, nurses' meetings, relative's meetings and resident's meetings. Areas of discussions in 'residents' meeting were birthdays, attendance at the music club, Church attendance and gardening. Feedback from the meetings was used to improve the service provision.

- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received in 2018 showed that people were satisfied with the service provided. For example, when asked, 'Do you feel happy with the care, treatment and support you receive?' 100% said they were happy.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

- The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care.